

# Presbyterian Night Shelter Volunteer Application

Thank you for your interest in the Presbyterian Night Shelter (PNS). Please complete this application as well as the attached documents and return to:

**Presbyterian Night Shelter**  
**Attn: Volunteer Coordinator**  
**PO Box 2645**  
**Fort Worth, TX 76113**

*PNS must receive a complete application, signed code of conduct, criminal background check form and \$15 application fee (\$5 for groups more than five people) before processing your request. Each individual volunteering with a group or organization must complete this paperwork.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, state and zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employment: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Please list two references (Please do not list any family members):

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

\*References will only be checked for those serving at the Lowdon-Schutts building for women and children and Safe Haven.

Preferred area of volunteer service (Serving meals, dispensary, playgroups, etc):

\_\_\_\_\_  
Special skills or training: \_\_\_\_\_

Are you volunteering with a group/organization: \_\_\_\_\_

If so, please list the group/organization: \_\_\_\_\_

Are you currently volunteering at PNS? \_\_\_\_\_

If so, where? \_\_\_\_\_

Have you ever volunteered at PNS? \_\_\_\_\_ If so, where and when? \_\_\_\_\_

How did you hear about our agency: \_\_\_\_\_

Times available:

Day	Times (example: 4 p.m. to 6 p.m.)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

### RELEASE TO CONTACT REFERENCES

I, \_\_\_\_\_, hereby authorize the Presbyterian Night Shelter to contact personal references listed on this registration form and understand that PNS will not be held liable for the release of this information.

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

### VOLUNTEER EMERGENCY INFORMATION

Please list below persons to notify in case of an emergency:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship \_\_\_\_\_

3. Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Please indicate any special needs, restrictions or medical conditions of which we should be aware when considering your volunteer placement: \_\_\_\_\_

## Presbyterian Night Shelter Code of Conduct

1. All volunteers must fill out a volunteer application, volunteer code of conduct, background check form and are required to pay a \$15 application fee. Students and children under 18 are not required to fill out the criminal background form. For more guidelines on volunteering, please visit [www.pns-tc.org/volunteer.html](http://www.pns-tc.org/volunteer.html)
2. Volunteers should be on time for their scheduled visit; food brought into the shelter should be served within 30 minutes of the dinner hour unless previous arrangements have been made.
3. Volunteers should be free of anti-social, legal, substance abuse or other problems that would negatively impact or impede the execution of volunteer duties. Any volunteer with a drug or alcohol conviction may not transport PNS clients or operate PNS vehicles.
4. Volunteers should treat all residents, other volunteers and PNS staff with respect and dignity and should refrain from imposing their own values and beliefs upon clients, other volunteers and staff.
5. Volunteers should not solicit donations (in-kind or monetary) on behalf of the Presbyterian Night Shelter unless approved by the Development Director.
6. Individual volunteers should not provide transportation to clients. (This does not apply to volunteer groups participating in the Adopt-a-Client and Client Mentoring program. PNS does allow church groups to transport clients to church and/or special events but the trip must be approved through the volunteer coordinator and the group must fill out the necessary paperwork, provide proof of insurance and driver's license).
7. Under no circumstances are volunteers to give donations (i.e. money, personal items, etc) directly to clients. Any client that solicits money, drugs, alcohol, transportation or donations from a volunteer should be reported to the volunteer coordinator. If a volunteer would like to make a donation for a specific activity or event, then they should contact the volunteer coordinator.
8. Volunteers involved in direct services with clients are discouraged from establishing a personal relationship, give personal opinions or counsel/advise any client. Exceeding boundaries of the personal relationship jeopardizes the ability to represent PNS, provide quality service to the client and prohibits PNS from providing quality case management to the client. Exceeding boundaries may result in volunteer termination.
9. Volunteers involved in religious activities must refrain from proselytizing clients, PNS staff or other volunteers.
10. Any abuse (substance or physical) witnessed by a volunteer of a client to another client or child must be reported immediately to PNS staff.
11. PNS does not offer volunteer opportunities for children ages 11 and under at the Main Shelter, Safe Haven or Patriot House. Children 7 and older can volunteer at the Lowdon-Schutts women and children's building under parent supervision. Any child volunteers ages 12 to 17 must be accompanied and supervised by an approved adult volunteer.
12. Adult volunteers working directly with children must read and sign the Volunteer Guide Lines for the Lowdon – Schutts women and children's Building.
13. PNS does not allow pets on campus. Please do not bring your pet with you to volunteer.
14. While there is no formal dress code, PNS asks that volunteers dress appropriately and practice good hygiene (please wear sneakers, no open toed shoes and please make sure your clothes are free of pet hair).

