



The Birthday Joy Program
200 Houston Ave, Suite D
League City, TX 77573

Volunteer Application Form

Please fill out this form and return to The Birthday Joy Program to receive consideration for a volunteer position. You may mail this form to our mailing address, attach it to an email to our volunteer coordinator at volunteer@thebirthdayjoyprogram.com, or drop it by our office.

The Birthday Joy Program is a 501(c)(3) organization working in the greater Houston area to provide birthday celebrations to children living in shelters, group homes, and other disadvantaged situations.

Please be advised that, since we work with a vulnerable population, we require a criminal background check. All information on this form will be kept confidential and will help us find the perfect volunteer project for you.

First Name: _____ Middle Name: _____

Last Name: _____

Former Name/Maiden Name/Alias: _____

Date of Birth: _____

Driver's License Number: _____ Issuing State: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Secondary Phone: _____

Email: _____

Employer (if applicable) _____

Have you had a criminal conviction within the last 10 years? yes no

If yes, please explain: _____

Emergency Contact Information

Name: _____ Phone _____

Relationship: _____

Why do you want to volunteer with The Birthday Joy Program?

Here are some of the volunteer positions we offer. Please check the ones you would be most interested in.

- Office help (helping create birthday bags, making contacts with families, organizing toys).
- Events (helping to organize fundraising events, celebratory events).
- Fundraising (may involve telephone calls, writing thank you notes, or grant writing).
- Communications (working on newsletter, creating advertising pieces, helping with social media, website, etc).
- Birthday Parties (Work at one of the shelter parties).
- Transportation (Car required. Delivering birthday bags to clients at their homes, schools or social service agencies).
- Photography (taking pictures at events)
- Other (Please specify) _____

Terms, Conditions and Liability Release:

I hereby release and agree to hold harmless The Birthday Joy Program, its members, board, affiliates, and employees of any and all liability that could possibly be incurred as a result of negligence, intentional or unintentional, during the commission of my responsibilities as a volunteer of The Birthday Joy Program. I hereby agree, while serving as a volunteer for The Birthday Joy Program (TBJP), that I will represent TBJP in my actions and deeds. I will hold confidential all communications, observations and information made by, between or about clients. This includes all client services and administrative records, computer records, and all logs and any other work product related to recipients of service. I hereby agree that I am bound by this confidentiality upon leaving my services as a volunteer with TBJP and there ever after.

I have read and understand the above and acknowledge that by dating this form, I am waving certain legal rights in the event of injury. I accept and agree to the terms contained above.

Agree to terms and conditions YES

Signature: _____ **Date:** _____

Sexual Abuse Policy

The Birthday Joy Program prohibits and does not tolerate sexual abuse in the workplace or in any organization related activity. This organization provides procedures for employees, volunteers, family members, board members, patients, victims of sexual abuse, or others to report sexual abuse. There are disciplinary penalties for those who commit such acts. No employee, volunteer, board member or third party, no matter his or her title or position, has the authority to commit or allow sexual abuse.

This organization has a Zero-Tolerance policy for any sexual abuse committed by an employee, volunteer, board member or a third party. Upon completion of the investigation, disciplinary action up to and including termination of employment and criminal prosecution may ensue.

Sexual abuse is inappropriate sexual contact of criminal nature or interaction for gratification of the adult who is a caregiver and responsible for the child's care. Sexual abuse includes sexual molestation, sexual assault, sexual exploitation, or sexual injury. Any incidents of sexual abuse reasonably believed to have occurred will be reportable to appropriate law enforcement agencies and regulatory authorities.

Some physical and behavioral evidence or signs that someone is being sexually abused are the following:

Physical evidence of abuse:

1. Difficulty in walking
2. Torn, stained, or bloody underwear
3. Pain or itching in genital area
4. Bruises or bleeding of the external genitalia
5. Sexually transmitted diseases

Behavior signs of sexual abuse:

1. Reluctance to be left alone with a particular person
2. Wearing lots of clothing
3. Fear of touch
4. Nightmares

Reporting Procedure

If you are aware of or suspect to sexual abuse taking place, you must immediately report it to your supervisor or another person that is designated in the organization to report the abuse too. You should also report abuse to the Texas Abuse Hotline by phone at 1-800-252-5400 or online at www.txabusehotline.org . Appropriate family members should be notified of alleged instances of sexual abuse.

Anti-retaliation

This organization prohibits retaliation made against any employee, volunteer, board members, third party, or patient who reports a good faith complaint of sexual abuse or who participates in any related investigation. Making false accusations of sexual abuse in bad faith can have serious consequences for those who are wrongly accused. The organization prohibits making false and/or malicious sexual abuse allegations, as well as deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action up to and including termination.

Investigation and Follow-Up

The organization will take all allegations of sexual abuse seriously and will promptly and thoroughly investigate whether sexual abuse has taken place. The organization will use an outside third party to conduct an investigation. The organization will cooperate fully with any investigation conducted by law enforcement or other regulatory agencies. It is the organization’s objective to conduct a fair and impartial investigation. The organization provides notice that they have the option of placing the accused on a leave of absence or on a reassignment to non-patient contact.

The organization will make every reasonable effort to keep the matters involved in the allegation as confidential as possible while still allowing for a prompt and thorough investigation.

Acknowledging Receipt and Understanding of Sexual Abuse Policy

I acknowledge that I have received and read the sexual abuse policy and/or have had it explained to me. I understand that the organization will not tolerate any employee, volunteer, board member or third party who commits sexual abuse. Disciplinary actions will be taken against those who are found to have committed sexual abuse.

I understand that it is my responsibility to abide by all rules contained in the policy. I also understand to report incidents of sexual abuse as set forth in the abuse policy, including retaliating against any employee/volunteer exercising his or her rights under the policy.

Employee/Volunteer Printed Name:

Employee/Volunteer Signature:

Date:
