



The Volunteer Process: Please allow at least (2-5 weeks)

4 easy steps:

1. **Inquire about our program** and stress an interest in volunteering. You may want to have in mind what you might be good at (your skills, hobbies, special interest, etc.) Also know that our agency serves ages birth to 21 years and we serve both girls and boys.
2. **Submit an application.** Just like our employees, volunteers are required to fill out an application through the Outreach Department. Volunteers at our agency are not compensated for time, but are paid with love and tenderness from our staff, board, and children. There are three parts to submit for completion:

- I. Personal Filing Information
- II. Contract of Confidentiality
- III. Submission of information to:
 - a. SC Department of Social Services/ Law Enforcement: Criminal History Report
 - b. SC Department of Social Services/Law Enforcement: Central Registry for Child Abuse and Neglect

3. **Volunteer Training** is the next step once all parts of your application are approved. Training is scheduled three times a year or on a one on one basis.

One-on-Ones are ideal for:

- a. **those who cannot commit to 8 hours of week night training**
- b. **those who will not be a regular volunteer (summer volunteers, interns, school projects, etc.)**


The sessions will be scheduled according to the Coordinator's schedule Monday-Friday, from 10am-4pm.

4. **Submission of documentation of freedom of communicable or contagious diseases.**
-a negative TB test should be submitted for our records before any volunteer works directly with our children.

This process does not apply for Large Groups, please contact our office for information on how your organization can go about becoming volunteers!

Helping Hands, Inc.

Date ____/____/____

	<h2 style="margin: 0;">Group Volunteer Application</h2> <p style="margin: 10px 0 0 0;">Group Name: _____</p> <p style="margin: 0 0 0 0;">Mailing Address: _____</p> <p style="margin: 0 0 0 0;">_____</p> <p style="margin: 0 0 0 0;">_____</p> <p style="margin: 0 0 0 0;">_____</p>
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CONTACT INFORMATION *(to be completed by lead contact person for group)*

Last Name	First Name	Preferred Name
Address	City/State/Zip	Email address
Phone Number <i>(8am-5pm)</i>	Evening Phone Number	Weekends
		Check email often? Yes <input type="checkbox"/> No <input type="checkbox"/>

Why would your group like to volunteer at Helping Hands, Inc.? _____

Age Group Preference(s)

Please check which programs you are interested in volunteering with:

<input type="checkbox"/> Nursery (infants/toddlers)	School Age (ages 5-12)	Teenagers	No Preference
<input type="checkbox"/> Bungalow (teen mothers)	<input type="checkbox"/> Boys <input type="checkbox"/> Girls	<input type="checkbox"/> Boys <input type="checkbox"/> Girls	<input type="checkbox"/>

What other volunteer experience does your group have?

Agency or Program	Volunteer Duty Performed
_____	_____
_____	_____
_____	_____

Special Skills *(direct service)*

What service(s) is/are your group interested in providing or participating in with our children?

- Arts & Crafts (cross stitching, painting, or specify) _____
- Indoor Activities (board games, story telling)
- Outdoor Activities (fishing, swimming, tennis, baseball, or specify) _____
- Music/Voice/ Instrument or specify _____
- Story Telling
- Tutoring (Age group will be assigned upon need) _____
- Other- Please list activities, if your group will volunteer throughout the year? *(i.e. sponsor birthdays, read to children, coordinate Halloween Party, etc.)*

Which of the following *non-direct* services, if any, will your group be willing to volunteer?

- Sorting Donated Clothing
- Outdoor Work/Landscaping
- Painting
- General Maintenance (installations, painting, patching)
- Special Maintenance (carpentry, concrete)
- Other (specify)



Here are some other fun volunteer opportunities that your group may be interested in:

- Adopt- A- Room-** Maintaining the attractiveness of children's living quarters. Volunteers design a room from start to finish! (*request a guideline packet*)
- Adopt-A-Birthday-** Your group will have the chance to help our residents celebrate their special day by coordinating a birthday party. Theme your party! (i.e. Hawaiian Lau)
- Donation Drive-** Coordinate a donation drive soliciting items from our wish list. Ask fellow group mates, organization members, church members, or school to help with its success.

Please list two (2) references.

Name: _____
 Relationship: _____
 Address _____
 Telephone: (Home) _____
 (other) _____

Name: _____
 Relationship: _____
 Address _____
 Telephone: (Home) _____
 (other) _____

We have submitted copies of our group members' signatures along with state issued identification. All of the information provided herein is true. We understand that by applying and completing this application we will not be considered an employee and will not be compensated for duty.

 Signature

 Date

Important Note

Group Leaders: Each group member must submit a group member profile for our records. Make sure that a copy of each member's profile is attached to this application. Failure to do so may result in a hold on your application and/or suspension of volunteer activity.

For Office Use Only:

Date Received _____ by _____ (initial)
 Proceed? _____ Yes No
 Status: Approved _____ Decline _____

Date Trained ____/____/____

Last Name

First Name

Middle Initial

Group Volunteer Profile Page

Name of Volunteer Group:

(Attach ID and make copy here)



1. Have you ever been convicted of a crime? Yes No If yes, please explain

2. Do you have any prior or present experience in working with children who are victims of abuse, abandonment, or neglect? Yes No If so, please explain

3. Would you consider becoming a regular volunteer once your group has completed their service with our agency? Yes No If Yes, is it ok for the Volunteer Coordinator to contact you concerning training and other volunteer duties? Yes No

Volunteer Confidentiality Agreement

In your volunteer work with Helping Hand, Inc. you will have access to information that is considered confidential. The clients that we serve often share personal information about their families and themselves. Because you are bound by state laws regarding confidentiality, you are not permitted to discuss this information or share client identities with anyone. The only exception is reports of suspected child abuse. We are relying on your cooperation in this matter because we consider you a member of our professional team. Failure to observe this policy will result in immediate termination of your services with Helping Hands, Inc.

By signing this agreement, I understand that I am legally and morally bound to maintain strict confidentiality as outlined in the South Carolina Code of Laws, Section 20-7-690.

Signature

Date

All of the information provided herein is true. I understand that by becoming a volunteer I will not be considered an employee and will not be compensated for my services.

Signature

Date