



Dear potential Volunteer or Intern,

Girls' Haven, Inc. will occasionally utilize the services of Volunteers and Interns. Prior to such action; however, volunteer & intern applicants must go through some of the same selection process as applicants for employment. Applicants must complete the Volunteer/Intern packet before applicants can be authorized to have direct contact and/or participate in activities with children at Girls' Haven. All forms shall be returned to the Volunteer Coordinator once they are filled out. All information provided is strictly confidential. Thank you for your interest in wanting to join the team of Girls' Haven as a volunteer or intern. We trust that you will find this work rewarding and that the environment here will enhance your own life. Girls' Haven's mission is one that we are proud of and we especially enjoy working with our residents daily. If you have any questions regarding the process, please feel free to call the Volunteer Coordinator. Please mail or drop off the complete packet at the following address:

Girls' Haven, Inc.
Attention: Amanda Jay
Volunteer Coordinator
3380 Fannin St
Beaumont, Texas 77701
(409) 832-6223

Or you can deliver your packet to our office and leave with the receptionist anytime Monday-Friday between 8:30am-5pm. Please remember, that we'll need a copy of your current driver's license, verification of your social security card and all other documents completed prior to authorizing volunteers to participate at Girls' Haven.

Thank you again for your interest in joining us, we look forward to working with you. Take care and God Bless you!

Sincerely,

Girls' Haven, Inc.
Website: girlshaveninc.org

Volunteer Intern
CHECK LIST

NAME OF APPLICANT: _____ **APPLICATION DATE:** _____

Purpose and/or Type of Volunteering; please check all that applies:

Girls' Haven allows three (3) different levels of Volunteers:

Level I:

Professional Contract Staff Volunteers such as a Medical Doctor, Ph.D. level Psychologist, Licensed Professional Counselor, Licensed Professional Counselor-Intern and LMSW-ACP. These professionals will be used as volunteers in their fields as needed. Professional Contract Staff Volunteers are licensed by the State of Texas and do not require supervision by Girls' Haven staff or require background checks.

Level II:

Supervised Activity Volunteers or Interns may be persons who teach arts and crafts, music or other leisure time activities and shall be under direct supervision of a Girls' Haven staff. If a Supervised Activity Volunteer has ongoing interaction with residents, the Supervised Activity Volunteer or Intern must meet all levels of volunteer requirements as specified in I, A, B, C, & D. above. Ongoing interaction is "a volunteer who spends more than two non-continuous visits at Girls' Haven in a 30-day period."

Level III:

Volunteer Mentors or Visitation Sponsors may have direct and unsupervised contact with residents in a public setting when all possible. Volunteer Mentors or Visitation Sponsors may leave the premises with a resident; however, a prior 24-hour pass must be authorized by the Executive Director or designee prior to the planned visit. Visits may be denied by Girls' Haven staff because of other activities planned by Girls' Haven and/or behavior restrictions. Volunteer Mentors or Visitation Sponsors must meet all levels of volunteer requirements as specified in I, A, B, C & D. above.

Other: (please specify what you would like to volunteer for) _____

The Volunteer Coordinator shall be responsible for ensuring that the following items below have been received and confirmed before an applicant is authorized to participate in services with residents.

- | | |
|--|------------|
| <input type="checkbox"/> Orientation & Training Packet | Page 2 |
| <input type="checkbox"/> Release and Confidentiality Agreement | Page 3 |
| <input type="checkbox"/> Reporting Abuse, Neglect & Exploitation Notice | Page 4 |
| <input type="checkbox"/> General Guidelines While on Campus | Page 5 |
| <input type="checkbox"/> Policy & Procedures | Page 6 & 7 |
| <input type="checkbox"/> Application | Page 8 |
| <input type="checkbox"/> Request for Criminal History and Central Registry Check (Form 2471) | Page 9 |

In addition to submitting the above information, all applicants must agree to provide the following information:

- Copy of Driver's License
 Verification of Social Security Card (Must be verified by Girls' Haven Staff)

**ALL ITEMS MUST BE COMPLETED AND CONFIRMED BY:
VOLUNTEER COORDINATOR**

Volunteer **Intern**
Orientation and Training Packet

*All Applicants must initial each item, date and sign

WELCOME TO GIRLS' HAVEN, INC.

