



Dear Volunteer,
Thank you for your support and interest in Isabel's House.

Volunteers are a vital part of most not for profit organizations and Isabel's House is no exception. Effective use of volunteers and volunteer satisfaction relies on the understanding of the goals of the organization and the role of the volunteers.

Enclosed is a packet of materials that should get you started in becoming an Isabel's House Volunteer. The following materials are included:

- Volunteer Descriptions
- Volunteer Application
- Volunteer Reference Form
- Volunteer Availability and Preference
- Physical & TB Form
- Not included: Missouri Background Check (Please print from www.isabelshouse.org)

As a volunteer you will be required to attend a Volunteer Orientation meeting once you have completed your forms. These meetings will be held at least bi-monthly. Please contact our volunteer coordinator Carol Day at Bday632121@aol.com or you may phone Isabel's House for the next Volunteer Orientation date.

Volunteers with enthusiasm and dedication will make Isabel's House a rewarding experience for the children and the rewards the volunteer receives from their gift of time and talent will last a lifetime.

Please feel free to contact Carol Day or myself with any questions you may have. We are looking forward to having your support in helping us impact children's lives.

Regards,

Gretchen A. Gambon
Executive Director



Volunteer Assignments

Direct Childcare—Involves *direct supervision* of children and assistance to staff in direct care duties, participation in children’s activities, provide tutoring and homework assistance, serve as a positive role model, assist with meals and bedtime routines. A commitment to minimum four hour shifts.

Training Requirements: 21 years of age, volunteer application, three positive references, background check, interview, statement of confidentiality, physical, TB test, and 40+ hours of training to be in compliance with licensing, (there will be initial training before volunteers can begin and the remaining hours of training will take place through out the year). Training includes, Isabel’s House orientation , Universal Precautions, CPR/First Aide, Mandated reporting, Cultural diversity, Developmental needs of children, child management techniques, etc... as outlined in the Residential Childcare agency license manual.

Childcare Assistant –Assist staff with daily care of children, participate in activities, provide tutoring and homework assistance, serve as a positive role model, help around the “house” with serving meals, general housekeeping and laundry. A commitment to two or four hour shifts.

Training Requirements: 18 years of age, volunteer application, three positive references, background check, statement of confidentiality, physical, interview, TB test, Isabel’s House orientation, training over developmental needs of children

Administrative –Assist with administrative and clerical needs, examples are phone work, filing, copies, database, maintenance and mailings. Support and assist with fundraising events.

Training Requirements: 18 years of age, volunteer application, three positive references, background check, interview, statement of confidentiality, Isabel’s House orientation

**Opportunity for a one time support service project for this area upon approval from Isabel’s House

Cook for the Kids –Shop for groceries, inventory and storage of food, prepare and serve meals for the children, general kitchen clean up and maintenance. A commitment to a two- four hour shift. This placement is open to groups of 2-3 volunteers to work these shifts as a team

Training Requirements: 18 years of age, volunteer application, three positive references, background check, interview, statement of confidentiality, physical, TB test, Isabel’s House orientation

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Fundraising–Participate on special event committees off site, soliciting goods and materials for events, completing mailings and assisting with the set up and tear down of various special events

Training Requirements: None

Inventory—Assist with inventory of supplies which involves tracking, sorting, and storing of food, clothing, and supplies. A commitment to a two-four hour shift to complete an assignment

Training Requirements: 18 years of age, volunteer application, statement of confidentiality, Isabel's House orientation

**Opportunity for a one time support service project for this area upon approval from Isabel's House

Light Facility Maintenance –Handyman/woman capabilities for light maintenance, construction and repair of children's and light household equipment, outdoor maintenance of grounds
A commitment to a two to four hour shift to complete an assignment

Training Requirements: 18 years of age, volunteer application, three positive references, background check, statement of confidentiality, Isabel's House orientation

Due to the nature of our work with children, Isabel's House requests the minimum age to volunteer on site as 16 years of age. Volunteers age 16 must be accompanied by an adult 21 years of age or older who completes the same application process and serves alongside the minor acting as their supervisor.



Isabel's House the Crisis Nursery of the Ozarks
 2750 W Bennett
 Springfield, MO 65802

ISABEL'S HOUSE VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Work Phone () _____ May we call you at work? Yes No

Home Phone () _____ Cell () _____

E-mail Address _____

Emergency Contact Name _____ Phone () _____

How were you referred to Isabel's House? _____

Are you presently enrolled in school? Yes No

Name of School: _____

Course of Study: _____

Do you speak another/secondary language? English French Sign Language Spanish
 Other _____

VOLUNTEER AND/OR PREVIOUS CHILDCARE EXPERIENCE

Name of Employer or Volunteer Agency	Title	Job Duties Performed	Length of Time

Have you ever been convicted of a crime, including received deferred adjudication, probation, parole, suspended imposition of sentence, suspended execution of sentence or any guilty plea?

Yes

No

IMPORTANT: A conviction record will not necessarily disqualify volunteer opportunities. An applicant having a charge or conviction for a crime involving a sex offense or child abuse or neglect is disqualified as an Isabel's House Volunteer. Applicants with other misdemeanor or felony charges or convictions that would not post a risk to children or negatively impact the credibility of the Isabel's House program will be considered on a case by case basis.

Are you able to lift up to 50 lbs.? _____

Do you have any training or experience in any of the following?

Medicine

Education

Mental Health

Criminology

Counseling

Law Enforcement

Psychology

Advertising or Public Relations

Drug or Alcohol Abuse Programs

News Media

Child Development

Writing

Child Care

Public Speaking

Child Welfare

Art or Graphics

Social Work

If you answered yes, please describe your experience: _____

Service Record

Branch of Service: _____

Discharge Date: _____

Rank at Discharge: _____

PERSONAL REFERENCES (You should know these individual for at least one year. Two should be known through your work, volunteer service or academics. One may be a personal reference, excluding a family member. Complete mailing addresses are required.)

1. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Relationship: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Relationship: _____

3. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Relationship: _____

Please secure 3 references using the enclosed forms and have these mailed to Isabel's House.

AUTHORIZATION/COMMITMENT STATEMENT

1. I certify that the answers given here are true and complete to the best of my knowledge.
2. I authorize investigation of all of the information contained in this packet, including references and background checks.
3. I understand that this application will be considered active for a period of 60 days, and if I do not turn in the remainder of the documentation or begin training within this time frame, I will be asked to reapply.
4. I understand the seriousness of my commitment to Isabel's House, and will honor that commitment to the best of my ability.

Isabel's House is an equal opportunity organization and will not discriminate, or tolerate discrimination, against any volunteer or applicant in any manner prohibited by law. Contact Human Resources if you wish to discuss our equal opportunity policy.

I understand that by submitting application for volunteer opportunities I am not guaranteed acceptance by the Isabel's House Volunteer Program. Additionally, just as I may terminate the volunteer relationship at any time with or without notice, Isabel's House may terminate any volunteer at any time. I understand and agree, if accepted into the volunteer program, to abide by statements of policies, procedures, or other rules that now exist or that may from time to time be added, deleted, or modified at the sole discretion of Isabel's House. I also understand and agree that I have a duty to be familiar with such statements of policies, procedures, or other rules as they now exist or as they may be added or modified in the future.

Signature _____ **Date** _____

VOLUNTEER PREFERENCE AND AVAILABILITY

Area(s) of Interest for Volunteering

Direct Childcare Administrative Fundraising Inventory
 Childcare Assistant Cook for the Kids Light Facility Maintenance

If you did not mark Special Events, would you be willing to assist with set up, sending mailings, etc., if we need help? Yes No

Availability

Please indicate approximate times and days of the week you would like to volunteer.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8:00am							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							

I am available to volunteer:
 Every week Every other week Other (please explain) _____
 May we contact you for other times if we need extra assistance: Yes No

Isabel's House
PERSONAL REFERENCE FORM
ALL INFORMATION WILL BE HELD CONFIDENTIAL
(Please Print)

Volunteer Applicant: _____

1. In what capacity do you know the applicant? _____
For how long? _____

2. Do you have knowledge of how the applicant relates to children? Yes No
Would you be comfortable having the applicant work with children birth through age 12?
Yes No
Please explain: _____

3. Please check as many of the following that describe the applicant:

- | | | | | |
|--------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Nervous | <input type="checkbox"/> Friendly | <input type="checkbox"/> Assertive | <input type="checkbox"/> Tactful |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Happy | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Considerate | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Reserved | <input type="checkbox"/> Moody | <input type="checkbox"/> Opinionated | <input type="checkbox"/> Follower | <input type="checkbox"/> Well-adjusted |
| <input type="checkbox"/> Arrogant | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Confident | <input type="checkbox"/> Lacks Confidence |

4. In your opinion, would the applicant have problems working with any of the following:

- Minorities Females Males Handicapped
 Various religious preferences Explain: _____

5. Is the applicant willing to take directions from others and work as a team?

6. In your opinion, to what degree is the applicant dependable and able to fulfill her/his commitments?

- Very well Well Average Fair Poor

7. Please use the back of this sheet to add any additional comments summarizing your view of the applicant and their ability to advocate on behalf of a child.

Signature

Date

Please return completed reference sheet to: Isabel's House 2750 W. Bennett Springfield, MO 65802

Isabel's House
PERSONAL REFERENCE FORM
ALL INFORMATION WILL BE HELD CONFIDENTIAL
(Please Print)

Volunteer Applicant: _____

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For how long? _____

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Signature

Date

Please return completed reference sheet to: Isabel's House 2750 W. Bennett Springfield, MO 65802

I. Identifying Information (to be completed by patient)		
Name:		Birthdate:
Address(Street, City, State, Zip Code)		Telephone Number ()
Name of Facility Where Volunteering: Isabel's House, Crisis Nursery of the Ozarks		
II. TO BE COMPLETED BY A LICENSED PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A LICENSED PHYSICIAN		
<p>This individual will be in contact with children, 0-12 years of age, receiving child care outside their own homes. S/he may be responsible for the physical care and social development of young children during daytime and/or nighttime hours. Some lifting of young children may be required.</p> <p>On _____ (date) I examined this patient and certify-</p> <p>A. That s/he is in good physical and emotional health and free of contagious diseases;</p> <p>B. To the best of my knowledge s/he is free of impairment due to the use of medication;</p> <p>C. To the best of my knowledge s/he is free of a current drug or alcohol dependency; and</p> <p>D. That s/he is free of active tuberculosis as established by a tuberculin skin test, a chest x-ray, or appropriate follow-up of a previous examination (If chest x-ray is contra-indicated, please comment on follow-up indicating if this person will pose a hazard to other persons.</p> <p>TB testing, chest x-ray or follow-up examination was completed on_____.</p>	YES	NO
Does patient have any physical or mental conditions which might endanger the health of children or that might prevent him/her from providing adequate care for children? (If yes, explain below)		
Are there any restrictions on children's ages, number of children or hours of care? (If yes, explain below)		
Remarks/Restrictions, if any:		
Signature of Physician:	Date:	Physician's Name: (Print)
Name of Clinic, Group, Practice	If nurse is supervised, indicate physician's name:	
Address (Street, City, State, Zip)	Telephone Number ()	

