

Volunteering at Jonathan's Place

Thank you so much for your interest in volunteering to help the abused, abandoned and neglected children helped by Jonathan's Place. Here are the steps to becoming an individual volunteer.

Step 1: Complete the application.

Once you complete the application, we submit your information for a background check.

Step 2: Volunteer Orientation.

Orientations are offered once per month. If you are unable to attend the scheduled orientation you may schedule a one-on-one session to begin volunteering by, contacting our Volunteer and Youth Engagement Manager

Step 3: Get your fingerprint registered with the FBI.

This is a state requirement starting in March 2014. There is a cost of approximately \$42 that you pay directly to the fingerprint service. You do receive a tax deduction for that fee.

Step 4: Get a TB test.

After you complete the application, you will receive a form that allows you to schedule a free appointment at any area CareNow.

Step 5: Start Making a Difference.

With all of the background checks and tests completed, you are able to schedule your first shifts. We look forward to seeing you.

For questions, contact Landon Cole, Volunteer and Youth Engagement Manager, at 972-303-5303 ext. 248 or lcole@kidnet.org.

25 YEARS

Jonathan's Place Volunteer Application

Thank you for your interest in volunteering at Jonathan's Place. Acceptance as a volunteer will be contingent upon satisfactory completion of a background check and TB.

Contact Information

Name	me		Social Sec	Social Security Number		Today's Date	
ome Address - No. & Street			City	City		Zip	
If less than 5 years at above, please list prior addresses			City	City		Zip	
Home Phone	Cell Phone	Work Phone		E-mail			
Driver's License Number	State	Туре		Are you legally entitled to work in the U.S.? [] Yes			
misdemeanor, or are you pre- untruthful response does.) [Would you agree to a backgroselected by the company? Have you previously applied to] Yes [] No ound investigation, pre-vo	If yes, give date, loc plunteer and/or post-volur	ation and disp	osition of case.	inic or other he	alth care provider	
List names of any relatives er			·				
		Emergency Contac	ct Informati	on			
Name:			Rela	tionship:			
Cell Phone		Home Phone:		Work Phone:			
Name:			Rela	tionship:			
Cell Phone		Home Phone		Work Phone:			
Physician:			Phone:	Phone:			
Allergies or Medical Condition	ons we should be aware o	of:		<u>'</u>			

	Pers	sonal/Professional References				
	Please list two personal and one professional reference.					
Name	Email Phone Years Known					

Employment History				
Dates of Employment(Start with most recent)	Company Name	Immediate Supervisor Name and Phone Number	Position Held	Reason For Leaving Position
The most recently		and I none Humber		

	Volunteer Exp	erience	
Duties	Dates	Contact Person	Phone Number
	Duties		Duties Dates Contact Person

				Volunteer	Opportunities			
Which of	the follow	wing volunteer or	pportunities intere					
	Front Des Facilities Meal Del	esk Assistance: Ans s Assistance: Occas eliveries: Deliver me	nswer phones, welcon asional janitorial work	ome guests, accept deliverk, handyman services, g	x, and mailings for case we reries, and other duties rec grounds cleanup, and othe ment Center. Meals must	quested by staff. er duties as requested	ed by staff.	epared by a store
	program.	•	make a commitment	-	d interviews required. One r a 6 month period. Tasks	•		-
	Emergen helping w	ncy Shelter: Assist	t in the Emergency S uled group outings as	~	es newborn to 17 years of that volunteer times in the			-
	Special E		is would be an oppor	rtunity for our regular vol	lunteers to help with agen	ıcy special events, in	cluding the Spring Lun	cheon, Golf
	Welcome	<u>-</u>			ninistrative work. Additiona n center and/or go shoppii	• .	ift card for items neede	d for a brand new
				Time C	ommitment			
For what	i length o	f time can you co	ommitment to volui			☐ Indefinite	Other:	
What is	your ava	ailability?						
2 -124		Morning Hours	Afternoon Hours	Evening Hours	1 X Month	2 X Month	3 X Month	4 X Month
Sunday Monday		<u> </u>	-		 	<u></u>		
Tuesday		-				<u> </u>		
Wedneso						 		
Thursday			+			<u> </u>		
Friday								
Saturday	,							+
₩hv do v	vou want	to work with and	Nor care for childr		al Questions			
	Why do you want to work with and/or care for children?							
With whe	at age gro	 oup and gender τ	do you prefer to wo	ork with? Why?				

What is your philosophy about discipline?
W/Last day you day what you are you also day any also in a constitution of
What do you do when you are upset or angry about something?
Are you a pedophile or child abuser? [] Yes [] No
Have you ever been accused or convicted of a criminal offense (felony or misdemeanor including plea agreements and deferred adjudication) of be a pedophile or child abuser? []Yes [] No If yes, please explain.
Have you ever been charged with a sexual offense, any offense relating to children or a crime of violence? []Yes []No If yes, please explain.
Have you ever been the subject of a civil lawsuit involving sexual misconduct, violence, or injury involving children? []Yes []No If yes, please explain.
Have you ever been reported, had a complaint filed, or been subject to any disciplinary action from any organization of professional registry or, is a disciplinary action or investigation currently pending for violence, abuse, sexual misconduct or misconduct involving children? [] Yes [] No If yes please explain.
Code of Ethics Our volunteers will exhibit the highest ethical best practices and personal integrity
 Our volunteers will exhibit the highest ethical best practices and personal mitegrity Our volunteers will provide a professional work environment that is free from physical, physical, psychological, written or verbal intimidation or harassment.
 Our volunteers will not physically, sexually, or emotionally abuse or neglect a youth or adult. Our volunteers will share concerns about suspicious or inappropriate behavior with their supervisor or administrator.
 Our volunteers will report any suspected abuse or neglect of youth to the state authorities. Our volunteers will accept their personal responsibility to protect youth and adults from all forms of abuse.
Our volunteers will accept their personal responsibility to protect youth and addits from all forms of abuse.
I HEREBY AFFIRM THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE INFORMATION SUBMITTED IN THIS APPLICATION MAY RESULT IN MY DISCHARGE. I FURTHER UNDERSTAND THAT ALL APPLICATIONS ARE SUBJECTED TO A CRIMINAL BACKGROUND CHECK.
Clamatoma
Signature: Date: