



Located at the Marilyn Kapner Levin Center for
Children's Advocacy and Child Abuse Prevention
Volunteer Application

We consider applicants for all positions without regard to race, color, religion, creed, sex, national origin, age, disability, marital or veteran status, or any other legally protected status. To avoid any possible interference with the therapeutic process and/or criminal case prosecution, GCKH will decline to engage prospective volunteers (and their immediate family members) who have been involved with any investigation opened at GCKH or our partner agencies within the past 24 months. Thank you for your consideration. There is a **\$25.00 application fee** which pays for your background check. Please return your application with a check for \$25.00.

Please Print

Date of Application: _____

Last Name First Name Middle Name

Social Security Number _____ Date of Birth: _____

Email Address: _____

Street Address City State Zip Code

Telephone Number(s): Home: _____ Cell: _____ Work: _____

Best Time to Contact You: _____ Hours Available: _____

Currently Employed: _____ Employer: _____

May We Contact Employer? _____ Date Available to Work: _____

Person to Notify in Case of Emergency

Name: _____ Relationship to Volunteer: _____

Street Address: _____ City, State, Zip: _____

Home/Cell Phone: _____ Work Phone: _____

[Mission Statement](#)

Facilitate the investigation, prosecution, and treatment of child abuse and neglect and promote child abuse prevention awareness through community education.

Criminal History

Have you ever participated in; been accused of; convicted of; plead guilty to; or plead no contest to any type of abuse or sexual misconduct? Yes _____ No _____

Have you ever been arrested for any crime? Yes _____ No _____

Have you ever been convicted of any crime? Yes _____ No _____

If yes to any of the above please explain (**A Yes Answer Will Not Automatically Exclude Applicants**).

Would you be willing to submit to a background investigation? Yes _____ No _____

Volunteer Availability

In-House Volunteers @ the Gulf Coast Kids House are appreciated during the following hours:

Monday-Friday shifts are 8:30am-12:30pm, 12:30pm-4:30pm

When would you like to volunteer? YES, you can sign up for more than ONE shift.

___ Mondays : ___ until ___ ___ Thursdays: ___ until ___
___ Tuesdays: ___ until ___ ___ Fridays: ___ until ___
___ Wednesdays: ___ until ___

The Gulf Coast Kid’s House is an Equal Opportunity Organization.

We request the following information for statistical purposes only in order to produce data pertaining to the gender and ethnic background of our volunteer applicants. **Your assistance in providing this information is completely voluntary.**

ETHNIC BACKGROUND

- **White** (Non-Hispanic): Origins in Europe; North Africa or Middle East
- **Black** (Not Hispanic): Origins in any of the Black racial groups
- **Hispanic, Mexican, Puerto Rican, Cuban, Central or South American or other Spanish color or origin regardless of race**
- **American Indian or Alaskan Native:** Origins of the original people of North America
- **Asian or Pacific Islander: Origins in the Far East, Southeast Asia, the Indian sub-continent of the Pacific Islands**
- **I choose not to disclose**

Volunteer Experience: (If you need additional space, Please continue on back of sheet) _____

Strengths:

Specialized Skills:

Weaknesses:

What attracted you to volunteer with Gulf Coast Kid's House?

References (non-relative)
Mailing address and/or email address required

Name: _____
Email: _____
Address: _____
Street/city/state/zip
Phone Number(s): _____

Name: _____
Email: _____
Address: _____
Street/city/state/zip
Phone Number(s): _____

Name: _____
Email: _____
Address: _____
Street/city/state/zip
Phone Number(s): _____

Interests

Please check the following volunteer opportunities that might interest you.

_____ **Reception Desk & Area Volunteer:** Answer phones and direct calls, greet guests & assist with appointments, log in donations, child care coverage (as needed) to include reading, playing, coloring, etc. and other duties as needed.

_____ **In House Volunteer:** Help with day to day activities which may include cleaning/sanitizing toys, washing clothes for Jane's closet, baking cookies for clients & staff, preparing packets for upcoming meetings, sorting donations and other duties as needed.

_____ **Grant Writer/Program Development:** Assist the executive director with locating, writing, and submitting grants to local & national foundations.

_____ **Clothing Donation Maintenance/Jane's Closet:** Maintain contact with Family Advocate to determine closet needs. Organize donations, including sorting, bagging, labeling, & stocking donations in Jane's Closet. Wash, dry, fold, & sort used clothing donations.

_____ **Child Abuse Prevention Education Programs Facilitator:** Act as facilitators for:

- **Safety N.E.T. Kid's**, which is an overall personal safety program presented to our children, grades K – 5 @ our local schools & other organizations.
- **Stewards of Children Seminars**, which teaches adults about childhood sexual abuse & how to respond responsibly, presented to individuals, organizations, and businesses in the community.
- **Circle of Parent's**, which is a peer support group that allows parents to discuss the challenges of parenting in a supportive and non-judgmental environment.

