

COYOTE HILL VOLUNTEER APPLICATION

PERSONAL INFORMATION

Please Print.

Date: _____

Name: _____
Last First Middle Initial

Address: _____
Street Number City State Zip

Phone: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Occupation: _____ Business Phone: _____

IN CASE OF EMERGENCY

Emergency Contact: _____
Name Relationship

Phone: _____ Business Phone: _____

Address: _____
Street Number City State Zip

EDUCATIONAL BACKGROUND

Type of School	Name of School	Location	Number of Years Completed	Major/Degree
High School				
College				
Bus. or Trade School				
Professional School				

VOLUNTEER EXPERIENCE

List the last 3 places of volunteer work: (most recent first)

Place of Work	Work Performed	Supervisor	Date(s)

Briefly state your reason for entering volunteer service:

Why did you choose Coyote Hill Christian Children's Home & how long do you intend to volunteer?

How did you hear of our volunteer program?

Please list any physical limitations/health issues on type of volunteer work.

Availability (check all that apply):

Days (9am-3pm) Weekends Evenings (4-8pm) | Weekly Bi-weekly Monthly

Interests/Skills (check all that apply):

Office Work Arts/Crafts Music Tutoring Sports/Recreation Cooking

Have you ever participated in, or been accused, convicted or pled guilty or no contest to abuse or any sexual misconduct? Yes No If Yes, please explain:

Have you ever been convicted of or pled guilty or no contest to any criminal offense of any kind?

Yes No If Yes, please explain:

Signature of Applicant

Date

COYOTE HILL CHRISTIAN CHILDREN'S HOME

VOLUNTEER REFERENCE FORM

Applicant's Name: _____

The above individual is applying to volunteer on a consistent basis at Coyote Hill Christian Children's Home. Coyote Hill is a professional foster home for abused and neglected children, ages 3-19.

We are A Place to Be a Child. For more information about our organization visit www.coyotehill.org.

As we strive to ensure the quality of care these children, please help by filling out this reference and returning it as soon as possible.

Name of Reference: _____

In what capacity have you known the applicant?

How many years have you known the applicant? _____

Would you have any reservations about the applicant working with children?

_____ Yes _____ No If Yes, please explain:

What are some strengths of the applicant?

Are there any weaknesses we should know?

How would you rate the applicant in the following areas?

	Above Average	Average	Below Average	Comments
Cooperation				
Initiative				
Quality of Work				
Reliability				

Signature of Reference

Date

Volunteer Sign-Off

I have read the following policies and procedures.

_____ Confidentiality Policy and Procedures
_____ Discipline Policy and Procedures
_____ Child Abuse Policy and Procedures

I have been informed of the following orientation components of Coyote Hill Christian Children's Home.

_____ Agency Staff and Volunteer Roles*
_____ Biological Families' Roles*
_____ Health & Safety*
_____ Crisis Management*
_____ Recordkeeping*
_____ Cultural Diversity*
_____ Suicidal Behavior*
_____ Recreational Program*
_____ Appropriate Dress*

* These topics were discussed during the orientation period.

- I have read the policies and procedures indicated by my initials, above,
- I have been informed of the orientation components indicated by my initials, above,
- I agree to follow, and remain in strict compliance with, all policies and procedures of Coyote Hill,
- I understand that I am a volunteer, not an employee, and as such I will receive no pay or employee benefits from Coyote Hill,
- In order to maintain the required standard of high ethical and moral character I promise to avoid any behavior that might adversely influence the children, our supporters, or the public perception of Coyote Hill.
-

Volunteer Print Name

Volunteer Signature

Date signed

Witness: Volunteer Coordinator or Program Director

Date witnessed

Volunteer Checklist

Print Name: _____

Start Date: _____

____ Completed Volunteer Application

____ Completed Family Care Safety Registry/Background Check Instructions

____ Signed Confidentiality, Discipline, Mandated Child Abuse/Neglect Reporting Policy

____ Signed Acknowledgement of Completed Orientation

____ Reference Form Completed by Church Leader

____ Copy of Driver's License

____ Signed statement from Physician stating "Volunteer is in good health and free of any communicable diseases."

____ Results of background screenings from other states (If resided in other state within the last 5 years.)
List previous states of residency.

FCSR/Background Check Instructions

As a volunteer, you are not required by law to register with the Family Care Safety Registry website. However, in our ongoing effort to exercise an abundance of caution, and to ensure the utmost protection of our residents, we require all volunteers to complete the Family Care Safety Registry.

1. Go to the Family Care Safety Registry website. <http://www.dhss.mo.gov/FCSR/>
2. If you think you are already in the Family Care Safety Registry you can click on "Is the person already registered?" on the sidebar. Follow the instructions by typing in your social security number and the Security Text. Press the "Submit" button. If it says you are in the registry you won't need to do anything else.
3. If you are not in the Family Care Safety Registry click on "Online Registration" on the sidebar. Follow the instructions that follow. You will need your social security number and a credit or debit card as there is a minimal fee for registration (approximately \$10.)