We trust that you will find this work rewarding and that the environment here will enhance your own life. The following information is intended to help you in your support role at Girls' Haven. Please review the following information as it prepares you for your volunteering or interning at Girls' Haven. If you have any questions regarding any of the information, please feel free to contact us during business hours of 8:30am-5pm Monday-Friday. Again, thank you for your support and we look forward to working with you.

ADMITTANCE

No one under the age of 18 shall be approved as a Volunteer or Intern without approval of the Executive Director.

All volunteers & interns must be able to pass a criminal background check and have no disqualifying history before being allowed to have direct unsupervised contact with our residents.

CONFIDENTIALITY

An employee, volunteer or intern who gains knowledge within the scope of employment or volunteering at Girls' Haven may not take advantage of such information for personal gain. Such information shall not be disclosed to anyone, except as required by the position. Information gained about clients, youth, donors, volunteers, and financial matters by virtue of employment or volunteer position, is considered confidential and shall not be disclosed to third parties without management approval.

REPORTING ABUSE, NEGLECT, OR EXPLOITATION

(a) A person having cause to believe that a child's physical or mental health or welfare has been adversely affected by abuse or neglect by any person shall immediately make a report as provided by this subchapter.

(b) An employee, volunteer or intern of Girls' Haven must complete and sign the reporting of abuse, neglect or exploitation prior to having direct unsupervised contact with residents.

OTHER THINGS TO REPORT

Safety issues concerns (e.g., threats to harm self or others, talk of running away, abuse issues, contraband on campus, etc.) should be reported immediately to administration.

RELIGIOUS SERVICES

Children participation in worship services is strictly voluntary. It is the responsibility of "regular volunteers" (those who have been cleared, trained, and who know the ropes) to communicate to less frequent volunteers assisting with religious services the importance of facility rules and maintaining the rules of confidentiality.

OTHER CAMPUS EXPECTATIONS

Volunteers & Interns shall have no authority over the children, unless implicitly instructed or approved by Girls' Haven administrative personnel. Neither shall they replace Girls' Haven staff in the performance of their duty. It is understood that Girls' Haven staff are responsible for the safety and security at Girls' Haven. All volunteers & interns agree to follow the directions of Girls' Haven staff while at the facility.

At no time will a volunteer or intern be allowed to take on more responsibility than he or she is qualified to perform.

All volunteers & interns must be on the resident's approved contact list before being allowed to correspond with the resident through the mail, by telephone, and/or visitation. To be considered for the child's approved contact list, you will need to contact administration for approval.

Girls' Haven reserves the right to revoke volunteer or intern privileges if deemed appropriate.

Applicant's Name (Please Print)

Applicant's Signature

Date

(Once signed and dated, volunteer applicants must return this form to the volunteer coordinator)

Volunteer **Intern**

***All Applicants must date and sign**

NAME OF APPLICANT: _____

AUTHORIZATION RELEASE

“I have applied for volunteer or intern work with Girls’ Haven. I understand that my consideration for volunteer or intern status is contingent upon the results of a background check, including a criminal history investigation and a check of the sex offender registration database. I hereby authorize any law enforcement agency to give full and complete information as may be requested by Girls’ Haven. I also release from liability Girls’ Haven and any person or agency contacted by and providing information to them.”

CONFIDENTIALITY AGREEMENT

Confidentiality of information: An employee, volunteer or intern who gains knowledge within the scope of employment or volunteer work at Girls’ Haven may not take advantage of such information for personal gain. Such information shall not be disclosed to anyone, except as required by the position.

Information gained about clients, youth, donors, volunteers, and financial matters by virtue of employment, volunteer or intern position, is considered confidential and shall not be disclosed to third parties without management approval.