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Background Verification Release Form

### AGENCY INFORMATION

Date	Agency Name
Contact Name	
Agency's Main Phone Number	Agency's Fax Number

### APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used	
Current Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number	State Issued
Position Applied For			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other

I hereby authorize VERIFI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VERIFI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

## **Presbyterian Night Shelter Code of Conduct Lowdon-Schutts Building for women and children**

Believing that our children are some of the most important gifts entrusted to us, as a volunteer, I/We promise to strictly follow the rules and guidelines in this Volunteer's Code of Conduct as a condition of my/our providing services to the children and youth of the Lowdon-Schutts Building for Women and Children and will lead others who serve with me/us to do the same.

### **As a volunteer, I/We will:**

- Always maintain the utmost respect for the children that the Presbyterian Night Shelter serves, their families, the staff and other volunteers
- Treat everyone with patience, integrity, courtesy, dignity and consideration
- Be accepting of the diverse racial, national, religious and cultural backgrounds of the children and their families
- Understand that it is the desire of the Presbyterian Night Shelter to safeguard the privacy and respect of our clients, and therefore cameras (both video and still) are prohibited unless permission is granted from the volunteer coordinator
- Be aware that over stimulation of children, such as excessive horseplay, can often cause a negative behavior
- Avoid situations where I/individuals am/are alone with children and/or youth.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth
- Refuse to accept expensive gifts from children and/or youth or their parents
- Refrain from giving gifts to children and/or youth without prior approval from the volunteer coordinator I/We understand that gifts given to the Shelter, in general, are more helpful to the overall purposes of the facility
- Understand that I/we may not comprehend everything that is entailed in providing shelter for homeless women and children, and therefore will respect the decisions of the staff of the Shelter

### **As a volunteer, I/We will not:**

- Bring a child under the age of seven to volunteer
- Accompany a child to the restroom. If a child needs to be attended to because they need to go to the bathroom, have a diaper changed, is injured, etc., the front desk staff should be notified immediately
- Go in the downstairs dormitory room or the private room upstairs
- Endeavor to complete any sort of work project without prior approval, understanding that there are liability issues involved
- Attempt to handle a discipline problem on my own, but will instead alert the front desk staff.
- Smoke or use tobacco products in the presence of children and/or youth
- Use, possess, or be under the influence of alcohol at any time while volunteering
- Use, possess, or be under the influence of illegal drugs at any time
- Pose any health risk to children and/or youth (i.e., no fevers or other contagious situations)
- Strike, spank, shake or slap children and/or youth
- Humiliate, ridicule, threaten or degrade children and/or youth
- Touch a child and/or youth in a sexual or other inappropriate manner
- Use any discipline that frightens or humiliates children and/or youth
- Use profanity in the presence of children and/or youth

**I/We realize that many of the women/children of the Presbyterian Night Shelter have experienced varieties of abuse (sexual/physical/verbal) and that my/our interactions with them should be with appropriate care and will use the following as a guideline:**

**Appropriate displays of Affection in Serving:**

- Asking permission before touching
- Side hugs (with adults)
- Brief shoulder to shoulder hugs
- Pats on the shoulder or back
- Handshakes
- “High-fives” and hand slapping
- Verbal praise
- Touching hands, shoulders and arms
- Arms around shoulders
- Holding hands during prayer or when a person is upset
- Holding hands while walking with small children
- Sitting close to small children
- Kneeling or bending down for hugs with a small child

