



Dear Prospective Applicant:

Thank you for your interest in volunteering at DHC Emergency Youth Shelter! In addition to completing this application, you will need to attend a Volunteer Information Session.

All sessions are held at 2429 Lynn Drive, Gastonia unless otherwise noted (you only need to attend one session). During the information session you will learn about the agency, volunteer opportunities and will be trained to work with the children who reside in our emergency shelters. **Please call me at (704) 854-9351 or email at [volunteer@discoveryhomecare.org](mailto:volunteer@discoveryhomecare.org) to sign up for an information session.** I look forward to meeting you!

Sincerely,

Tammy Legette  
Executive Director



Discovery Home Care Inc.

**DHC Emergency Youth Shelter Volunteer Program** is a community of people who share a common interest—a commitment to the protection and well being of children. Volunteers provide individualized attention to boost children's self-esteem and brighten their lives.

**We hope you will consider becoming a part of our family for the children.**

#### VOLUNTEER CRITERIA/CHECKLIST

- ❖ Be over 18 years old.
- ❖ Possess high school diploma or GED equivalent.
- ❖ Be in good physical health.
- ❖ Must submit to a criminal history background check.
- ❖ Submit volunteer application and questionnaire.
- ❖ Submit signed Confidentiality Policy, Abuse/Neglect Responsibility Statement, Criminal History Affidavit and Random Drug-testing consent form.
- ❖ Submit a copy of a negative TB skin test done within last 12 months.
- ❖ Submit three letters of recommendation from non-family (forms provided).
- ❖ Attend Volunteer Orientation and Training.

All application forms should be returned by email, postal mail or fax to:

Discovery Home Care INC  
Attn: Volunteer Coordinator  
2429 Lynn Drive  
Gastonia, NC 28054  
volunteer@discoveryhomecare.org  
Phone: (704) 854-9351  
Fax: (704) 854-9352



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### THE EMERGENCY YOUTH SHELTER VOLUNTEER DRESS CODE

CLOTHING	APPROPRIATE	INAPPROPRIATE
Polo\Golf shirts	X	
Tank top\halter top		X
Sleeveless dress\blouse	X	
Clean, wrinkle free denim jeans	X	
Logo only t-shirts (no slogan)	X	
Sweat shirts (no slogans)	X	
Midriff tops		X
Hospital scrubs (nurses only)		X
Leggings & pedal pushers		X
Stirrup pants (non clinging)	X	
Capri pants	X	
Skirts\dresses (length or slit more than 2" above knee)		X
Skirts\dresses (length or slit less than 2" above knee)	X	
Shorts (more than 2" above knee)		X
Shorts (less than 2" above knee)	X	
Overalls	X	
Hats, ball caps (brim forward)	X	
Frayed or torn items		X
Tennis shoes\keds	X	
Flip flop\thongs (depending on event)	X	X
Platform shoes		X
Visible body piercing (other than earrings on ear lobe)		X
Fingernails (more than 1/2" past end of finger)		X
Hair color\styles (spiked or Mohawk, unnatural hair color)		X
Tattoos (visible)		X



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## DHC EMERGENCY YOUTH'S SHELTER Volunteer Application

The Emergency Youth Shelter, founded in 2007, exists to Provide a safe, stable, supervised living accommodations to homeless youth that will enable them to participate in program activities and that will reduce or eliminate the risk of their involvement in self-destructive or antisocial activity. All Information in this document is confidential.

### PERSONAL BACKGROUND

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

List other cities in NC where you have lived: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Ethnicity: African American \_\_ Hispanic \_\_ Asian \_\_ Caucasian \_\_ Other \_\_ Sex: M F

### EMPLOYMENT HISTORY

Presently employed: F/T: \_\_ P/T: \_\_ Self Employed: \_\_ Military: \_\_ Not Working: \_\_

Present/Last Employer: \_\_\_\_\_ From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Address: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Your Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Present/Last Employer: \_\_\_\_\_ From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Address: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Your Position: \_\_\_\_\_

### DRIVING INFORMATION

If you are volunteering for a position that requires driving, [nonprofit] requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one?