I acknowledge that I have read, received a copy of, and agree to abide by the Confidentiality guidelines of Girls’ Haven.

Applicant’s Name (Please Print)

Applicant’s Signature

Date

(Once signed and dated, volunteer applicants must return this form to the volunteer coordinator)

Volunteer **Intern**

***All Applicants must date and sign**

NAME OF APPLICANT: _____

REPORTING ABUSE, NEGLECT, & EXPLOITATION NOTICE
Search TEX FA. CODE ANN. § 261.101: Texas Statutes - Section 261.101:
PERSONS REQUIRED TO REPORT; TIME TO REPORT

(a) A person having cause to believe that a child's physical or mental health or welfare has been adversely affected by abuse or neglect by any person shall immediately make a report as provided by this subchapter.

(b) If a professional has cause to believe that a child has been abused or neglected or may be abused or neglected, or that a child is a victim of an offense under Section 21.11, Penal Code, and the professional has cause to believe that the child has been abused as defined by Section 261.001 or 261.401, the professional shall make a report not later than the 48th hour after the hour the professional first suspects that the child has been or may be abused or neglected or is a victim of an offense under Section 21.11, Penal Code. A professional may not delegate to or rely on another person to make the report. In this subsection, "professional" means an individual who is licensed or certified by the state or who is an employee of a facility licensed, certified, or operated by the state and who, in the normal course of official duties or duties for which a license or certification is required, has direct contact with children. The term includes teachers, nurses, doctors, day-care employees, employees of a clinic or health care facility that provides reproductive services, juvenile probation officers, and juvenile detention or correctional officers.

(c) The requirement to report under this section applies without exception to an individual whose personal communications may otherwise be privileged, including an attorney, a member of the clergy, a medical practitioner, a social worker, a mental health professional, and an employee of a clinic or health care facility that provides reproductive services.

(d) Unless waived in writing by the person making the report, the identity of an individual making a report under this chapter is confidential and may be disclosed only:

(1) as provided by Section 261.201; or

(2) to a law enforcement officer for the purposes of conducting a criminal investigation of the report.

I understand that I must report suspected child abuse, neglect or exploitation immediately to the State-Wide Hotline at 1-800-252-5400 and to the Girls' Haven Administration.

Applicant's Name (Please Print)

Applicant's Signature

Date

(Once signed and dated, volunteer applicants must return this form to the volunteer coordinator)

Volunteer **Intern**
GENERAL GUIDELINES WHILE ON CAMPUS
***All Applicants must date and sign**

NAME OF APPLICANT: _____

As a volunteer or intern of the program, I agree to adhere to the following:

1. Will follow all GH policy and procedures regarding off-campus outings; if applicable.
2. Will not possess or bring any weapons of any kind on the premises.
3. Will not smoke anywhere on the premises or at any time in the presence of residents.
4. Will not be under the influence of drugs or alcohol.
5. Will not bring alcohol on the premises.
6. Will pick up all clutter such as paper items, beverage cans, and eating utensils before leaving.
7. Will assist with cleaning up materials if applicable.
8. Will assist with storing tables and chairs in the original location if applicable.
9. Will ask permission from Girls' Haven staff prior to moving furniture if applicable.
10. Will respect and prevent damage to the floor and furniture.
11. Will turn off turn off lights, air conditioners or heaters and close all windows and lock doors prior to leaving.
12. Will park so as not to block the driving lanes on campus.

