



canopy  
village

FAMILY SUPPORT  
CENTER

# VOLUNTEER PACKET



Online at [canopyservices.org](https://canopyservices.org)

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VOLUNTEER NAME: \_\_\_\_\_

RECEIVED BY STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_



# Canopy Village

## Mission Statement

***Canopy Village is a trauma-responsive safe haven,  
restoring trust and hope for children and families who  
experience abuse, neglect, or are in crisis.***



*be their village*

## Vision Statement

***Compassionate communities  
where every child feels safe,  
secure, and is nurtured in a  
stable and loving home.***

## Our Core Values

*Caring, Compassion, Respect, Safety, Teamwork, & Integrity*

### **CARING, COMPASSION, & RESPECT**

- Seeking to understand the thoughts and feelings of others.
- Initiating support and giving aide to our program residents, co-workers, and volunteers.
- Fostering an environment where respect and compassion are demonstrated in everything we do through reflective listening, effective communication, and responding with sensitivity.

### **SAFETY**

- Provide safe, clean, and inviting home environment.
- Employees and volunteers have the training, equipment, and supplies needed to accomplish our mission.
- Maintain the adult/child ratio at all times-minimum 2 adults for every 12 children.

### **TEAMWORK**

- Demonstrate compassion and respect working in partnership with one another.
- Recognize the value and contribution of each individual and their successes; encourage, support, and welcome new team members.
- Shall not speak ill of co-workers, program residents, volunteers, donors, or board members.

### **INTEGRITY**

- Have the courage to do the "right thing".
- Creating an environment where our personal conduct reflects our values and employees acknowledge and accept responsibility for their individual actions.
- Uphold the highest standards of financial stewardship through honest, transparent, and ethical practices.



# ABOUT US



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Canopy's Village is a residential home for children who need a safe haven from abuse, neglect or severe family crisis. Our children come to us through state, local law enforcement and private placements, with a large percentage of our private placements resulting from homelessness.

We are the only crisis nursery in North Idaho and the only non-profit facility welcoming children from families in crisis. Services are provided for these families at no cost. Children stay with us for at least 24 hours without maximum stay limits.

Since opening in 1990, Canopy Village (formerly Children's Village) has sheltered more than 2,200 children. Facilities consist of the Counseling and Education Center, Family Support Center, Moyer House, and the Miller House two 7,000-square-foot residential homes. We currently have one active home and house children from birth to age 17. Each child over five has their own bedroom, while infants and toddlers share the nursery. We have beautiful play areas with access to age-appropriate bicycles, a sports court, swings, play structures, and a garden area. Each child spends quality time with direct care staff, their mentor, and community volunteers. Children are transported to and from their school of origin and provided with needed medical, dental, or vision care. We provide three meals and snacks daily to our residents, along with everything they need to feel safe and loved, be healthy, and heal.

Our four service lines are:

- Crisis Respite: 24-72 hours crisis placement
- Emergency Shelter: Short or long-term shelter.
- Residential Treatment: Serving youth in the care of the Department of Health and Welfare with onsite therapy.
- Family Support: Wrapping around the whole family unit through case management, education classes and consistent support when a family is in crisis.

Canopy Village is a 501(c)(3) with an annual operating budget of just over \$1 million. Community support makes up 95% of our yearly funding through grants, private foundations, corporate sponsors, fundraising events, monthly donors and community members. We receive the remaining 5% of our funds from the State of Idaho.



# WAYS TO VOLUNTEER



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There are many ways you can volunteer to help Canopy Village.

## **HOUSEKEEPING**

This volunteer opportunity assists the center by spending 1 - 2 hours a week on a consistent day (for example, 10:30 am - 12:00 pm each Wednesday) assisting with light housekeeping duties. This includes emptying trash, sweeping, dusting, mopping, and tidying up waiting areas.

## **FOOD & CLOTHING CLOSET**

This volunteer opportunity spends 1 - 2 hours a week on a consistent day (for example, 10:30 am - 12:00 pm each Wednesday) assisting with stocking and organizing items in the food pantry and clothing closet.

## **ADMINISTRATIVE**

Providing up-to-date information regarding community referrals requires building relationships with community members and updating contact lists to ensure effective collaboration of referrals and services. This would take 1-2 hours a week on a consistent day.

## **FAMILY SUPPORT NAVIGATOR**

Reasons why youth are struggling or at-risk of system involvement can be from trauma within the home or family. With the information we gather through the screening and assessment process, a family support navigator can help support youth and their families by creating a welcoming environment. This would take 2-4 hours a week on a consistent day.

## **SPECIAL PROJECTS/ EVENTS - \*GREAT FOR GROUPS!\***

We have fundraisers, events and special projects throughout the year that we need help with. These activities are seasonal and do not require a set commitment. New project opportunities are posted on our website as they become available.

