

FR1ENDS of the CH1LDREN

Portland

Name _____ Date _____

Address _____

Phone _____ E-mail _____

How did you learn about Friends of the Children? _____

May we add you to our email list? YES NO

May we add you to our mailing list? YES NO

Age (if you are under 18) _____

Employer _____

Job Title/Responsibilities _____

Does your employer support volunteerism through paid time off to volunteer, cash match to volunteer site,

other? (Please describe) _____

Education _____

Special skills, trainings, hobbies _____

Are you multilingual? YES NO If yes, which language(s) other than English: _____

Community Affiliations _____

Emergency contact name _____ Phone _____

Interests as a Volunteer

Why are you interested in volunteering with Friends of the Children?

What is your experience with children?

What skills do you have that might help you as a volunteer with Friends of the Children?

What do you hope to gain by volunteering with Friends of the Children?

References

Please provide the name and phone number of at least two references who you have known for more than three years

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Volunteer Agreements

Permission for Background Check

In processing my Volunteer Registration, Friends of the Children may verify all information provided by me and/or may procure or have prepared a consumer or investigative report for the purpose of obtaining information on prior employment,

my character, general reputation, and criminal record. Such checks will include criminal background, fingerprinting and driving records checks. Criminal background checks will be done on the state and federal level (FBI). I understand that upon written request to Friends of the Children, I will be informed whether an investigation report was requested and given full information as to the nature and scope of this investigation.

Signature Date

Materials Created

I understand that all materials created during volunteer activities including artwork, writing, film, photographs, videos, and other are the sole property of Friends of the Children and cannot be taken or used without expressed consent from Friends of the Children.

Signature Date

Confidentiality Agreement

Each Volunteer may be privy to confidential information about the Chapters, program children and their families, Friends of the Children staff, process, issues, and the organization in general. As an organization, Friends of the Children does everything possible to protect the confidentiality of each Program child, family, staff member and volunteer. However, it is the responsibility of each person who is a part of the organization, paid or volunteer, to respect these confidences.

Much of the information we deal with at Friends of the Children is sensitive in nature. We treat this information with care and respect, and it is important that this information is held in confidence. Confidential information includes, but is not limited to, the following:

- | | | |
|---|----------------------------------|-----------------------|
| Children’s Names, Folders and Experiences | Employee Names and Records | Financial Information |
| Family Information and Experiences | Child Assessments | Donor Information |
| Management Plans | Evaluation Instruments | Contracts |
| Work processes and issues | Information about other Chapters | |

In order to protect the confidentiality of such information, please take care when discarding any information/documentation outlined above by shredding/destroying the confidential material. Anyone who violates the confidentiality required by Friends of the Children will be asked to resign as a volunteer.

I understand that the work, the children and Friends with whom I volunteer entrust the program with highly confidential information. With this in mind, I will protect their privacy and confidences to the best of my ability except in an effort to protect the children from harm. I will not discuss them or their family matters, or any work processes or procedures, with persons or agencies outside Friends of the Children. If asked to share stories about Friends of the Children youth, I will seek advice from the Program Director or the Executive Director.

If I observe information from other chapters in the FOTC network, I will not discuss the content, nature or quality of the information with any other chapter including the local Portland chapter.

I fully understand the importance of protecting the confidentiality of Friends of the Children. I also understand the importance of protecting Friends of the Children youth from harm.

By signing this agreement, I agree to keep the confidentiality entrusted to me by the children, their Friends, Friends of the Children staff, and the organization in general.

Signature

Date

Name (printed)

Background Check

We run electronic fingerprint background checks on all regular volunteers. Please fill out this form completely. Once processed you will receive further information about scheduling your electronic fingerprinting.

Department of Human Services Background Check Information (DHS Form 301CH (11/2015))

Name (Last/ First/ Middle): _____

Social Security Number (Optional): _____

Date of Birth (mm/dd/yyyy): _____

Email Address: _____

Gender: M F

Driver's License/ ID: State: _____ Number: _____

Aliases/ Other Names Used: _____

Do you prefer correspondence sent to your mailing address (as opposed to your email address)? Y N

Residence Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than Residence Address): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Have you ever been charged, arrested, and/or convicted of a crime? Y N

If you answered yes, list all charges, arrests, and/or convictions (adult and juvenile) and the outcome, regardless of how long ago. Attach additional pages as needed.

Date (mm/dd/yyyy)	Charge, arrest, or conviction	Outcome (e.g., conviction, dismissal)	City:	County:	State:

For each arrest, charge, or conviction you list, attach extra pages and provide as much information as possible regarding the incident, such as explanation, police report, court documentation, etc.

If you have potentially disqualifying convictions or conditions, the BCU (Background Check Unit) must consider several factors to determine the risk of vulnerable individuals and your fitness to hold the position. Please provide any information about the details of your criminal history, yourself, your training, education, work history, treatment and circumstances since your criminal history that you want the BCU to weigh. Add additional pages as needed.

I understand that a criminal records check, includes a national criminal records check requiring fingerprints, will be completed on me. The BCU may share information with a Clearinghouse authorized designee at the facility associated with this request. My submission of my signature authorizes the BCU to request and receive any juvenile, police, court, or investigation reports needed to complete this background check. I understand that I may be notified at the address or email I have given and asked to provide additional information.

I authorize, the BCU to process, this criminal records check request. I understand the criminal records check may be repeated during the time I hold this position.

Signature (must be signed, typed name cannot be accepted):

Date: _____

Administrative Supplement

Administrative volunteers help us clear space in our work for the bigger projects while still making sure the things get done that keep us running! Administrative volunteers can expect to gain office experience

by performing a variety of tasks from reception work to filing/ shredding and specialized projects as they come up.

Availability

I am available 10:00-2:00 the following days (please check all that apply):

Monday	Tuesday	Wednesday	Thursday	Friday	Other

I can volunteer at the following location(s) (please check all that apply):

- Morris (44 NE Morris St)
- Rockwood (424 NE 172nd Ave)

Skills/ Experience

Please check all office equipment/software you are familiar with/ comfortable using (you will not necessarily be asked to use these):

- Multi-line phone system
- Microsoft Office suite
- Photocopier/ scanner
- Raiser’s Edge software
- Adobe Acrobat products
- Adobe Creative Cloud
- Photoshop
- WordPress
- Access databases
- Video/ photography equipment
- Video/ Photography editing software
- Email service platforms
- Website content management systems
- Other: _____

Please describe previous office experience:
