

LENA | Chapel Hill POPE | Academy

Volunteer Application

The following is the process to apply as a volunteer at Chapel Hill Academy:

1. **Complete Volunteer Application** – Please complete the enclosed application and mail, fax, deliver, or email it to Lydia Bailiff (contact information below).

Lydia Bailiff, LMSW
4640 Sycamore School Road
Fort Worth, TX 76133
817-289-0242
Fax: 817-289-3657
lbailiff@lenapope.org

2. **Background Check** – Please submit a clear and legible copy of two forms of government issued ID (driver's license, social security card, passport, or birth certificate) with your application.
3. **Personal Interview** – Ms. Bailiff, CHA Social Worker, will contact you for a short interview after your background check and reference checks are complete.
4. **Drug and TB Test** – You may be asked to complete a drug test and TB test.

Our process is lengthy and may seem exhaustive, but we feel that the safety of our children is of the utmost importance. We reserve the right to decline or terminate approval of an applicant or volunteer if circumstances arise that indicate this is in our students' or our school's best interest.

Thank you for spending the time and effort to be part of Chapel Hill Academy. If you have any questions, please do not hesitate to call or email Ms. Bailiff.

Mission Statement:

Lena Pope, Inc. is committed to helping create hope, happiness and success for children and their families.

LENA POPE | Chapel Hill Academy

Volunteer Application

Applicant Information			
Date of Application:			
Last Name:		First Name:	
Middle Initial:			
Date of birth:	SSN:	Email:	
Current address:			
City:		State:	ZIP Code:
Phone (C):	Phone (H):	Phone (W):	
May we call you at work?	Driver's License #:	Have Transportation?	
Highest Level of Education Completed			
High School:		College:	Post-Graduate:
Are you bilingual?	If yes, what language(s)?		
Emergency Contact			
Name:			
Address:			
City:		State:	ZIP Code:
Relationship:		Phone Number:	
Employment Information			
Current employer:			
Position:		Work Hours:	
Supervisor Name:		Supervisor Phone:	
Supervisor Email:			

Mission Statement:

Lena Pope, Inc. is committed to helping create hope, happiness and success for children and their families

LENA POPE | Chapel Hill Academy

Volunteer Experience	
Organization:	
Volunteer Position:	Dates:
Supervisor Name:	Phone Number:
Organization:	
Volunteer Position:	Dates:
Supervisor Name:	Phone Number:
Areas of Interest	
Community Outreach (public speaking/fair booths)	Arts & Crafts
Special Events/Fundraising	Skills (photography, computer, etc.)
Holiday Events	Administrative (filing, copying, etc.)
Academic Tutoring/Reading	School Library
Mentoring	Sports (team or individuals)
Other, please list:	
What do you consider to be your specific skills?	
What do you <u>NOT</u> enjoy doing?	
Why would you like to volunteer at CHA?	
Frequency: Number of hours you would like to volunteer? _____ per: day week month year	
Are you a family member or friend of a CHA student or staff member?	
If yes, Student/Staff Name:	Relationship:
Background Check	
If your answer is yes to either of the following questions, please attach a separate piece of paper and explain in detail the following: the nature of the charge, the date of the charge and the resolution. Failure to do so will prevent your approval as a volunteer.	
Have you ever been charged with a felony or misdemeanor offense?	
Have you ever been convicted of a felony or misdemeanor offense?	

Mission Statement:

Lena Pope, Inc. is committed to helping create hope, happiness and success for children and their families

LENA POPE | Chapel Hill Academy

References - List only those you have known at least 2 years. Do not list family members.

Personal Reference #1

Name:	Relationship:	
Years Known:	Daytime Phone:	
Address:		
City:	State:	Zip:

Personal Reference #2

Name:	Relationship:	
Years Known:	Daytime Phone:	
Address:		
City:	State:	Zip:

Professional or Volunteer Reference

Name:	Organization Name:	
Relationship:	Years Known:	
Address:		
City:	State:	Zip:

I hereby certify that the statements and representations made in this volunteer application are true and correct, and have been given voluntarily. I authorize Lena Pope, Inc. to verify my references, run a criminal history check, and/or a driver's license check, and I release Lena Pope, Inc. from any liability based on the information received. I also understand that Lena Pope, Inc. has the right to deny my application for any reason.

Signature of applicant	Date
------------------------	------

Mission Statement:

Lena Pope, Inc. is committed to helping create hope, happiness and success for children and their families

LENA POPE | Chapel Hill Academy

Lena Pope
3200 Sanguinet
Fort Worth, TX 76107
(817) 255-2500

Chapel Hill Academy
4640 Sycamore School Road
Fort Worth, TX 76133
(817) 289-0242

REQUIRED CONFIDENTIALITY STATEMENT

As part of the day to day activities involved in the operation of Chapel Hill Academy and Lena Pope, Inc., I understand that issues arise of a confidential nature involving youth and their treatment of care. The confidentiality of information regarding these youths and their care is a serious issue, and Lena Pope, Inc. requires that all personnel/volunteers involved maintain this confidentiality. This is not only a Lena Pope, Inc. policy, but is covered by federal regulations as well.

By signing below, I understand that the confidentiality of these matters is of the utmost importance, and I agree to respect that confidentiality. I agree that any and all information received or heard regarding the youth in care or served by Lena Pope, Inc. and Chapel Hill Academy will be kept in strictest confidence. I further understand that any violation of the confidentiality issue not only violates Lena Pope, Inc. policy, but federal laws as applicable.

SIGNATURE

DATE

POSITION

Mission Statement:

Lena Pope, Inc. is committed to helping create hope, happiness and success for children and their families.



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		Contact Phone Number	Email Address	
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			

_____ (the "Organization") may request a comprehensive review of your background information from a consumer reporting agency in connection with your employment/volunteer application and for employment/volunteer purposes, including promotion, reassignment, or retention as an employee or volunteer. Your background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are selected by the organization, throughout your volunteering or employment VERIFIY, 2800 Live Oak Street, Dallas TX 75204, 214-818-9839, and its designated agents and representatives or another consumer reporting agency will prepare or assemble the reports. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: consumer credit, names and dates of previous/current employment, worker's compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, civil cases, OIG/GSA, OFAC/patriot act, any sanction lists, finger printing and drug testing. These reports may include information as to your general reputation, character, personal characteristics, mode of living, work habits, job performance and experience along with reasons for termination of past employment from previous employers. You may request more information about the nature and scope of any investigative consumer reports by contacting the organization. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Authorization and Release

I, _____ authorize the complete release of these records or data pertaining to me which an individual, organization, firm, corporation, institution, school or university, law enforcement or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment/volunteering at the organization. I release all persons or entities from liability from any alleged damage that may result from furnishing accurate information in good faith to the organization.

I certify that all information provided below is true and accurate to the best of my knowledge. This authorization and consent shall be valid in original, facsimile ("fax"), or copy form.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

PLEASE PRINT LEGIBLY:

_____ Applicant's Signature	_____ Date
_____ Applicant's Printed Name	_____ Parent/Guardian's Signature (if under 18 years of age)