

## **Family Crisis Center of the Big Bend Welcomes You**

We are pleased that you are interested in joining us in our efforts to end Domestic Violence and Sexual Assault. The underlying philosophy for our work is that our clients are the experts. We must respond to the belief that the people who use our services have the right to make their own decisions about their lives, and design our program to reflect that philosophy. The individual is of primary importance. Our center's goal is to do what is best for the people we serve. Founded on volunteer efforts, we continue to rely heavily on volunteers to continue the work already begun. All of us at the Family Crisis Center welcome you as you begin your journey with us. Please be aware that this type of work is not for everyone. If, however, you choose to volunteer with us after the training, prepare yourself for one of the most challenging, rewarding, and transforming experiences of your life.

**Hope to see you with us and happy volunteering!!!**

# **Statement of Volunteer Rights and Responsibilities**

## **Rights**

1. A clear job description
2. Orientation to the Family Crisis Center
3. Specific training necessary to function as a volunteer for the FCC, including on-going in-service education
4. Supervision: Performance evaluations
5. An effort in scheduling to meet the needs of the volunteer and the Center
6. To be recognized and respected by the staff, including open lines of communication
7. To be kept informed of all administrative and job policies and activities relation to the Center Volunteer Program
8. To be changed and grow in the volunteer job
9. To feel secure and supported, both physically and emotionally

## **Responsibilities**

1. To be reliable and dependable
2. To maintain client confidentiality
3. To provide quality services to clients
4. To uphold the policies and standards of the center
5. To be honest and accountable in fulfilling communities
6. To keep lines of communication open concerning clients and staff
7. To participate in training as provided
8. To work volunteer shifts as scheduled, reporting on time and working the entire shift, and let staff person know of changes
9. To attend volunteer support meetings and in-service training as scheduled, and to notify Coordinator when unable to do so
10. To keep accurate time sheet records and turn them into the Coordinator on a regular

## **VOLUNTEER POLICY**

Family Crisis Center of the Big Bend is an equal opportunity employer of volunteers.

Family Crisis Center of the Big Bend operates 24 hours a day, 365 days a year and volunteer shifts may be scheduled round the clock.

Volunteer records of Center volunteers shall include application, reference letter, criminal background check, confidentiality, FCCBB/ volunteer agreement, performance evaluations, records of disciplinary actions, promotions and recognitions, and termination.

## **PERFORMANCE EVALUATIONS**

Volunteer staff, excluding short – term community service volunteers, will be evaluated at the completion of required training before being assigned a schedule and/or to on – the – job training shift. Continuing volunteer staff will be evaluated once a year, every January and/or at time of exit.

## **DRESS CODE**

Volunteers shall dress professionally for the tasks undertaken, i. e., work clothes for maintenance/landscaping/donations team, office/public clothes for representing the center to the public.

## **SUBSTANCE ABUSE**

The use of alcohol, tobacco or controlled is strictly prohibited in the office and residential facilities of the center.

Any volunteer arriving to the facility or any function sponsored by the FCCBB, under the influence of any of the above substances, will be asked to leave the premises or function.

# Family Crisis Center of the Big Bend / Déjà Vu Resale Shop

## Non-Direct Service Volunteer Application

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

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

Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Phone : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Emergency Contact/Phone : \_\_\_\_\_

### Availability:

At what time(s) are you interested in volunteering?

\_\_\_ Weekdays    \_\_\_ Weekends    \_\_\_ Morning    \_\_\_ Afternoon    \_\_\_ Flexible

### Background Verification :

Have you ever been convicted of a criminal offense ? \_\_\_\_\_

Have you ever been charged with neglect, abuse, or assault ? \_\_\_\_\_

Do you have a Driver's License ? \_\_\_\_\_

Previous Volunteer Experience :

\_\_\_\_\_  
\_\_\_\_\_

### Skills/Interests/ Hobbies

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Family Crisis Center of the Big Bend?

\_\_\_ Community Services    \_\_\_ Advertisement/Flyer    ----- Agency Client

\_\_\_ TX Workforce    \_\_\_ Friend/Volunteer    \_\_\_ Other

# **Family Crisis Center of the Big Bend**

## **Volunteer Agreement of Confidentiality**

The FCCBB is committed to the safety and welfare of its clients.

