	<p>Volunteer Application <i>Please check which applies:</i> Permanent/Regular Volunteer <input type="checkbox"/> Temporary <input type="checkbox"/> (Intern, Community Service, Summer Volunteer, School/Class Project) Court Ordered Community Service <input type="checkbox"/></p>
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PERSONAL INFORMATION

BIRTHDAY ____/____ (MO/DAY)

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

1. How did you learn about Helping Hands? _____
2. Do you have any related experience of abuse, abandonment, and/or neglect? Yes No Please explain. _____
3. What are some of the prevailing attitudes of people regarding victims of abuse, abandonment, and neglect? _____
4. Why would you like to be a volunteer with Helping Hands, Inc.? _____
5. Do you have any related experience in volunteering with children of abuse, abandonment, and/or neglect? Yes No Please explain. _____
6. How much time are you willing to dedicate to volunteering at our agency? (I.e. 2 hours, one day a week, etc.) _____

Please list any other past or present volunteer activities that you are/have been involved with.

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

Age Group Preference(s)

Please check which programs you are interested in volunteering with:

<input type="checkbox"/> Nursery (infants/toddlers)	<input type="checkbox"/> School Age (ages 5-12)	<input type="checkbox"/> Teenagers	<input type="checkbox"/> 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"/>

Education/Experience

Highest Level of Education Received:
 School/Institution _____ Degree _____ Year _____

Do you have any special education or experience (work-related, volunteer, hobbies or interests) that might apply? (i.e. teacher) Please state below:

Special Skills (non direct)

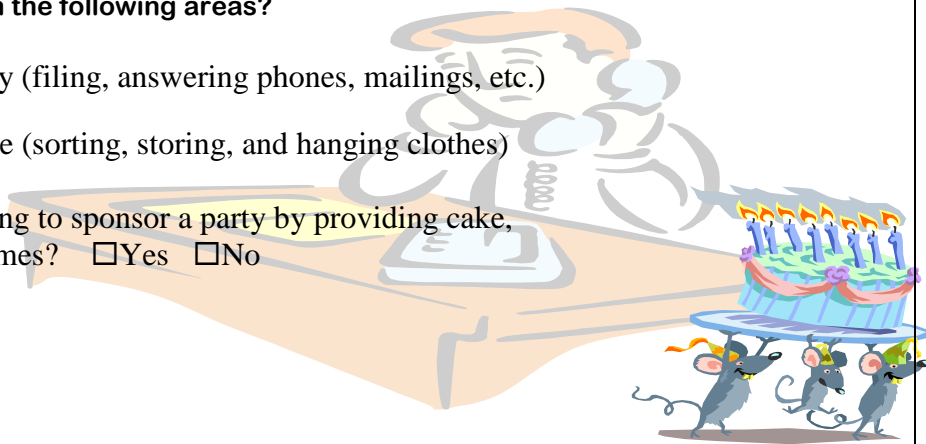
- Sewing
- Sorting Donated Clothing
- Outdoor Work/Landscaping
- Painting
- General Maintenance (installations, painting, patching)
- Special Maintenance (carpentry, concrete)
- Other (specify)

Special Skills (direct service)

- 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) _____

Can you provide support in the following areas?

- Administrative Duty (filing, answering phones, mailings, etc.)
- Clothing Warehouse (sorting, storing, and hanging clothes)
- Would you be willing to sponsor a party by providing cake, decorations and games? Yes No



Please list two (2) references.

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

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

All of the information provided herein is true. I understand that by applying and completing the attached forms, a criminal background check will be made with the files of the South Carolina Law Enforcement Division (SLED) and The Department of Social Services (DSS) Central Registry. I also understand that as a volunteer I will not be considered an employee and will not be compensated for my services.

_____ Signature

_____ Date

For Office Use Only:

Date Received _____ by _____ (initial)

Date Trained ____/____/____

Proceed? _____ Yes No

TB Test Results received: Yes No

Status: Approved _____ Decline _____

Helping Hands, Inc.

