

Volunteer Program



The primary function of a volunteer at The Settlement Home is to serve as a role model for the children placed in our care while helping our programs and residents succeed.

A qualified volunteer will demonstrate values such as honesty, dependability, and respect for self and others. Volunteers will be provided details of the activities to which they have committed after approval of their application.

Individual Mentors - Build a healthy and positive relationship with an individual child.

- Under the supervision of the staff therapist
 - Commit to 12 months of mentorship
 - Be available 6-8 hours per month during evenings and weekends
- *Male volunteers are not permitted to serve as one-on-one-volunteers*

Cottage Support - Build a healthy, positive relationship with a group of children.

- Under the supervision of the cottage staff, interact with residents, assist leading recreation, and/or help with daily routine activities
- Commit to 6 months of volunteering
- Be available 3-4 hours per month during evenings and weekends

School Aid - Assists one-on-one and with groups in the UT Charter School on campus.

- Work under the supervision of the teachers and education staff with children to assist them with their academic classroom work
- Participate in classroom group activities or field trips, serving to help designated students to manage themselves in a positive, successful manner
- Commit to 6 months of volunteering
- Be available 1-2 hours per month during school hours

Recreation/Club Leader - Volunteers with a hobby lead residents in matching interests.

- Activities include but are not limited to: recreation or health & fitness class, music lessons, or a summer recreation class
- Commit to 6 months of volunteering
- Be available 1-2 hours per month

Foster & Adopt Support - Support foster children and families by assisting them directly.

- Activities include but are not limited to: babysit foster family children in-home or on our campus, drop off meals for new foster families, transport foster family children to appointments
- Commit to 4 months of volunteering

Thank you for your interest in our work with the children of the Settlement Home.

Please return completed documents to:

Community Relations Coordinator - Joel Hess
volunteer@settlementhome.org
The Settlement Home
1600 Payton Gin Road Austin, Texas 78758
www.settlementhome.org

Application to Volunteer at The Home

Preferred Name: _____

Date: _____ **Gender:** male or female **DOB:** _____

Street address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Volunteer position for which you are applying: Individual mentorship , Cottage support , School aid , Club leader , Foster/Adoption , Other (*please list*) _____

Do you have a vehicle? yes or no **License Plate Number:** _____ **State:** _____

Make: _____ **Model:** _____ **Color:** _____

Do you have liability insurance? yes or no

Would you be willing to use your car to transport children in your volunteer role? yes or no

First Aid certification: yes or no **Date certified:** _____ **Expiry Date:** _____

Child and Adolescent CPR: yes or no **Date certified:** _____ **Expiry Date:** _____

Life Guard certification: yes or no **Date certified:** _____ **Expiry Date:** _____

In case of emergency, notify: *provide name and phone number (s):* _____

Have you had a Tuberculosis test in last 12 months? yes or no **Date tested:** _____

Have you ever been convicted of any felony or misdemeanor, or violation of the Texas Controlled Substances Act? yes or no **Date of conviction:** _____

Texas Law requires us to request a state performed criminal history check on all persons we assign to work directly with the children. Will this create any problems for you? yes or no

Additional documentation to be submitted with this application:

- Copy of valid Driver's License
- Copy of Social Security Card
- Copy of Car Insurance

The Settlement Home - Volunteer Confidentiality Agreement

Overview: Any information regarding residents of The Settlement Home is strictly confidential. No information about the resident is to be divulged to persons outside The Settlement Home except as it directly relates to the care and treatment of the child (i.e. communication with local schools, community agencies involved with the resident or their family, hospitals, physicians, and other medical personnel involved, etc.). At times residents will want a particular staff member or volunteer to promise to keep information secret from other employees of The Settlement Home. It is important to understand that any information revealed to the volunteer should be shared with staff such as house parents, therapists, etc., for the purpose of strengthening the resident's treatment.

Purpose: To establish standards and guidelines to safeguard confidential resident information at The Settlement Home. This includes the creation, receipt, use, maintenance, disclosure and access of confidential resident data and our organization's response to a breach of confidential information.

