

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 Scarpace, Volunteer Services Coordinator, at mscarpace@scottyshouse.org or 979-703-8813.

Fax: (979) 822-0608

Email: mscarpace@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	
Volunteers are needed to make ser any skills you may have to help us it	nter has several opportunities for Volunteers. All types of vices available to families in our community, and we value improve the community in which we live. Listed below are available at Scotty's House. Please check the areas in
Family Care	Medical Volunteer
Ambassador	Program/Counseling Internship
Virtual Volunteer	Additional Volunteer Opportunities*
Outlying County Ambassa	dor Program County:

*If you have selected Additional Volunteer Opportunities, please specify:		
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.)		
Organization Credit (Please provide the name of your organization.)		
Other (Please explain.)		
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
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 C	Court System? Yes N	No
If yes, please explain:		
Other Child Service Agencies	? Yes No	
If ves. please explain:		

Skills & Special Abilities

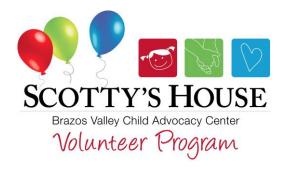
Do you speak any language other than English?		
Yes No Language:		
Do you read/write in any language other than English?		
Yes No Language:		
Do you have any experience with blind or hearing impaired persons?		
YesNo In what capacity?		
Do you have any experience with handicapped persons?		
Yes No In what capacity?		
Emergency Notification		
Please list a person to contact in the event of an emergency:		
Name		
Phone Number(s)		
Address		

Signature	Date	•
between edetty of house and me, and rec	an terminate my volunteer serv	ioco at arry timo.
between Scotty's House and me, and I ca	• •	
suited for my abilities and experience. I a	•	
and I understand that the information inclu	•	•
1,	, have accurately com	pleted this application



Non-Disclosure Form

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



Pledge of Confidentiality

pertinent information. I will not violate the House, its Volunteers, related agencies, or remove any written records from the office I also understand that any information relations contact with through records or through not to discuss it with any persons other directly related to the investigation of the office the full responsibility for maintaining the contact with responsibility for maintaining the contact with the contact	ated to cases and/or clients with whom I come gh direct contact is highly confidential, and I er than Scotty's House staff and agencies
Signature	 Date