



Children's Bereavement Center of South Texas Volunteer Application

Please complete and mail or fax to the address listed below

Date: _____

Name: (PLEASE PRINT) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail address: _____

Date of Birth: Month / Day / Year _____

Place of Employment: _____

Have you every been charged with, pleaded guilty to, or been convicted of a criminal offense (excluding minor traffic violations) _____ If yes, please explain: _____

Do you give permission for a criminal background check? Yes _____ No _____

What led you to the Children's Bereavement Center? (check all applicable)

Interest in volunteering

Past personal experience

School

Funeral Home

Referred by current CBCST volunteer or family

Community Reputation of CBCST

Friends of CBC event

Heart Strings Newsletter

CBCST Brochure

CBCST Web Site

Other:

Have you ever done volunteer work before? Yes No If yes, tell us about it:

Tell us about the strengths you bring to the CBC:

What are your goals while volunteering at the CBC?

Have you experienced a major death loss in the last year? _____ If yes, who died, when and how?

Have you experienced any other major losses (grief experiences) in the last year? _____ If yes, please explain:

In what way(s) would you like to volunteer for the CBCST? Please check your area(s) of interest:

- | | | |
|--|---|---|
| <input type="checkbox"/> Support Group Facilitator | <input type="checkbox"/> Support Group House Warmer | <input type="checkbox"/> Support Group Scribe |
| <input type="checkbox"/> Friends of the CBC | <input type="checkbox"/> Board Member | <input type="checkbox"/> Board Development |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing / PR | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Building Care | <input type="checkbox"/> Yard / Garden Care | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Other: | <input type="checkbox"/> CBCST Alumni Association | |

STUDENTS ONLY

Are you a student looking for practicum or intern hours? Yes No

School: _____ Major: _____

Number of hours needed: _____ Semester to be completed: _____

Will you need on-site supervision? Yes No

How would you rate your knowledge regarding grief?

Excellent _____ Good _____ Fair _____ Poor _____

Additional Comments:

Thank you for your interest in volunteering with The Children's Bereavement Center. The Center continues to thrive due to the generosity of individuals like you who give of their time, talent and treasures.

Please return the completed form to the address listed below:

The Children's Bereavement Center
205 W. Olmos
San Antonio, TX 78212
Fax: 210-738-9019
Attention: Julia Anderson

**CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK
AUTHORIZATION/WAIVER/INDEMNITY**

Please fill out and return with your application.

I HEREBY GIVE MY PERMISSION FOR THE CHILDREN'S BEREAVEMENT CENTER OF SOUTH TEXAS TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD THROUGH THE TEXAS DEPARTMENT OF PUBLIC SAFETY. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCIES, MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATIONS. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART, TO DETERMINE MY ELIGIBILITY FOR AN EMPLOYMENT/VOLUNTEER POSITION WITH THIS ORGANIZATION. I ALSO UNDERSTAND THAT AS LONG AS I REMAIN AN EMPLOYEE OR VOLUNTEER HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AND A PROCEDURE IS AVAILABLE FOR CLARIFICATION, IF I DISPUTE THE RECORD AS RECEIVED.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY THE VOLUNTEER CENTER AT UNITED WAY OF SAN ANTONIO & BEXAR COUNTY AND THE VOLUNTEER CENTER OF DALLAS COUNTY AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS, AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER, AND ANY AND ALL RELATED ATTORNEYS' FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER/STAFF MEMBER.

APPLICANT'S SIGNATURE

DATE

PLEASE PRINT NAME

DATE OF BIRTH: _____



CONFIDENTIALITY STATEMENT

This statement is to be signed by all CBCST staff upon employment and volunteers prior to performing any service or participating in any training at CBCST.

Children, teens and families who come to CBCST are extremely vulnerable and in the midst of beginning again after a death has rocked their very lives.

As CBCST volunteers or staff, you become a piece of the healing process for the children, teens and families. They open their hearts and share precious thoughts, feelings, deeply personal situations and experiences. They share facts and feelings in group that may be upsetting. Often, they've not shared these pieces of themselves anywhere else -- not with other family, friends or relatives. They share at CBCST what they're not ready to share anywhere else -- or what they may not want anyone else to know.

It is a HIGH responsibility to hold the thoughts, feelings and experiences shared with you in a sacred trust. All information shared by children, teens, families and other facilitators is confidential and not be shared outside CBCST briefing and debriefing. It is not to be discussed with our own families, friends or relatives.

There are five exceptions to preserving confidentiality and they are:

1. Any indication of suicidal expression.
2. Any indication of physical, mental, sexual abuse and/or neglect.
3. If there is any reason to be concerned about the drug and alcohol use/abuse by a child or teen, we reserve the right to inform the parent.
4. If there is information ordered by the court, including a subpoena, we will attempt to contact the party named in this order. If the release of information is opposed, a court may, nevertheless, require compliance with this order.
5. If we learn that someone participating at CBCST might commit an act of violence. In this case, we must take steps to protect the intended victim against such danger, inform the police or both.

Volunteers who suspect that a person may harm him/herself or another, or that other conditions exist in a family that are beyond the scope of our services, are, with the child's, teen's, or adult's knowledge, to inform the Program Coordinator **immediately** during group time before debriefing and **before the family leaves CBCST that evening**. The Program Coordinator will assess the severity of the issue and refer to emergency services if appropriate.

Volunteer Signature

Date

CBC Staff Signature

Date