_____ **Administrative Support/Data Entry:** Data entry of case information into our client database and donor info in our donor database. Provide administrative support to partner agencies. Collate & prepare major direct mailing projects.

_____ **Newsletter Editor:** Assist with development of the quarterly newsletter.

_____ **Historian:** Maintain the Gulf Coast Kids House Scrapbook.

_____ **Kid Pins & Crafts:** Prepare/paint clay kid pins that are given out @ various events throughout the year, creating public awareness. Assist w/Tile Painting projects for wall mosaics.

_____ **Cookies & Food Provision:** Providing sweets for various events & staff well-being. Assist with prepping for House luncheons.

_____ **Social Media Networking:** Updating/populating our various social media sites

_____ **Holiday Décor:** Assist with decorating the House @ various times of the year.

_____ **DCF On-Call Volunteer:** Be on the "on-call" list to come to the GCKH when called & care for a child while placement is found. Duties could include bathing, feeding, & entertaining child.

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_____ **Building Maintenance/Landscaping:** Maintaining the interior & exterior of the building including paint touch up, pressure washing, grounds maintenance, and flower gardens.

_____ **Fundraising/Special Events:** Serve as a volunteer in a variety of ways @ our fundraisers and special events. (See the following page)

Committee Opportunities

- _____ Child Abuse Prevention Committee
- _____ Public Relations Committee
- _____ Chocolate Fest Committee
- _____ “Breaking the Silence” Ask Event Committee
- _____ Client/Kid’s Holiday Party Committee

Annual Fundraising Events

- _____ Chocolate Fest
- _____ Ask Event

Third Party Fundraisers

- | | |
|--|---|
| <p><i>May</i>
_____ Gulf Power Bowling Tournament</p> <p><i>September</i>
_____ Panhandle Charitable Open</p> <p><i>October</i>
_____ Lads & Lassies Bag Sale</p> | <p><i>June</i>
_____ PYP Golf Tournament</p> <p><i>October</i>
_____ PAR Golf Tournament</p> <p><i>November</i>
_____ East Hill Music Fest</p> |
|--|---|

Community Outreach Ambassador / Outreach Events

It is vital that we spread the word about the benefits of the Gulf coast Kid’s House to our community. Volunteers assist staff and/or attend in place of staff, at outreach events which occur throughout the community, speak to groups & represent the Gulf Coast Kid’s House.

- | | |
|---|---|
| <p><i>April</i>
_____ Festival on the Green – UWF
_____ Small Business Exchange</p> <p><i>September</i>
_____ Angel Garden Art Show
_____ Liberty Church Event</p> <p><i>November</i>
_____ Adoption Walk
_____ Pet Fest</p> | <p><i>May</i>
_____ Chalk It Up Festival</p> <p><i>October</i>
_____ Latino Fest
_____ Reimagine Brownsville
_____ Head Start Event
_____ Day of Caring</p> |
|---|---|

GULF COAST KID'S HOUSE
PROFESSIONAL/VOLUNTEER
Conflict of Interest Disclosure and Confidentiality Statement

During the time that I serve as a volunteer /professional of the Gulf Coast Kid's House, I realize that I will gain access to information that is considered to be confidential and/or proprietary. Such information relates to families, donors, strategic planning and initiatives, submitted proposals, criteria or decisions made with regard to the business of Gulf Coast Kid's House.

Since confidential and proprietary information is crucial to the operation of the Organization, and because GCKH has the obligation to protect such information, I agree that I will not use, publish or disclose such information during or subsequent to my time volunteering, and that I will preserve the restricted nature of this information except to the extent that it becomes publicly available, or is otherwise lawfully obtained outside the scope of this agreement from third parties.

Confidential information includes but is not limited to:

1. Case information about the children and families GCKH serves.
2. Client records, tapes (video/audio) and team's decision made relative to specific cases.
3. Donor information
4. Volunteer Background Checks.

By signing this Confidentiality Acknowledgement, you acknowledge that:

1. I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner, which is inconsistent with applicable policies and procedures of GCKH.
2. Your confidentiality obligation shall continue indefinitely, including @ all times after your association w/GCKH.
3. Impermissible disclosure of confidential information about a person may result in legal actions being taken against you, by or on behalf of that person.
4. I will not duplicate any material without express written permission from GCKH or the author of the material.
5. I will not teach or present this material without specific written approval from GCKH.
6. I will not remove any written or taped information or records from the offices of GCKH without the expressed permission from the Executive Director or designated professional staff.
7. You may come in contact with someone that you know. If this happens please tell the Volunteer Coordinator and/or Staff Member immediately.