Volunteers must not store confidential data (including resident information and photographs) on portable computing devices (laptops, smart phones, tablets, USB devices, etc.) that can be accessed in a public space. Volunteers are encouraged to have password protection on all computing devices.

Email: Volunteers frequently communicate with Settlement Home staff via email. Volunteers should review the following:

- Before sending email about a resident, confirm the recipients' email addresses and ensure that email is the best way to send confidential information.
- Email passwords are considered confidential and are not to be shared with or disclosed to anyone.
- Utilize confidential mode in email correspondence.

Internet Use: The Settlement Home confidential or proprietary information should not be disclosed on the Internet.

Social Media: When engaging in social media, you must maintain the confidentiality of The Settlement Home's business and private or confidential information related to Settlement Home residents. You must always remember that information concerning Settlement Home children is confidential and protected from disclosure under both state and federal law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Family Educational Rights and Privacy Act of 1974 (FERPA). You should therefore avoid ever referring to any individualized information about a Settlement Home child or children on social media. Do not post personally identifiable information or photographs of the children served by The Settlement Home. Posting information about The Settlement Home children which is either sensitive or confidential is strictly prohibited. Exceptions to this policy only occur if permission is obtained in writing from the resident's guardian and the appropriate Program Director has been informed.

Destruction and Disposal of Confidential Information: Confidential resident information must be destroyed in a secure fashion that protects against any reasonably anticipated threats or hazards to the security of the confidential information. All paper copies of confidential information must be shredded.

Breach of Confidential Information- Procedures: Upon discovery of a breach of confidential resident information, The Settlement Home's Privacy Official (or Executive Director if not available) should be immediately notified. The person who discovered the breach or was responsible for the breach should be prepared to provide information about the incident including a description of the breach, how it occurred if known, types and amount of confidential information involved and names of residents affected. The Settlement Home's designated Privacy Official will be responsible for making the initial report and formal notice report to HHS within the required time frames as outlined in the HHS Data Use Agreement (DUA) and will serve as the single point of contact with HHS.

Our organization will conduct a risk assessment and complete a full investigation in response to the breach as outlined in the HHS Data Use Agreement. We will cooperate with Health and Human Services (HHS) agencies or federal inspections, audits or investigations related to compliance with the HHS DUA or applicable laws.

The Settlement Home – Volunteer Confidentiality Agreement

I have been provided with a copy of the information titled *The Settlement Home – Volunteer Confidentiality Agreement* and agree to comply with the policies and procedures outlined herein.

I understand that disciplinary action, up to and including termination, may be taken in the event of noncompliance with these policies.

Signature: _____

Date signed: _____

Printed Name: _____

Texas Health and Human Services – Child Care Regulation – Background Check

First Name:

Middle Name:

Last Name:

*List ALL other names used (present and past) including married and maiden names.
Failure to pass background checks may result if names are not listed.*

Other First Name(s):

Other Middle Name(s):

Other Last Name(s):

Birth date:

Gender:

Male Female

Telephone:

Street Address:

City:

State:

Zip Code:

County:

List all other cities of residence in Texas over the previous five (5) years.

List all addresses (including county) of residence outside of Texas over the previous five (5) years.

Ethnicity: Hispanic, Not Hispanic, Unable to determine

Race: White, Black, Asian, Native Hawaiian/Pacific Islander, American Indian/Alaskan Native,
 Unable to determine

Social Security Number:

Photo Identification Number:

Driver's License, State Issued ID
State:

Email: *Required to receive information on scheduling your fingerprint appointment.*

Will this person be paid or is this person currently paid by the operation in the role selected? Yes or No



Consumer Report Disclosure & Release

In connection with my employment/volunteerism or application for employment (including contract for services and volunteer work), an investigative consumer report and consumer reports, which may contain public record information, may be requested from AMERICANCHECKED, INC. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, general reputation, personal characteristics, mode of living, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

I authorize AMERICANCHECKED, INC. to prepare a consumer report or investigative consumer report about me and disclose such to the requesting company. Further purpose of determining my eligibility for employment retention, promotion or suitability as a volunteer. If the requesting company is placing me with another entity, I consent to the report being provided to such other entity. If hired, contracted or accepted as a volunteer, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment/volunteerism or contract period. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

I hereby fully release and discharge AMERICANCHECKED, INC., their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to AMERICANCHECKED, INC. from all claims and damages arising out of or relating to any investigation of my background for employment/ volunteer purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment/volunteerism, or my eligibility for promotion.

