



Thank you for your interest in joining the volunteer team at Scotty's House. Our volunteers have a direct impact on the lives of our community's most vulnerable victims. From greeting child clients and their families at our facility to helping with fundraisers and awareness activities, we need your help. Volunteers make such a difference in the lives of the children and families who come to Scotty's House. With your support, we can continue to provide safety, healing and justice for children victimized by abuse.

### **Volunteer & Internship Application Packet**

This application packet includes the following documents:

- Volunteer Application
- Non-Disclosure Form
- Confidentiality Pledge
- Three References Forms

Once we have received your completed application, we will contact you to schedule an interview. You may submit your application via fax, email, or mail\*. If you have any questions, please feel free to contact Melanie Scarpance, Volunteer Services Coordinator, at [mscarpace@scottyshouse.org](mailto:mscarpance@scottyshouse.org) or 979-703-8813.

Fax: (979) 822-0608

Email: [mscarpace@scottyshouse.org](mailto:mscarpance@scottyshouse.org)

Mail: 2424 Kent Street, Bryan, TX 77802

\*Please do not deliver applications to our agency in person.



## Volunteer Application

Date of Application: \_\_\_\_\_

Name

Date of Birth

\_\_\_\_\_

Email Address

\_\_\_\_\_

Phone Number(s)

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

Scotty's House Child Advocacy Center has several opportunities for Volunteers. All types of Volunteers are needed to make services available to families in our community, and we value any skills you may have to help us improve the community in which we live. Listed below are the current volunteer opportunities available at Scotty's House. Please check the areas in which you are most interested:

\_\_\_\_\_ **Family Care**

\_\_\_\_\_ **Medical Volunteer**

\_\_\_\_\_ **Ambassador**

\_\_\_\_\_ **Program/Counseling Internship**

\_\_\_\_\_ **Virtual Volunteer**

\_\_\_\_\_ **Additional Volunteer Opportunities\***

\_\_\_\_\_ **Outlying County Ambassador Program** County: \_\_\_\_\_

\*If you have selected *Additional Volunteer Opportunities*, please specify:

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Days/Times you will be available to volunteer:

## **General Information**

How did you learn about Scotty's House and our Volunteer Program?

What would you like to gain from your volunteer experience?

Are you volunteering for:

\_\_\_\_\_ Class Credit (Please provide the name of your instructor.)

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\_\_\_\_\_ Organization Credit (Please provide the name of your organization.)

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\_\_\_\_\_ Other (Please explain.)

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Are you currently employed? \_\_\_\_\_ Name of Employer: \_\_\_\_\_

## Experience

Please list any previous volunteer experience, particularly in working with children and families:

Length of Time

Organization

Responsibilities

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Do you have any experience with:

Child Abuse? ☐ Yes ☐ No

If yes, please explain:

Foster Care? ☐ Yes ☐ No

If yes, please explain:

Criminal, Juvenile or Family Court System? ☐ Yes ☐ No

If yes, please explain:

Other Child Service Agencies? ☐ Yes ☐ No

If yes, please explain:

## Skills & Special Abilities

Do you speak any language other than English?

\_\_\_\_\_ Yes \_\_\_\_\_ No Language: \_\_\_\_\_

Do you read/write in any language other than English?

\_\_\_\_\_ Yes \_\_\_\_\_ No Language: \_\_\_\_\_

Do you have any experience with blind or hearing impaired persons?

\_\_\_\_\_ Yes \_\_\_\_\_ No In what capacity? \_\_\_\_\_

Do you have any experience with handicapped persons?

\_\_\_\_\_ Yes \_\_\_\_\_ No In what capacity? \_\_\_\_\_

## Emergency Notification

*Please list a person to contact in the event of an emergency:*

Name

\_\_\_\_\_

Phone Number(s)

\_\_\_\_\_

Address

\_\_\_\_\_

Relationship

\_\_\_\_\_

I, \_\_\_\_\_, have accurately completed this application and I understand that the information included in it will be used to assign me to the tasks best suited for my abilities and experience. I also understand that this application is not a contract between Scotty's House and me, and I can terminate my volunteer services at any time.

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**Signature**

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**Date**



## Non-Disclosure Form

I, \_\_\_\_\_, choose to not allow public access to my home phone number, my home address, my social security number or any information relating to my family.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



## **Pledge of Confidentiality**

I, \_\_\_\_\_, promise that I shall hold in confidence all pertinent information. I will not violate the confidential relationships between Scotty's House, its Volunteers, related agencies, courts, and all parties interviewed. I will not remove any written records from the office of Scotty's House.

I also understand that any information related to cases and/or clients with whom I come into contact with through records or through direct contact is highly confidential, and I am not to discuss it with any persons other than Scotty's House staff and agencies directly related to the investigation of the case while they are at Scotty's House.

I accept full responsibility for maintaining the confidentiality and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this agreement.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**