Conflict of Interest Disclosure and Confidentiality Statement (cont'd)

Additionally, as a volunteer/professional, I realize that I have an obligation to disclose and eliminate (if necessary) any potential or actual duality of interest or conflict of interest.

Below, I have listed all community organizations, non-profit corporations or charitable programs that I, or a member of my immediate family have a relationship with, that have sought or may in the future seek to do business with GCKH. The term "relationship" means any relation with a person or organization, whether financial (such as a significant donation of more than \$100), employment (such as a volunteer assignment, part-time job or as a consultant or independent contractor) or fiduciary (such as a board member or officer). The term "immediate family" means spouse, parent, children or other individual living in the same household.

I hereby certify that I have read, understand and agree to the Gulf Coast Kid's House policies as described in this statement, with respect to confidential information and conflict of interest, and that the information given in this statement is complete and accurate to the best of my knowledge.

If you have any questions concerning the confidentiality or disclosure of information, you should contact the GCKH Executive Director.

Signature: _____ Date: _____
Agency: _____

Print Name: _____ Date of Birth: _____
Social Security: _____

Telephone: Home _____ Cell _____
Address: _____

HOLD HARMLESS AGREEMENT

This agreement made and entered into this ____ day of _____, in the year of 20____, by and between the Gulf Coast Kid’s House, Inc. (hereinafter “GCKH”);

&

: _____ (please print name)
(hereinafter “Volunteer”) whose address is, _____

(City, ST, Zip) and whose
Email is _____.

Whereas, GCKH is non-profit corporation incorporated under the laws of Florida;

Whereas, GCKH provides a facility for families with alleged child maltreatment;

Whereas, the facilities maintained by GCKH may have members of the public, some who are accused of committing crimes, located on the premises;

Whereas, GCKH participates in various fund raising activities within Florida; and

Whereas, Volunteer desires to volunteer for GCKH;

Now therefore, in consideration of being permitted to become a GCKH volunteer, Volunteer hereby agrees that their services shall be undertaken by Volunteer at their own risk and responsibility, and the GCKH shall not be liable to Volunteer for any claims, demands, injuries, damages, actions or causes of action which may arise from Volunteer’s volunteer services whether said claims, demands, injuries, damages, actions or causes of action arise from negligence or otherwise, on the part of GCKH, its employees, agents, other volunteers, or third parties.

X _____
Volunteer Signature Date

X _____
GCKH Staff Date

I represent that I am a parent or legal guardian of the Volunteer, who is a minor. I consent, individually and as the guardian, to the above Hold Harmless agreement.

X _____
Signature of Parent/Guardian Name of Parent or Guardian (Please Print)

Minor’s Date of Birth

Agreement and Signature

I affirm the information provided on this application is true and complete. I agree to conform to all policies and regulations as stated by The Gulf Coast Kid's House. I understand that by signing this form I am giving permission for a security check including but not limited to a criminal background check with any State agency, Federal agency, or any other appropriate agency. I understand that this application does not guarantee a volunteer placement. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my privilege to volunteer being revoked.

Name (printed): _____

Signature: _____ Date: _____

VOLUNTEER AGREEMENT

Thank you for choosing the Gulf Coast Kid's House to donate your most valuable asset: your time. Please know that GCKH staff could not do their jobs without ALL our volunteers. The staff depends on your commitment to your shift in order to schedule meetings on and off site. Thank you again for choosing our Home as your charity of choice. The purpose of this agreement is to ensure that all GCKH volunteers are aware of what will be asked of them. If there are any questions or concerns, please address them at this time. Welcome to the Gulf Coast Kid's House.

As a Volunteer I agree:

- To read the Volunteer Manual.
- To notify the Volunteer Coordinator at least 24 hours before I am unable to work my scheduled shift. (If VC is unavailable I will inform another staff member).
- To notify the Volunteer Coordinator at least 2 weeks prior to separation from GCKH.
- To be courteous and professional. (Volunteers represent GCKH to our families and the public. If you have a problem or concern, be sure to discuss it with the Volunteer Coordinator or the Executive Director.)
- To respect the privacy of each visitor/donor/family by keeping their information (personal & business) **confidential**.
- GCKH families and guests are never to be transported in personal vehicles and I will not open my home to GCKH guests or families as a place to stay.
- To seek the assistance of staff on duty in any situation requiring special guidance.
- To refer all media inquiries to the Executive Director for comments.
- To withhold personal medication from family members, staff or other volunteers. (I understand it could negate the GCKH insurance policy and make the House liable for adverse reactions).

X _____
Volunteer Signature Date