The FCCBB is also committed to the confidentiality of all information regarding its clients as a means of ensuring their safety.

Confidentiality is defined as the assurance that access to information regarding individuals and any client shall be strictly controlled, and that any violation of such control shall be a breach of faith, Confidential information shall include, but is not limited to:

- (1) Information and observations made by and between or about individuals, adult and child clients, staff, volunteers, student interns, and board members;
- (2) Addresses of employees, individuals, clients (including non-residents ), individuals, staff, volunteers, student interns, and board members;
- (3) Names of clients (resident & non-resident), individuals, staff, student interns, and volunteers, unless written permission is provided by the individual and approved by the Executive Director;
- (4) Photographs taken of clients, individuals, staff, or volunteers.

Volunteers must never release confidential information, either over the phone or in person, about the FCCBB and its clients without the express permission of the Executive Director or a designated staff member. This includes release of information to board members, criminal justice personal, family members, the public community supporters, or other interested parties.

I have read the FCCBB Agreement of Confidentiality and agree to abide by its conditions of confidentiality. I understand that this applies to me as a volunteer of FCCBB and continues to be binding on me when I leave the FCCBB, and that a violation may be grounds for termination.

I have received a copy of the Confidentiality Agreement and have either read it or have had it read to me carefully and understand its contents.

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

Witness\_\_\_\_\_ Date \_\_\_\_\_

# Family Crisis Center of the Big Bend

## Background Check Consent

I \_\_\_\_\_ hereby authorize Family Crisis Center of the Big Bend, Inc. to obtain information pertaining to any charges and/or convictions I may have had for federal and state criminal law violations.

This information will include, but not be limited to, allegations and convictions for crimes related to the Family Code and will be gathered from any law enforcement agency of this state or any state of federal government, to the extent permitted by the state and federal law.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Social Security or Identification Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_

State of Issuance \_\_\_\_\_

### To be completed by agency:

Name of Screening Agency \_\_\_\_\_

Screening Agent Signature \_\_\_\_\_

9000.7520.5J Criminal Background Check / 11-04

# **NOTIFICATION OF FCCBB HISTORY, SVCS AND CONFIDENTIALITY**

## **MISSION STATEMENT**

The Family Crisis Center of the Big Bend, Inc. is organized for the purpose of strengthening communities by empowering individuals.

## **HISTORY**

The Center began as a program of the Alpine Community Center with a United Methodist Global Missions grant in 1982, growing out of the concern of three Alpine citizens who saw the problem of violence in families. The Center started as a safe place in the basement of the Spanish Methodist Church. In June, 1982, the Center became a separate organization, incorporating as a Texas non-profit corporation in May 1983. The Center expanded services with funding from the Department of Humans Services, Victims of Crime Act (VOCA), Hogg-Meadows Foundation, Bowers Foundation and other private donors, to all victims of sexual assault and personal injury crime in the five counties of Brewster, Jeff Davis, Pecos, Presidio and Terrell under the name of Rio-Pecos Family Crisis Center. In 1993, Pecos County left the service area and the name was changed to the Family Crisis Center of the Big Bend, Inc.

In 1998, the agency purchased an office across from Alpine Elementary School on 5<sup>th</sup> Street as its headquarters. The Meadows, Abell-Hangar and Swalm Foundations generously granted funds to allow this purchase. The Sul Ross Industrial Arts Department assisted the mission by building a new thrift store in Alpine. This store currently operates at 202 N. Phelps Street as the Déjà vu.

In the summer of 2000, Mary V. Stringfellow donated an office building in Presidio in memory of her husband Charles. After nearly 35 years of service, the center has served thousands of clients. Nearly 200 local citizens have served on the Board of Directors. The staff of 14 currently carries out the programs of the Center. The Crisis Center still has opportunity for the addition of further service in the last frontier.