Yes \_\_\_\_\_ No \_\_\_\_\_

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to [nonprofit], so that they can be filed with this application.

I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired.

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State of Issue

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Volunteer Questionnaire

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What motivated you to become a volunteer? \_\_\_\_\_

Why did you select DHC Emergency Youth Shelter? \_\_\_\_\_

How did you find out about our Volunteer Program? \_\_\_\_\_

Describe your experience with children. \_\_\_\_\_

Have you worked with aggressive children or a child that was out of control? If yes, describe the situation. \_\_\_\_\_

Have you done any other volunteer work? \_\_\_\_\_

Tell us about you and your family. \_\_\_\_\_

Do you have any hobbies or talents you could share with the children? \_\_\_\_\_

Does Your Employer have a community partnership? \_\_\_\_\_

Are you interested in becoming an adoptive/foster parent? YES/NO

If yes, may we share your information with our Foster Care/Adoption Program? YES/NO

What program(s) are you interested in working with? ( check all that apply)

\_\_\_\_\_ Youth Emergency. Shelter

\_\_\_\_\_ Special Events/Projects

\_\_\_\_\_ Bookworms Reading Program

\_\_\_\_\_ Clerical/Administrative

How often are you able to volunteer? Once/week Once/month Twice/month Other

Which day(s) of the week and what hours are the best for you? \_\_\_\_\_

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

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## CONFIDENTIALITY POLICY FOR VOLUNTEERS

Volunteers will ensure confidentiality and privacy in regard to the history, records and discussion about the people we serve.

Volunteers will not discuss with or release any information regarding the children in the Shelter to anyone outside of DHC Emergency Shelter, including, but not limited to, Child Protective Services, case workers, family members, police, social workers, teachers and doctors. This includes, but is not limited to, the name, physical description, family history, story of abuse, or medical problems of any child in the Shelter.

A volunteer's purpose is to provide love and care for the children while they are residing in our shelters. Once the children leave the Shelter, volunteers will not attempt to follow the children's cases.

The majority of the children we serve are in under the legal guardianship of the State of North Carolina. Some of these children will return home to their parents or to relatives. These children are at the Shelter while their case is being investigated; they are not waiting to be adopted.

The very fact a child is served by DHC Youth Shelter must be kept confidential. This means that employees, consultants, volunteers, interns, etc. shall not disclose any information about a person, including the fact that the person is served by DHC Emergency Youth's Shelter, to anyone outside EHC Emergency Youth Shelter unless authorized by the Executive Director/CEO or other authorized person.

If a volunteer releases any information regarding the children residing at DHC Emergency Youth Shelter, the volunteer's status will be terminated.

I understand and agree to abide by the above Confidentiality Policy.

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Signature

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Printed Name

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Date

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## ABUSE/NEGLECT RESPONSIBILITY STATEMENT

As a volunteer of DHC Emergency Youth Shelter, I am aware of my responsibility to report any suspected incident of abuse or neglect of a child in care to the Director of the Shelter.

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Signature

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Date

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### CORPORAL AND DEGRADING PUNISHMENT

It is the policy of DHC Emergency Youth Shelter that corporal and degrading punishment is prohibited in regards to caring for children entrusted to our care. Only an adult caregiver, approved by DHC Emergency Youth Shelter may administer discipline. **In accordance with agency policies, volunteers will not discipline any child in the care of DHC Emergency Youth Shelter.** No one is permitted to hit any child or to punish a child in any way that is degrading.

Practices of the programs of DHC Emergency Youth Shelter regarding punishment and/or discipline of persons served prohibit:

- Corporal punishment
- Use of aversive stimuli such as electric shock devices
- Intervention that involve withholding nutrition or hydration, or which inflict physical or psychological pain
- Forced physical exercise to eliminate behaviors
- Punitive work assignments
- Punishment by peers, and
- Group punishment or discipline for individual behavior

Any interventions permitted within the Behavior Intervention Policy will be discontinued if it:

- Produces adverse side effects such as illness, severe emotional or physical stress, or physical damage; and/or
- Is deemed unacceptable according to prevailing community standards; and/or
- Is ineffectual or detrimental to meeting service goals and objectives

I will abide by this policy in dealing with all clients of DHC Emergency Youth Shelter.

