

**DEAF
ACTION
CENTER**
THE ELIZABETH M. CRISWELL
CENTER FOR THE DEAF
AND HARD OF HEARING

Volunteer Application

3115 Crestview Drive
Dallas, Texas 75023
214-521-0407

Our mission is the elimination of barriers to persons who are Deaf or Hard of Hearing.

PROCESSING YOUR VOLUNTEER APPLICATION

Please complete all portions of this application and return it to Deaf Action Center at the address listed above. Please mark the application to the attention of Volunteer Services. ***It will take approximately 15 business days to process your application once it has been received.*** Once processing is completed, we will contact you by phone or by mail.

Thank you for your interest in becoming a Deaf Action Center volunteer!

Office Use Only

App. Received	_____	File Entered	_____
Date Processed	_____	Result	_____
Date Returned	_____	Refs Checked	_____
Tour/Interview	_____	Active Date/Year	_____

Applicant Name (First, Last, MI) _____

Personal Information

(Please print or type all information. Thank you)

Date: _____

Last Name First Name M.I.

Street Address

City State Zip Code

Social Security Number Date of Birth DL#/State

How long have you lived at this address? _____

List last two previous residential addresses:

Address City State Zip How long?

Address City State Zip How long?

Contact Information

(_____) _____ - _____
Home Phone

(_____) _____ - _____
Work Phone

(_____) _____ - _____
Fax

_____ @ _____
E-Mail Address

Emergency Contact Information

Name Relationship (_____) Phone Number

Please list any allergies or medical conditions we need to be aware of in case of an emergency.

Work History

 Current Employer (_____) Phone Number

 Address City State Zip How Long?

 Job Title Supervisor

 Previous Employer (_____) Phone Number

 Address City State Zip How Long?

 Job Title Supervisor

 Previous Employer (_____) Phone Number

 Address City State Zip How Long?

 Job Title Supervisor

References:

Please provide the names, occupations, and telephone numbers of three people (other than relatives) who know you sufficiently well to provide a reference. References will be contacted.

 Name Occupation Work Phone Home Phone

 Name Occupation Work Phone Home Phone

 Name Occupation Work Phone Home Phone

Volunteer History:

What do you hope to gain from volunteering at DAC? What are your expectations?

What other organizations have you volunteered with?

_____ Organization name	_____ Dates of service	_____ Contact person
(_____)_____ Phone number	_____ Describe activities	

_____ Organization name	_____ Dates of service	_____ Contact person
(_____)_____ Phone number	_____ Describe activities	

_____ Organization name	_____ Dates of service	_____ Contact person
(_____)_____ Phone number	_____ Describe activities	

Sign Language Proficiency:

(Examples: certification, classes taken, Deaf in family, ASL, Signed English, etc.)

Availability: Please indicate the days and times you are available to participate in our volunteer program.

Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Your Interests:

Listed below are some of the opportunities that are available to you as a volunteer. Please check the areas in which you are willing to serve.

Arts & Crafts

- Ceramics
- Crochet/Knitting
- Drawing
- Embroidery
- Leatherwork
- Painting
- Quilting
- Woodwork

Communications

- Brochure/Newsletter
- Calligraphy/Illustrations
- Fundraising
- Graphic Design
- Photography
- Production
- Public Speaking
- Sign Painting
- Volunteer Recruitment

Community Development

- Building Maintenance
- Yard Maintenance

Education/Tutoring

- Deaf/Blind Education
- GED Preparation
- Health Education
- Preparation for Drivers License Written Test
- Special Education
- Tax Returns
- Ten Key
- TTY/TDD
- Tutoring – Math
- Tutoring – Reading
- Tutoring – Writing
- Typing

Health/Medical Services

- First Aid/CPR
- Health Screening
- Disease Prevention
- Optometry Services

Languages (other than English)

- American Sign Language
- Signed English
- Spanish
- Other _____

Computers

- Windows/Office 2000
- Windows/Office 98
- Windows/Office 95 or earlier
- Paradox
- HTML

Office & Clerical

- Bulk Mailings/Stuffing
- Creating Posters
- Copying
- Data Entry
- Filing/Developing Files
- Receptionist/TTY
- Returning Calls
- Research
- Thank-You Letters
- Typing

Miscellaneous

- Child Care
- Errands
- Field Trips
- Legal Aid Services
- Senior Citizen Programs

Consent for Criminal Background Check

I hereby give my permission for Deaf Action Center to obtain information relating to my criminal history record through the Volunteer Center of Dallas County. The criminal history record, as received from the reporting agencies, may include arrest and conviction data, as well as warrants, plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a 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 reviewed.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release, and forever discharge and agree to indemnify 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 member.

Applicant's Signature

Date

Full legal name of applicant (please print clearly)

Date of Birth

Former or Maiden Name, if applicable

Gender (Male or Female)

Former or Maiden Name, if applicable

Race

Texas Driver's License Number

Social Security Number

PLEASE READ THE FOLLOWING STATEMENT. IF YOU AGREE, SIGN BELOW.

I have given the preceding information voluntarily, and I certify that all statements and representations are true and correct. I affirm that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge. I hereby authorize verification of all statements and screening investigations including but not limited to driver's license, criminal background, and personal reference checks. I consent for any person, entity, or agency to disclose to Deaf Action Center all information it may have about me. I understand that this may include information about my character, general reputation, personal characteristics and other information, and that a report may be made. Upon written request, information about the nature and scope of the investigation will be provided to me. I understand that I am not an employee and will not be paid for my services as a Deaf Action Center volunteer. I agree to abide by the volunteer personnel policies and procedures of the Center.