P.O. Box 503
Aiken, SC 29802



"I never stood as tall as when I bent down to help a child."
Author Unknown

Volunteer Confidentiality Agreement

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

Helping Hands, Inc.



APPLICATION FOR BOARD MEMBERSHIP

NAME: _____

ADDRESS: _____

PHONE: (H) _____ (W) _____ (FAX) _____

EMAIL: _____

OCCUPATION: _____

EDUCATIONAL BACKGROUND: _____

1. How long have you lived in this area? _____

2. Have you ever worked with victims of abuse before? _____

Explain: _____

3. Have you ever been involved with a domestic violence, child abuse or child abuse prevention program before?
If so, in what capacity? _____

4. Why would you like to be a board member with Helping Hands, Inc? _____

5. What is your definition of abandonment and neglect? _____

6. What type of live experience have you had which would add to your being a board member?

7. What do you feel are the prevailing attitudes of people regarding victims of abuse (sexual, physical, abandonment, neglect)? _____

8. Will you be able to give a minimum of 1-year commitment to Helping Hands, Inc? _____

P.O. Box 503 Aiken, South Carolina 29802-3456 **Phone:** 803 648-3456 **FAX:** 803 641-4161

Website: www.helpinghandsaiken.org

Email: Admin@helpinghandsaiken.org



9. Do you feel comfortable dealing with issues involving child abuse? _____

10. Please list any present/previous relevant volunteer experience; please explain your involvement.

11. With what area would you be interested in working?

_____ Public relations/community outreach

_____ Finance/Fundraising Committee

_____ Volunteer Development

_____ Committee Oversight

_____ Long Range Planning Committee

_____ Program Oversight Committee

_____ Facility, Grounds & Maintenance

Helping Hands, Inc.



HELPING HANDS, INC. BOARD OF DIRECTORS AGREEMENT

The Board Member agrees to:

1. Become familiar with and adhere to the policies and procedures of Helping Hands, Inc.
2. Attend orientation sessions and workshops when possible.
3. Attend monthly board meetings of Helping Hands, Inc. in the position of Board Member.
4. Give prior notice if this volunteer work is to be terminated or interrupted for any period of time, including one-time absences.
5. Facilitate the efficiency of the Board's work by promptness and preparedness.
6. Protect confidential information and adhere to Helping Hands, Inc. by-laws.

Signature

Date

"I never stood as tall, as when I bent down to help a child."

Author Unknown

P.O. Box 503 Aiken, South Carolina 29802-3456 Phone: 803 648-3456 FAX: 803 641-4161

Website: www.helpinghandsaiken.org

Email: Admin@helpinghandsaiken.org



South Carolina Department of Social Services

P.O. Box 1520 • Columbia, South Carolina 29202

Date: _____

CONFIDENTIAL

PLEASE SUBMIT IN DUPLICATE AND COMPLETE ALL BLANKS TO AVOID RETURN AND DELAY.

MEMORANDUM

To: Special Agent in Charge of investigation Support Management
Office of investigation

Thru: _____
Authorized Signature
EXECUTIVE DIRECTOR

Division/Office/Unit Name

From: **Helping Hands Inc.**

Requester
POST OFFICE BOX 503
AIKEN, SC 29802
PH:803-648-3456 FAX: 803-641-4156

Division/Office/Unit

Subject: Request for Criminal Background Check

Reason: Volunteer/Intern who works directly with children

This portion is to be filled out by applicant only.

Request that a criminal background check of the files of the South Carolina Law Enforcement Division be made for the following person:

Last Name **Middle Initial** **First Name**

Social Security Number (When Social Security Number is used as search criteria; signature must be affixed below.)

Sex **Race** **Date of Birth**

Have you ever been convicted of a crime? Yes No If yes, where _____
City, State

and when _____
Date

I understand that the above information will be used to conduct a criminal records check and I give my permission for a criminal records check to be done through the South Carolina Law Enforcement Division or any other law enforcement agency.

Search Results:

No Record Found _____

Signature

Record Found (See Attached) _____

Date

Any criminal history information received is confidential and is not to be disseminated or used for other than the reason requested.