

**FamilyTime Crisis and Counseling Center**  
**Volunteer Opportunities**

**Please call (281) 446-2615 for more information**

**The Door (shelter):**

- Mentoring – help children with homework
- Back-up for shelter advocate staff
- Teach computer skills classes for women and teens onsite
- Crafts and games; story time
- Weekend meal preparation
- Transportation – take shelter residents to job interviews, court, doctor’s appointments, etc.
- Building and Grounds upkeep – landscaping, cleaning, painting and minor repairs
- Sorting, inventorying and labeling donations
- Babysitting
- Field trips to park, movies, skating, bowling, Old McDonald’s Farm, etc.; donating admission or meals (pizza, McDonald’s, etc.)
- Providing professional services (plumbing, electrician, carpentry, etc.)

**Counseling Centers:**

**Located at 1203 S. Houston Avenue, Humble, Texas  
& 1110 W. Clayton, Dayton, Texas**

- Licensed Professional Counselor (LPC) & Graduate-Level Practicum Student Internships
- Answering crisis helpline
- Clerical assistance
- Sorting, inventorying and labeling donations
- Providing professional services (plumbing, electrician, carpentry, etc.)
- Building and Grounds upkeep – landscaping, cleaning, painting and minor repairs

**Thrift Shops:**

**Located at 23874 Loop 494, Porter, Texas  
& 1110 W. Clayton, Dayton, Texas**

- Sorting, inventorying and labeling donations
- Assist on sales floor
- Cleaning services for building, upkeep
- Donations are needed! Call (281) 354-5590 for more information
- ALL sales from the FamilyTime Thrift Shops directly support FamilyTime programs including The Door, FamilyTime’s shelter for battered women

**Other:**

- Assistance with FamilyTime special events (gala, fundraisers, etc.)
- Hold a drive to collect food, baby items, school supplies, etc. to benefit FamilyTime clients
- Fundraising assistance

## **\* Non-Counseling Intern Volunteers Only \***

**FamilyTime is always in need of dedicated volunteer staff. Volunteers are greatly appreciated by FamilyTime and are an important part of fulfilling our mission to serve victims in need!**

**If you are interested in volunteering at FamilyTime, please complete the attached Volunteer Application & Agreement and return it to:**

**FamilyTime Crisis and Counseling Center  
Attention: Patti Tristan  
P. O. Box 893  
Humble, Texas 77347**

**Once these documents have been turned in, Patti will contact you to schedule a time to complete any volunteer training and orientation that may be required for the volunteer duties that you are interested in completing.**

**If you have any questions about the attached documents or the volunteer program at FamilyTime, please do not hesitate to contact Patti Tristan at (281) 446-2615.**

**Thank you for your interest and support of our agency. We look forward to working with you in the future.**

*We are always appreciative of clients who have received our services and want to give back by volunteering with the agency. For clients wishing to volunteer, you must not have received any type of services at FamilyTime within the previous three years to be eligible for volunteer service, per agency policy.*



Please return completed Volunteer Application & Agreement to  
Patti Tristan at P.O. Box 893 \* Humble, Texas 77347.

## FamilyTime Crisis and Counseling Center Volunteer Application

### PLEASE PRINT ALL INFORMATION

Name \_\_\_\_\_  
Last First M.I.

Home Address \_\_\_\_\_  
Street Apartment Number

City State Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax Number \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_ DL# \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Occupation/Title \_\_\_\_\_

Does your company offer a matching fund or company contribution for you volunteer services? Yes No

If yes, who is the contact person? Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you a member of any church or religious or civic organization? If so, which one(s)?  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously volunteered or applied for employment with FAMILYTIME? Yes No

*The following information is not required, but would help FAMILYTIME when applying for grants:*

SEX: Female Male

ETHNICITY: Caucasian African American Asian Native American Other \_\_\_\_\_

Level of Education: less than H.S. H.S. College Graduate School Business/Tech

University/College \_\_\_\_\_

Is there a campus newsletter where we can submit information on FAMILYTIME? Yes No

How did you learn about our organization? (Please check all that apply)

School Newsletter Television Radio Speaker from FamilyTime Another Volunteer  
Internet Volunteer Match Other \_\_\_\_\_

Are you volunteering to fulfill a professional requirement? Yes No

### ***For Office Use Only:***

\_\_\_\_ Check if applicant has completed Volunteer Training \_\_\_\_\_ Date Completed

Are you volunteering to fulfill a class requirement? Yes No

If yes, how many hours are you required to complete? \_\_\_\_\_ By when? \_\_\_\_\_

What languages do you speak? English Spanish Other \_\_\_\_\_

Are you able to make a three-month commitment? Yes No

Are you a current or former client of FAMILYTIME? Yes No

If a former client, how long ago? \_\_\_\_\_

**FamilyTime policy does not allow any person who has received services within the past 3 years to volunteer or work for the agency.**

When are you available to volunteer? (Please indicate days and times available)

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Other \_\_\_\_\_

What volunteer positions are you interested in? (Please check all that apply)