Today's Date _____ Signature _____

Print your full name _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____

Current Address _____ How long? _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Driver's License No. _____ State Issuing License _____

California, Minnesota and Oklahoma Applicants Only: I request a free copy of any consumer report ordered on me.

Notice To All Applicants

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to AMERICANCHECKED, INC., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that AMERICANCHECKED, INC. has previously furnished within the two-year period preceding your request. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave., Ste. 120, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by AMERICANCHECKED, INC. during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at AMERICANCHECKED, INC. in person, by mail, or by telephone. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave., Ste. 120, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification

Consumer Signature _____

Company Name: The Settlement Home for Children **Location No.:** Austin, TX

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

The Settlement Home for Children General Photography Release

I authorize **The Settlement Home for Children** to publish photographs taken of me, and my name and likeness, for use in The Settlement Home's print, online and video-based marketing, fundraising and/or educational materials, as well as other media and publications.

I acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in Settlement Home marketing, fundraising and/or educational materials or media and other publications. I acknowledge and agree that publication of photos of me confers no rights of ownership or royalties whatsoever.

I release **The Settlement Home for Children**, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Authorization

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

If above is under 18 years old provide name and signature of guardian.

Printed Name of Legal Guardian: _____

Signature of Legal Guardian: _____ Date: _____

VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM

This Release and Waiver of Liability (“Release”) executed on _____ (date)
by _____

(“Volunteer”) releases The Settlement Home for Children and The Settlement Club, (“Nonprofit”), a nonprofit corporation organized and existing under the laws of the State of Texas, its directors, officers, members, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer. Volunteer understands that the scope of Volunteer’s relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to Nonprofit.

- 1. Waiver and Release:** I, the Volunteer, **RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS** Nonprofit, its successors and assigns, from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.
- 2. Insurance:** I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial aid or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.
- 3. Medical Treatment:** I hereby **RELEASE AND FOREVER DISCHARGE AND HOLD HARMLESS** Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me in connection with any emergency or any injury to me, either physical or mental, which may occur at any time while I am serving as a volunteer with Nonprofit.
- 4. Consent to Medical Treatment:** I, _____ am the [parent/guardian/managing conservator] of _____, a minor child, and have the power to consent to medical treatment for my minor child. I authorize and appoint Nonprofit as my agent to consent to medical treatment of the minor when I cannot be contacted to so consent, such medical treatment to include, without limitation, medical examination and/or medical treatment if he/she should be injured while performing volunteer activities for Nonprofit. No prior determination of life-threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization. I will **INDEMNIFY AND HOLD HARMLESS** Nonprofit from any expense or claim of any nature any entity that provides or causes to be provided examination, treatment, or hospital care under this authorization (except to the extent such entity is negligent therein) and I conditionally agree to make or cause to be made, by assignment of third-party benefits or otherwise, full and complete payment for such examination, treatment, or hospital care.
- 5. Assumption of Risk:** I understand that the services I provide to Nonprofit involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability.

6. **Photographic Release:** I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.

7. **Other:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that this Release shall be governed by and interpreted in accordance with the laws of the State of Texas, and exclusive venue for any claims arising under, or relating to, this Release shall be in the district courts of Travis County, Texas. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected. By my signature and that of my parent, guardian and/or managing conservator below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily. A photocopy of this Release shall have the same force and effect as the original.

Printed Name: _____

Signature: _____ Date: _____

Parent/Guardian/Managing Conservator's Signature

(If Volunteer is under 18 years old, Parent or Guardian must also sign for Volunteer to participate in Nonprofit's activities)

Printed Name of Legal Guardian: _____

Signature of Legal Guardian: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____