**Inappropriate displays of Affection in Serving:**

- Any form of unwanted affection
- Full frontal hugs or “bear hugs”
- Touching bottoms, chests or genital areas
- Lying down or sleeping beside others
- Massages
- Patting others on the thigh, knee or leg
- Tickling or wrestling
- Touching or hugging from behind
- Games involving inappropriate touching
- Kisses on the mouth
- Showing affection in isolated areas such as dorms, closets, restricted areas or other private rooms
- Compliments that relate to physique or body development

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If volunteering for a group, please note that by signing this form it is your responsibility to review these guidelines with the entire group. The group leader will be held accountable if any rules are broken.



**PRESBYTERIAN NIGHT SHELTER**  
of Tarrant County

*Providing safety and hope since 1984*

**RELEASE AND WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

I HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge the Presbyterian Night Shelter of Tarrant County (PNS) and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, cause of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in the events and activities conducted by, on the premises of, or for the benefit of PNS, provided that this waiver of liability does not apply to any acts of gross negligence or willful misconduct by PNS.

I understand that the activities and functions in which I participate may be considered [but do not have to be] of a volunteer nature, or for the benefit of a 501(c)3, and/or dangerous and may cause grievous injuries, including bodily injury, damage to personal property, and/or death. On behalf of myself, my heirs, my assigns and next of kin, I waive all claims for damages, injury and death sustained by me or my property that I may have against the aforementioned released party to such activity.

By signing this release and waiver, I assume any risk, and take responsibility and waive any claims of personal injury, death or damage to real or personal property including, but not limited to any sickness, volunteer activities, community events and/or engaging in organizational functions and activities for non-profit engagements or functions and fundraisers or other related activities on or off the premises.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing release and waiver of liability and hold harmless agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least 18 years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by the same.

Please review the following:

**Medical treatment:** The volunteer does hereby release and forever discharge PNS from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the volunteer's activities with PNS.

**Insurance:** The volunteer understands that, except as otherwise agreed by PNS in writing, PNS does not carry or maintain health, medical or disability insurance coverage for any volunteer.

**Photographic release:** The volunteer does hereby grant and convey unto PNS all right, title, and interest in any and all photographic images and video or audio recordings made by PNS during the volunteer's activities with PNS, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

**Transportation:** Individual volunteers should not provide transportation to clients. (This does not apply to volunteer groups participating in the Adopt-a-Client and Client Mentoring program. PNS does allow church groups to transport clients to church and/or special events but the trip must be approved through the volunteer coordinator). In those cases, all drivers are required to carry automobile liability insurance pursuant to minimum statutory requirements in the State of Texas. All drivers must also carry a valid driver's license in their vehicles at all times. PNS will not be liable for any accidents, injuries, death or damages, to persons or property, involving volunteer drivers, their passengers, or any third parties, whether for shelter related or non-related activities. Volunteers also must sign in/out each time he/she transports a client.

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Group/organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



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*Providing safety and hope since 1984*

### **Volunteer Acceptance of Placement**

I, \_\_\_\_\_, agree to serve as a volunteer for the Presbyterian Night Shelter and commit to the following:

1. To serve for a minimum period of six months (may not apply to interns, special projects or special events).
2. To perform my volunteer duties to the best of my ability.
3. To adhere to PNS' rules and procedures and code of conduct.
4. To meet my agreed upon time and duty commitment or to provide at least two hours notice to the volunteer coordinator so that alternative arrangements can be made.
5. To act at all times as a member of the team responsible for accomplishing the mission of the agency.
6. To communicate with the volunteer coordinator any change in the status of my volunteer commitment.

### **Volunteer Confidentiality Statement**

I understand that as a volunteer I must keep any and all information about PNS clients and the agency confidential. I agree to maintain all confidential information obtained during my volunteer service once I have left the agency.

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_