Applicant's Name (Please Print)

Applicant's Signature

Date

(Once signed and dated, volunteer applicants must return this form to the volunteer coordinator)

Contract Staff, Volunteers & Mentors Policy & Procedures

***All Applicants must date and sign**

Policy Number: 2300

Subject: **CONTRACT STAFF, VOLUNTEERS & MENTORS POLICY AND PROCEDURES**

Date Written: June 13, 2002

Date Approved: June 18, 2002

Revised: January 3, 2020

Contract Staff, Volunteers & Mentors that have unsupervised contact with children shall submit a completed application and may be subject to the same screening criteria as paid Girls' Haven employees. Contract Staff, Volunteers & Mentors must meet the relevant criminal history and DFPS central registry background requirements as paid Girls' Haven employees. Contract Staff, Volunteers & Mentors shall be provided agency orientation policies such as confidentiality and standards of compliance relevant to Contract Staff, Volunteers & Mentors assigned duties. Contract Staff, Volunteers & Mentors must be a responsible adult and at least 18 years of age. Contract Staff, Volunteers & Mentors under 18 years of age must be approved in writing by the Executive Director. Girls' Haven shall ensure the following for Contract Staff, Volunteers & Mentors that include:

I. Requirements for a Contract Staff, Volunteers & Mentors

- A. Maintain a personnel record for each Contract Staff, Volunteer & Mentor.
- B. The personnel record must include a statement signed and dated by the Contract Staff, Volunteer & Mentor indicating the Contract Staff, Volunteer & Mentor must immediately report any suspected incident of abuse, neglect, or exploitation to the Texas Abuse and Neglect Hotline and the operation's administrator or administrator's designee. An internal reporting policy may not require or allow a person to delegate the person's responsibility to report suspected abuse, neglect, or exploitation.

II. Additional requirements for Contract Staff, Volunteers & Mentors that performs employee functions

- A. A Contract Staff, Volunteer & Mentor that performs any employee function must meet the same requirements as an employee who performs that function.
- B. Maintain records documenting how these requirements are met.

III. Contract Staff, Volunteers & Mentors who are part of another organization

- A. A Contract Staff, Volunteer & Mentor who is part of another organization is subject to Girls' Haven's policies and procedures unless that organization provides screening, training, and supervision to the Contract Staff, Volunteer & Mentor that are adequate to protect the health and safety for children. Before the Contract Staff, Volunteer & Mentor can have contact with children of Girls' Haven:
 1. The Contract Staff, Volunteer & Mentor must meet the relevant requirements of Girls' Haven's policies and procedures; or
 2. Confirm the organization provides adequate screening, training, and supervision.
- B. An organization may be another licensed operation.

IV. Can a volunteer/mentor, or a sponsoring family take a child in care for an overnight or weekend visit?

- A. Yes, a volunteer/mentor, or a sponsoring family who takes a child who is in care for an overnight or weekend visit, this is a volunteer activity.
- B. Neither the volunteer/mentor nor the family would have to comply with employee or caregiver requirements, but:
 1. The volunteer/mentor and/or the family would have to meet the relevant background checks; and
 2. In order for a volunteer/mentor or a family to take a child out of care for more than 48 hours, Girls' Haven must get written approval from the parent or DFPS caseworker and/or managing conservator.

V. What must I do when a child in care visits a volunteer/mentor's or sponsoring family for a day or overnight?

- A. If a child has a day or overnight visit with a volunteer/mentor, or sponsoring family, Girls' Haven must ensure that:
1. The child is properly supervised, properly fed and hydrated, and provided with safe housing accommodations, if applicable;
 2. Confirm that the volunteer/mentor or sponsoring family provide proper identification and proof of vehicle insurance each time the child is picked up for the day or overnight visit.
 3. The child's health, safety, and well-being are protected; and
 4. Prior to the visit, the person responsible for the child during the visit has to receive the following information as specified in minimum standard 748.7265 that includes:
 - a. Specific needs of a child, including:
 1. All psychological, psychiatric, or medical treatment currently being provided;
 2. Medication regimen and medication instructions;
 3. Authorization for medical treatment; and
 4. Safety plans, including any special supervision precautions;
 5. Sleeping information;
 6. Discipline instructions;
 7. Any expectations that the current caregiver may have of the operation; and
 8. Any other needs of a child that should be addressed by the operation;
 - b. Non-routine events taking place in the life of the child, including any scheduled appointments such as family and sibling visits;
 - c. Emergency contact information, including the:
 1. Child's physician(s);
 2. Child's parent; and
 3. Telephone number of the agency or operation that placed the child; and
 - d. The child's history that may affect the operation's ability to provide care for the child, including:
 1. Background of abuse and/or neglect;
 2. Physical aggression or sexual behavior problems;
 3. Fire setting;
 4. Maiming or killing animals;
 5. Suicidal ideations and attempts; and
 6. Run-away behaviors.