- Kid and family-friendly
- No minimum time commitment



# VOLUNTEER APPLICATION



Name \_\_\_\_\_ Date \_\_\_\_\_

Street / Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email \_\_\_\_\_ # of Children at Home \_\_\_\_\_

Spouse \_\_\_\_\_

1. I plan to volunteer my time because:

- I like to help youth
- I like to help families
- I feel good when I do something for someone else.
- \_\_\_\_\_

2. I intend to volunteer the following amount of time:

- \_\_\_\_ hours per week
- \_\_\_\_ hours every other week
- \_\_\_\_ hours a month
- Occasional hours, but not on a regular basis

3. The best days for me are:      Mon.    Tues.    Wed.    Thurs.    Fri.    Sat.    Sun.

The best time is:      Morning      Early Afternoon      Late Afternoon      Evening

4. I would enjoy (circle ALL that apply):

- Helping in the office
- Facilitating a class
- Helping set up for a fundraiser
- Cleaning and organizing office spaces
- Yard or Maintenance tasks
- Interviewing and gathering information
- Cooking or preparing food for an event
- Shoveling snow
- Other \_\_\_\_\_



# VOLUNTEER APPLICATION

## CONTINUED



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5. I most enjoy being around (circle up to three selections):

- Infants
- Preschool kids
- Elementary School kids
- Middle School kids
- High School kids
- Adults

6. My favorite types of activities are:

- Indoor
- Outdoor
- Group
- Individual

7. My personality lends itself best to:

- Being given a specific task
- Diving in and figuring things out as I go

8. This statement best describes me:

- I love to be in on things and cannot wait to tell my friends of my experiences
- I usually keep to myself unless I know the people well
- I tend to over-commit myself because I like to do so many things
- Once I decide to do things, I stick with them until they are completed

I learned about the Children's Village needing volunteers via \_\_\_\_\_

What type of formal training or degree do you have?

High School \_\_\_\_\_ College \_\_\_\_\_

Vocational or special training: \_\_\_\_\_

Relevant Work & Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

Hobbies:

\_\_\_\_\_

References:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_



# VOLUNTEER EMERGENCY CONTACT



Please provide us with information pertaining to personal contacts for you, should there be an emergency while you are here volunteering.

Volunteer Name: \_\_\_\_\_

**In the event that I become ill or in need of assistance, you have my permission to contact the following family and/or significant other listed below:**

In case of an emergency, list two contacts:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Do you give us permission to transport you to the nearest medical facility should you incur serious illness or injury during your volunteer hours?**

☐ Yes

☐ No

**If yes, please indicate the name and contact information of the physician or health care provider you would like us to contact.**

Physician's Name/Office: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CONFIDENTIALITY STATEMENT



**Each volunteer will receive a copy of the confidential policy upon volunteering and will be allowed to discuss and clarify any questions and concerns.**

1. All staff of the Family Support Center at Canopy Village have the right to expect confidential and respectful treatment of all personal information and records.
2. All information concerning serious threats of harm to themselves, and others will be reported to the appropriate authorities, as well as criminal acts and reports of child abuse, neglect, and/or incest. Report such disclosure to staff immediately.
3. After leaving the Family Support Center, all information concerning the residents will remain confidential. Failure to protect and respect confidentiality will be the reason for removal from the future affiliations with the Family Support Center at Canopy Village.

**By signing this form, the volunteer indicates a clear understanding of the resident's legal rights concerning the policy on confidentiality.**

**Printed Name:** \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# VOLUNTEER POLICIES & PROCEDURES



## ARRIVAL:

- The front door is kept locked for safety reasons. Please press the button to request entry into facility.
- Sign into the volunteer logbook and put on your name tag.
- Please introduce yourself to the staff and other volunteers present and let them know you are a volunteer.
- If you have personal belongings that you brought with you, please have staff put them in an office with a locked door.
- If possible, we ask that your phone be locked in the closet or that you don't bring it in. Cell phones can be a distraction, and the children may want to play with them or encourage you to take their pictures, which is prohibited due to confidentiality concerns.
- Please let the staff know your volunteer activities that day (yard maintenance, a special project, etc.).
- Don't discuss personal information about yourself to youth and their family members (other than general information), such as coming from an abusive/alcohol/drug home.

## DEPARTURE:

- Notify Director that you are leaving the facility.
- Gather any personal items that you may have left in a locked office.
- Sign out on the volunteer logbook and return your name tag.
- Make sure the door closes behind you when leaving the facility to ensure no one enters without clearance.