<u>Non Residential</u>	<u>Residential (Shelter)</u>	<u>Children &amp; Youth Services</u>	<u>Miscellaneous</u>
Hotline	Childcare/Activities	Child Care	Special Events
Advocacy Volunteer	Children's Field Trips		Special Projects
Counseling Intern	Adult Transportation		Thrift Shop
		<u>Education and Outreach</u>	Board of Directors
		Speakers Bureau	
		Community Fairs	

*\*If you are interested in volunteering in Direct Services (i.e. Non Residential, Residential and Children & Youth Services) please note that you will be **required** to complete all training sessions.*

Please list any special skills you have:

\_\_\_\_\_

Please list three (3) personal references, who are not related to you but have known you for at least one (1) year. Please provide a complete address and phone number for each individual listed. The reference forms will be mailed.

1. \_\_\_\_\_  
Name Phone Mailing Address

2. \_\_\_\_\_  
Name Phone Mailing Address

3. \_\_\_\_\_  
Name Phone Mailing Address

**INFORMATION YOU SHOULD KNOW:**

- Volunteers understand that FAMILYTIME may conduct a criminal background check and that by signing this application permission is given to complete this part of the volunteer screening process.
- Volunteers must complete all training relevant to the assigned program.
- Volunteers must provide 3 contacts with mailing addresses for references before working with clients in any direct service program. FAMILYTIME will contact these persons.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# FamilyTime Crisis and Counseling Center Volunteer Agreement

This agreement is entered into on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between  
\_\_\_\_\_ and FamilyTime Crisis and Counseling Center.

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**CONFIDENTIALITY:** As a volunteer of FamilyTime, I understand:

- I may learn the identity of clients or previous clients of FamilyTime.
  - I may learn the location of the Shelter for abused women and their children. I also understand and agree that the location of the Shelter is and will remain confidential and that the disclosure of its location could endanger the lives of many people.
  - I acknowledge that the information I learn at FamilyTime concerning the lives of the clients, staff and volunteers is private and confidential both while volunteering at FamilyTime and after leaving.
  - I will respect the rights of FamilyTime clients, staff and volunteers.
  - I will not discuss confidential information except in the performance of my duties as a volunteer.
  - I understand that if information is requested by someone outside of FamilyTime, I am to respond with the statement, "FamilyTime's policy does not permit me to give out that information." This includes whether or not a person is or has been served by FamilyTime.
  - I will only disclose a client's confidences to someone if, 1) Mandated by law; 2) To prevent or clear immediate danger to a person or person; and 3) when I am compelled to do so by a court or pursuant to the rules of a court.
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**COMMITMENT:** Anyone attending training at FamilyTime for educational purposes only must still comply with the rules set by FamilyTime. As a volunteer for FamilyTime, I agree to the following:

- I will keep to the schedule as agreed upon with my Program Supervisor and/or the Manager of Volunteer Services.
  - If I cannot make this schedule, I will notify my Program Supervisor as soon as possible.
  - If I must terminate my volunteer activities, I will notify my Program Supervisor and the Shelter Manager two weeks (if possible) prior to the effective date.
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**PROFESSIONALISM:** As a volunteer, I realize that certain standards of professional conduct apply to my performance at FamilyTime and that professional ethics apply to the work performed. As a volunteer for FamilyTime, I agree that:

- I will perform my responsibilities to the best of my ability and in accordance with the standards as discussed with me by my Program Supervisor.
- I will discuss any questions and concerns with the appropriate supervisor and/or the Manager of Volunteer Services.
- I understand that the Shelter is the residents' home and when on these premises I will conduct myself accordingly.
- I will respect the residents, their feelings, their needs and their individuality.

- I recognize that it is inappropriate for volunteers to develop a personal relationship with any client of FamilyTime.
  - I understand that if in the course of volunteering in Direct Client Service Programs I encounter someone with whom I have previously had a personal relationship of any nature, I must immediately notify my Program Supervisor, Manager of Volunteer Services and/or the Shelter Manager.
  - Non-compliance with any of the above statements may be grounds for dismissal.
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**TERMINATION:** The activities listed below constitute a breach of professional guidelines and are grounds for possible termination as a volunteer. The following activities will be referred to the Executive Director for immediate action:

- Giving out your last name or the last name of any volunteer, staff or client.
- Giving out your personal telephone number(s) or the numbers of any volunteer, staff or client.
- Meeting a client in person outside of FamilyTime, unless cleared through your Program Supervisor.
- Encouraging dependency, repeat callers, etc.
- Not referring all media calls to the Executive Director.
- Using drugs and/or alcohol while volunteering at FamilyTime.
- Carrying weapons on FamilyTime property at any time.
- Demonstrating disrespect of the feelings, views and actions of clients, staff and volunteers and using inappropriate channels to express opinions on these matters.

By signing below, I agree that I have read and understand all policies set forth in FamilyTime's Volunteer Agreement and agree to abide by the policies at all times. Failure to follow these policies may result in the termination of your volunteer duties at FamilyTime.

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Volunteer Signature

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Date Signed