Applicant's Name (Please Print)

Applicant's Signature

Date

(Once signed and dated, volunteer applicants must return this form to the volunteer coordinator)

Volunteer **Intern**
APPLICATION
An Equal Opportunity Employer/At-Will Employer

3380 Fannin St – Beaumont, Texas 77701
(409) 832-6223 Office

Applicant Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____
(Home) (Cell)

Email address: _____

Referred by: _____

Have you previously volunteered for Girls’ Haven? Yes No **If yes, when** _____

OTHER CURRENT OR PREVIOUS VOLUNTEERING (IF APPLICABLE)

From: _____ **To:** _____

Firm Name: _____

Description of services: _____

Immediate supervisor: _____

Reason for leaving: _____

As an adult, have you ever been convicted for anything other than a minor traffic violation? **Yes** **No** If yes, list ALL such offenses and state date, name of court and disposition. *You may omit minor traffic violations)

I certify that all the answers given by me are true, accurate and complete. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying or required document) will be cause for denial of volunteering or immediate release from volunteering regardless of when or how discovered.

I understand and acknowledge that, unless otherwise defined by applicable law, any volunteering relationship with Girls’ Haven is an “at will” status, which means that I may resign at any time and Girls’ Haven may terminate volunteering services at any time with or without cause.

I authorized the investigation of all statements and information contained in the application and any accompanying or required documents.

If volunteering or interning, I agree to engage in no outside activity which would involve material conflict of interest with, or which could reflect adversely on Girls’ Haven. I understand this decision rest with Girls’ Haven.

I agree to hold in strictest confidence any information concerning Girls’ Haven. If I selected as a volunteer, I agree to conform to the policies of Girls’ Haven.

I understand that completion of this application does not guarantee that I will volunteer or intern for Girls’ Haven.

Applicant’s Name (Please Print)

Applicant’s Signature

Date

(Once signed and dated, volunteer applicants must return this form to the volunteer coordinator)
GIRLS’ HAVEN DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR HANDICAPPED STATUS IN EMPLOYMENT OR THE PROVISIONS OF SERVICES.

REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

*The following Form 2471 MUST be completed by all applicants for employment, internship or volunteering services. All applicable areas must be filled out. In addition, all applicants MUST provide a copy of a valid Driver's License, no exceptions.

<input type="checkbox"/> Initial <input type="checkbox"/> 24 Month Check		<input type="checkbox"/> FBI Check Required				
Social Security Number		ID Type – Driver's License or ID Number - State				
First Name		Middle Name		Last Name		
Street Address		City		State	Zip	
County		Telephone No. (A/C)		Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
You <u>must</u> list all other cities in Texas where there has been residency. If you lived outside of Texas in the previous 5 years, you must also list previous address(es) outside of Texas, including county:		Relationship of person to requestor (ADMIN USE ONLY)				
		<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Foster Parent <input type="checkbox"/> Household Member <input type="checkbox"/> Other Staff <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____				
Date Hired/Used by the Operation/Agency		Ethnicity (must accompany race)		<input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native		
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name		
DFPS USE ONLY	Worker Name-Last, First		Mail Code	District	Operation No.	Operation Type
	Date Received	Date Criminal History Entered	Date Central Registry Checked		Date FBI Card Submitted	

Applicant's Signature: _____

Date: _____

Email Address: _____

MUST PROVIDE A COPY OF A VALID DRIVER'S LICENSE IN ORDER TO PROCESS THIS FORM

(Once signed and dated, volunteer applicants must return this form to the volunteer coordinator)