## **SERVICES**

- 24-Hour Telephone Crisis Line
- Shelters
- Sexual Assault Intervention Services
- Rural Outreach Services
- Counseling Services
- Legal Advocacy Services
- Community Resource/Case Management Services
- Community Education Services

## **CONFIDENTIALITY**

As a human service agency dealing with issues of domestic violence and/or sexual assault, the Family Crisis Center of the Big Bend becomes involved in particularly private and personal areas of people's lives. Confidentiality is critical to the services and advocacy we provide. It is a fundamental underpinning of the safety of victims, their families, staff/volunteers, and others related to the program,

and the integrity/effectiveness of our services. Confidential communications are accorded to any victim, child, or non-abusive significant other who seeks our assistance.

All resident or nonresident clients, staff, volunteers, board members, and student interns must sign a written agreement to maintain confidentiality. This agreement shall be placed in the corporate files for board members or individual files of staff, volunteers, and clients. All individuals are accountable for adherence to the Family Crisis Center's confidentiality policy. Violation of this policy will be considered grounds for terminating services or the relationship with the program.

The FCCBB is required by law to report child abuse, or suspected child abuse, elder abuse, or disabled abuse to the proper authorities and cannot keep confidential any threats to human life of either a suicidal or homicidal nature, or subpoena from a court of law.

Confidential communication is any verbal or written information or observations from or by a client with any staff, volunteer, intern, board member, or other client. All such individuals are instructed to refrain from discussing cases or names of clients other than on the premises, and for professional purposes only. Duty to keep such information confidential shall continue after the staff member, volunteer, board member, intern, or client severs their relationship with the agency.

An individual who gains knowledge within the scope of his or her engagement with the agency may not take advantage of such information for personal gain, nor may such information be disclosed to anyone, except as required by the individual's position.

Address of employment, residence and family addresses, or any other information gained about individuals, staff, clients, and volunteers through virtue of engagement with the agency is considered confidential and will not be disclosed to third parties without the individual's consent, client consent, and supervisory approval.

The agency has proprietary rights to financial or other information, which it deems confidential unless and until such information is officially made public. Such information includes, but is not limited to, donor and membership lists, unpublished information relating to unpublished financial information, and specialized processes and techniques used in conjunction with agency activities, including protection and security systems of the agency. Agency policy does not permit unauthorized destruction, donation, or other disposal of agency records. All materials created and received in the course of official business are the property of the agency, including records on an individual's personal computer.

Similarly, all are instructed to maintain the confidentiality of case records. Case records are kept locked at all times in the central file rooms of agency owned property and locked filing cabinets in outreach offices. Case records are not to leave the premises at any time for any reason. All case records are the property of the agency.

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

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

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

Witness: \_\_\_\_\_

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



Month \_\_\_\_\_

County \_\_\_\_\_

**VOLUNTEER HOURS-LOG**  
(Please Print Legibly)

NAME: \_\_\_\_\_ MONTH/YEAR \_\_\_\_\_

GROUP/ORGANIZATION: Family Crisis Center / Déjà vu / Presidio / Terlingua

Date	Hours Worked From - To	Type of Services Performed	Total Hours	Fund Office Use
<i>Example 7/27/00</i>	<i>10:00-12:00</i>	<i>Changed light bulbs</i>	<i>2 hrs</i>	

TOTAL HOURS WORKED THIS MONTH: \_\_\_\_\_

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

Signature of Supervisor / Volunteer Coordinator

\_\_\_\_\_

**This activity is 50% in - kind for VOCA and 50 % cash – match for HHSC**

Month \_\_\_\_\_  
County \_\_\_\_\_

## COMMUNITY SERVICE VERIFICATION

AGENCY ORGANIZATION \_\_\_\_\_

DEFENDANT \_\_\_\_\_

COMMUNITY SERVICE HOURS REQUIRED \_\_\_\_\_

TYPE OF WORK PERFORMED \_\_\_\_ Clean, assort cloth, and transport x bags \_\_\_\_

Work Date	Time In	Time Out	No. of Hours	Verified By		Work Date	Time in	Time out	No. of Hours	Verified By

COMMENTS:

\_\_\_\_\_

TOTAL HOURS COMPLETED \_\_\_\_\_

SIGNATURE OF AGENCY SUPERVISOR \_\_\_\_\_

SIGNATURE OF DEFENDANT \_\_\_\_\_

*PLEASE RETURN A COPY OF THIS FORM MONTHLY TO THE BREWSTER COUNTY COMMUNITY  
SUPERVISION AND CORRECTIONS DEPARTMENT*