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Signature

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Printed Name

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Date

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***VOLUNTEER AFFIDAVIT REGARDING CIVIL AND CRIMINAL HISTORY***

Any person who has or could ever have unsupervised direct contact with DHC clients must complete this form.

1. Have you ever been convicted of a felony OR a misdemeanor?  YES  NO

If "yes", give details including date, place, nature of conviction, and disposition. . (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities. Some volunteer positions may require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization form.)

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor, including deferred adjudication?  YES  NO

If "yes", give details, including the type of charge.

3. Have you ever been OR are you currently being investigated for allegedly abusing, neglecting, or exploiting children, the elderly, or the disabled?  YES  NO

If "yes", give details, including the county in which the investigation occurred, your social security number, your date of birth, and any other names you may have used during this time frame.

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to [nonprofit] to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of  
Applicant

Date

\_\_\_\_\_

Discovery Home Care acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.





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## DHC Emergency Youth Shelter Drug Policy

A prospective volunteer's or volunteer's consent to submit to drug testing is required as a condition of acceptance. A prospective volunteer's refusal to consent to a drug test will result in denial of their request to volunteer. If a volunteer refuses to consent to a drug test, they will no longer be allowed to volunteer.

A volunteer who is tested because there is "good cause to believe the volunteer may be abusing drugs," will not be allowed to volunteer until the receipt of written test results and further inquiries that may be required.

If a volunteer has a non-negative drug test with regard to an illegal substance, they will no longer be allowed to volunteer. A volunteer who has a non-negative drug test with regard to the misuse of a prescription or non-prescription drug may be dismissed from the volunteer program.

Any volunteer or prospective volunteer who believes their non-negative test is in error may contact the laboratory for verification of the results.

I have read and understand the above policy.

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Signature

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Date

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Printed Name



Discovery Home Care Inc.

**REFERENCES** (Personal or professional; not a relative)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY**

1) \_\_\_\_\_ Relationship \_\_\_\_\_ Day ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

1) \_\_\_\_\_ Relationship \_\_\_\_\_ Day ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Thank you for your assistance. Please return this form to the prospective volunteer, or fax to (704) 854-9351 or mail to DHC Emergency Youth Shelter, Attn: Volunteer Coordinator 2429 Lynn Drive, Gastonia NC 28054. If you have any questions or would like information about DHC Emergency Youth Shelter, contact Tammy Legette at [volunteer@discoveryhomecare.org](mailto:volunteer@discoveryhomecare.org)



Discovery Home Care Inc.

## ACKNOWLEDGEMENT OF VOLUNTEER STATUS

I, \_\_\_\_\_ (print full name), hereby acknowledge that without any solicitation or promise of benefit from Discovery Home Care, expressed an interest in volunteering my time to [Nonprofit] in addition to my regular employment with Discovery Home Care in order to help sustain the charitable and public service objectives of the agency.

In order to avoid any confusion over my status as a volunteer for the agency, I acknowledge and agree to the following:

1. That Discovery Home Care has made no express or implied promise of compensation or benefit of any kind whatsoever for the time I spend volunteering for the agency.
2. That I will neither seek nor accept compensation or benefit of any kind whatsoever for the time I spend volunteering for the agency.
3. That I am free to volunteer as little or as much time as I choose and will notify the agency of my availability to provide volunteer services.
4. That if I elect to cease volunteering, my decision will have no affect on my employment with Discovery Home Care, it being expressly understood that my volunteer service is completely independent of my employment with the agency.
5. That Discovery Home Care, has accepted my offer to volunteer my services based on the statements set forth in this Acknowledgement.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Nonprofit Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Nonprofit Representative

\_\_\_\_\_  
Date