## GENERAL POLICIES

- Please do not open the door for anyone other than staff or families receiving services, unless specifically directed to do so by a staff member.
- If you will be unable to be here for your scheduled time slot, please call 208-765-0688 and let the Director know.
- Sometimes situations arise that make it impossible to keep our schedule with volunteers, so a scheduled visit may, on rare occasions, be canceled and we will attempt to notify you ahead of time.
- If you are aware of a resource our Wish List needs or an unlisted need, please let us know. Please check with us first before soliciting a need for the Family Support Center.
- The Family Support Center at Canopy Village is a gun free zone. Only law enforcement are allowed to have firearms on our property.
- Volunteers are not allowed to drive any of the children in a personal vehicle or in a Canopy Village vehicle as per our state license.

QUESTIONS, CONCERNS OR SUGGESTIONS? Contact our Director at 208-765-0688.

By signing this document, I am stating that I have read, understood and will abide by the above policies:

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# DRUG & ALCOHOL POLICY



**Each volunteer will receive a copy of the drug policy upon volunteering and will be allowed to discuss and clarify any questions or concerns.**

- The Family Support Center will comply with all federal, state, and local laws concerning drugs, tobacco and alcohol.
- To maintain a drug-free environment, no volunteer will use any illegal substance either on or off-site.
- No volunteer will use any legal drugs during hours of duty that might hamper their ability to perform their duties safely.
- No volunteer will be under the influence of alcohol, nor will there be the use of any alcohol on the site of the Family Support Center by themselves or others.
- Smoking is prohibited on the Family Support Center's property.
- Manufacturing, distribution, dispensation, possession, or use of any illegal drug, alcohol, or controlled substance while on the Family Support Center's premises is strictly prohibited.
- Any visitors or family members may be asked to have their person/bags checked for firearms, weapons, alcohol, drugs, or other inappropriate items.

**By signing this form, the volunteer indicates a clear understanding of the policy on drugs and alcohol.**

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# REPORTING CHILD ABUSE



## SIGNED STATEMENT FOR MAKING A CPS REFERRAL

I have watched the video *Reporting Child Abuse: Care Enough to Call*. After viewing the video, I acknowledge my duty to report child maltreatment.

I understand I may review this video anytime by searching *Reporting Child Abuse: Care Enough to Call* or visiting <https://www.youtube.com/watch?v=Q-Cojs52hG4>.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# BACKGROUND CHECK AUTHORIZATION



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Aliases (other names used, previous maiden name, married name etc.) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any crime? Yes/ No

If yes, please describe (include date and type of conviction): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I understand that I am not obligated to disclose sealed or expunged records of conviction or arrest. Crimes include misdemeanors and/or felonies. Please don't report minor traffic violations. Driving under the influence is not considered a minor traffic violation:*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- The undersigned acknowledges and verifies that all information provided above is true and accurate and that I am the person named.
- The undersigned supplied this information to authorize and enable the Family Support Center at Canopy Village to perform a criminal background check, including fingerprinting through Health and Welfare and Idaho State Repository check.
- Information obtained through the background check will be used to determine whether volunteer service will be approved. All information on this form and gathered through the background check will remain confidential and secure. It will not be shared with other staff, volunteers or agencies and will remain safely in the volunteer file.
- The undersigned agrees to have Canopy Village take a copy of their driver's license (or valid ID) for their file.
- The undersigned understands they will be responsible for the **\$85.00 Health and Welfare fingerprinting and background check processing fee** with a possibility of reimbursement (see below).
- Reimbursement depends on the amount of volunteer hours within the first six months of volunteering (orientation not included). A volunteer sign-in log will be used to verify hours completed. After ten hours is completed, the Family Support Center will disperse a check to the address on file.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
.....

## STAFF USE:

Fee Received: \_\_\_\_\_ CHECK \_\_\_\_\_ CASH

Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_



# RECEIPT OF VOLUNTEER POLICIES & PROCEDURES



I, \_\_\_\_\_, acknowledge that I have received a copy of the Family Support Center at Canopy Village Volunteer Packet containing current volunteer policies and procedures, including the Volunteer Application, Volunteer Job Description Agreement, Statement of Confidentiality, Background Check Release, and Drug Policy.

I understand that I should consult the Volunteer Coordinator or Chief Program Officer if I have questions or should any issues arise.

Since the information, policies and procedures described here are necessarily subject to change, I acknowledge that revisions to the Volunteer Packet may occur, and I understand that the Canopy Village may change, modify, suspend, interpret, or cancel, in whole or part, any of the published or unpublished volunteer policies or practices, with or without notice, at its sole discretion. Such revised information may supersede, modify, or eliminate existing policies.

I understand I will be alerted to any changes to the Canopy Village volunteer policies and procedures via the email I provided to Canopy Village.

I understand and agree that I will read and comply with the policies contained in this Volunteer Packet and any revisions, and that as a volunteer I am required to understand and follow the policies and procedures presented herein.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_