Applicant Signature

Date

Deaf Action Center Volunteer Code of Ethics and Guidelines

1. **A Volunteer at Deaf Action Center (DAC) shall keep all information relating to DAC clients strictly confidential**

Guidelines: It takes only a minimum amount of information to identify persons in the Deaf community. Even seemingly simple information could be damaging to a client (i.e.: a client may not want others to know he is seeking advocacy or attending literacy classes).

It is fine to share that you are a volunteer at DAC, but do not reveal what happens in any situation and **never** reveal names.

2. **A Volunteer at Deaf Action Center shall not counsel, advise, or interject personal opinions.**

Guidelines: Any perceived need for legal or mental health counseling and advice should be referred to DAC Advocacy staff.

Volunteers at DAC shall not advocate, teach or operate any particular political or religious cause or engage in anti-religious activities during work hours or on DAC property.

3. **A Volunteer at Deaf Action Center shall function in a manner appropriate to the business-professional setting.**

Guidelines: Volunteers at DAC using sign language should wear appropriate colors for skin tone and should not wear items that are distracting to the client.

Volunteers at DAC shall not transport clients in their personal vehicles without prior approval and verification that required insurance paperwork has been completed.

Volunteers shall not bring weapons of any kind onto DAC property.

Volunteers shall not bring drugs or alcohol onto the premises of DAC nor come to work under the influence or effects of prohibited substances.

Volunteers are not permitted to smoke within the DAC facility. Volunteers must use designated smoke areas outside the building.

4. **A Volunteer at Deaf Action Center shall strive to further their knowledge and skills relating to Deaf and Hard of Hearing clients.**

Guidelines: Volunteers at DAC are encouraged to participate in sign language classes offered by DAC.

Volunteers are encouraged to attend DAC functions and DAC sponsored workshops.

5. A Volunteer at Deaf Action Center shall strive to maintain high professional standards.

Guidelines: Volunteers shall conduct themselves in a manner that supports DAC as a professional, non-profit organization.

Volunteers shall dress in a professional manner unless their assignment requires otherwise. Volunteers may dress casual on days when staff observe casual day.

Volunteers will remain conscious of their professional role with Deaf and Hard of Hearing clients and will avoid inappropriate socialization with DAC clients at any time.

Volunteers shall not engage in intimate personal relations with any active DAC client.

Volunteers shall not accept gifts, monetary or otherwise, from DAC clients. Volunteers should not give gifts to DAC clients nor shall they loan DAC clients money.

6. A Volunteer at Deaf Action Center will not engage in behavior or language that demeans any other person's race, gender, religion, disability or any aspect of another person apart from their job performance in support of the agency mission.

I have read and agree to abide by the guidelines stated above. Furthermore, I agree to keep confidential and will not discuss any aspects pertaining to clients at Deaf Action Center.

Signature

Date

Please sign this copy and return with the other pages of your Volunteer Application Packet.

Deaf Action Center Volunteer Code of Ethics and Guidelines

- 1. A Volunteer at Deaf Action Center (DAC) shall keep all information relating to DAC clients strictly confidential**

Guidelines: It takes only a minimum amount of information to identify persons in the Deaf community. Even seemingly simple information could be damaging to a client (i.e.: a client may not want others to know he is seeking advocacy or attending literacy classes).

It is fine to share that you are a volunteer at DAC, but do not reveal what happens in any situation and **never** reveal names.

- 2. A Volunteer at Deaf Action Center shall not counsel, advise, or interject personal opinions.**

Guidelines: Any perceived need for legal or mental health counseling and advice should be referred to DAC Advocacy staff.

Volunteers at DAC shall not advocate, teach or operate any particular political or religious cause or engage in anti-religious activities during work hours or on DAC property.

- 3. A Volunteer at Deaf Action Center shall function in a manner appropriate to the business-professional setting.**

Guidelines: Volunteers at DAC using sign language should wear appropriate colors for skin tone and should not wear items that are distracting to the client.

Volunteers at DAC shall not transport clients in their personal vehicles without prior approval and verification that required insurance paperwork has been completed.

Volunteers shall not bring weapons of any kind onto DAC property.

Volunteers shall not bring drugs or alcohol onto the premises of DAC nor come to work under the influence or effects of prohibited substances.

Volunteers are not permitted to smoke within the DAC facility. Volunteers must use designated smoke areas outside the building.

- 4. A Volunteer at Deaf Action Center shall strive to further their knowledge and skills relating to Deaf and Hard of Hearing clients.**

Guidelines: Volunteers at DAC are encouraged to participate in sign language classes offered by DAC.

Volunteers are encouraged to attend DAC functions and DAC sponsored workshops.

5. A Volunteer at Deaf Action Center shall strive to maintain high professional standards.

Guidelines: Volunteers shall conduct themselves in a manner that supports DAC as a professional, non-profit organization.

Volunteers shall dress in a professional manner unless their assignment requires otherwise. Volunteers may dress casual on days when staff observe casual day.

Volunteers will remain conscious of their professional role with Deaf and Hard of Hearing clients and will avoid inappropriate socialization with DAC clients at any time.

Volunteers shall not engage in intimate personal relations with any active DAC client.

Volunteers shall not accept gifts, monetary or otherwise, from DAC clients. Volunteers should not give gifts to DAC clients nor shall they loan DAC clients money.

6. A Volunteer at Deaf Action Center will not engage in behavior or language that demeans any other person’s race, gender, religion, disability or any aspect of another person apart from their job performance in support of the agency mission.

I have read and agree to abide by the guidelines stated above. Furthermore, I agree to keep confidential and will not discuss any aspects pertaining to clients at Deaf Action Center.

Signature

Date

Please keep this copy of the Volunteer Code of Ethics and Guidelines for your records.