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Mission Statement:

ROOF addresses community needs by providing resources and services to children and families to achieve a healthy and positive climate for children in the Rochester area.

Thank you for your interest in ROOF Community Services! Volunteers like you make it possible for ROOF to serve the Rochester community. ROOF began in 1993 because a group of community volunteers saw the need for healthy and safe activities for youth and families in the community. Last year, ROOF provided services over 30,000 times through programs such as Food Bank, Kids' Place, Emergency Services, and Community Projects.

The following information is included in this volunteer packet:

- Program descriptions and volunteer opportunities
- Volunteer Application
- Volunteer Code of Conduct
- Authorization for ROOF to perform a background check

Once you have had a chance to review the information, please complete and return the forms to ROOF. Because we serve vulnerable populations, including children and seniors, we are not able to start volunteers before completing a background check. Filling out the volunteer information completely will help us finish the screening process quickly.

If you have any questions about the volunteer opportunities available at ROOF, please feel free to contact the ROOF staff.

WWW.ROOFCOMMUNITYSERVICES.ORG



Volunteer Opportunities

Kids' Place

Kids' Place is an after-school and summer program serving 50 K-5th graders who are referred by their school counselors and teachers. Kids' Place emphasizes academic skills, social skills, substance abuse prevention and leadership skills. Kids' Place is open from 3:30-5:30 Monday-Thursday and 2:20-5:00 Friday during the school year and 11:30-4:30 for six weeks in the summer.

Kids' Place volunteers are needed to:

- Work one-on-one with children to provide extra help with homework, reading, and math skills
- Work with staff and children during snack, outside play, Arts and Crafts, library visits, and computer time
- Share special skills or projects with children in activities such as art, music, building, the outdoors, or other areas

Food Bank

The Food Bank provides food and other necessities to the community. Food comes from local donations and government sources.

Food Bank volunteers are needed to:

- Sort and shelve donations
- Pick-up and transport donations from throughout Thurston County (mileage reimbursement available)
- Plan food drives

Community Projects

ROOF facilitates community driven projects that support children and families.

Community Projects volunteers are needed to:

- Collect and distribute school supplies to low-income children every August
- Help in a variety of ways with Operation Santa, including soliciting donations, collecting donations, shopping, setting up a "Santa Store," escorting families through the "Santa Store," and much more. Volunteers are needed October-December



Volunteer Application

Please print clearly.

Contact Information

Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

In case of emergency, please contact:

Name: _____

Phone: _____ Relationship: _____

Volunteer Availability

Please check all that apply.

I would like to volunteer:

- Weekly Twice Monthly Monthly As needed for special projects

Days available:

- Monday Tuesday Wednesday Thursday Friday

Times available:

- Mornings (9-12) Early afternoons (12-3) Late afternoons (3-6)

Volunteer Interests

Please check all that apply.

Food Bank- Sorting and packaging donations

Food Bank- Holiday Baskets

Food Bank- Food Drives

Kids' Place- Tutoring

Kids' Place- Leading a project: _____

Community Projects- School Supplies

Community Projects- Operation Santa

Other: _____

Volunteer Code of Conduct

Respect Others

- I will treat clients, staff, and volunteers with respect.
- I will respect the confidentiality of clients. I will not talk to others about ROOF's clients or the services they use. In my role as a volunteer, I may have access to personal information of ROOF clients. I will keep this information confidential.
- If I am unable to volunteer when scheduled, I will call ROOF as soon as possible so that other arrangements can be made.
- I will treat all clients equally regardless of sex, race, religion, culture, or economic status.
- I will not smoke or use tobacco products in the presence of children. I will also not use, possess, or be under the influence of alcohol or illegal drugs when volunteering.
- I understand that receiving monetary or expensive gifts is not allowed.
- I understand I must be free of physical and psychological conditions that might adversely affect clients' health, including significant fever or contagious conditions.

Protect Children

- I understand ROOF guidelines specify that a minimum of two adults, or one adult and one teen volunteer, are present with children. I will not be alone with children at ROOF.
- I will not abuse children, including:
 - Physical abuse- strike, spank, slap, shake
 - Verbal abuse- humiliate, degrade, threaten
 - Sexual abuse- including inappropriate touching and exposure
 - Mental abuse- inconsistent standards, communicating one behavior and rewarding the opposite
- I will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no.
- I will use positive techniques of guidance, including positive reinforcement and encouragement rather than competition, comparison, or criticism. If I need assistance, I will ask a ROOF staff member.
- I will never leave a child unattended.
- I understand that inviting children to my home or other locations is prohibited.
- I will report any suspected abuse or neglect of a child to my supervisor immediately.

ROOF's Responsibility to Volunteers

- Staff will not ask volunteers to perform tasks they are not trained for or are not comfortable with.
- Staff will be available to provide guidance and answer questions from volunteers.
- Staff will treat volunteers with respect.

I have read the ROOF Volunteer Code of Conduct and agree to abide by it. I understand that I will not be allowed to continue volunteering at ROOF Community Services if found to be in violation of any part of this agreement.

Signature: _____ Date: _____

Screening of people working with vulnerable populations is an important element of creating a safe environment for ROOF Community Services clients. All staff and volunteers who will work with vulnerable clients at ROOF Community Services over an extended period must complete a background check.

AUTHORIZATION TO RELEASE INFORMATION

Applicant's Name: _____

Applicant's Current Address: _____

Phone Number: _____

Date of Birth: _____

Authorization Expiration Date: _____

I, the undersigned, authorized and consent to any person, firm, organization, or corporation provided a copy (including photocopy or facsimile copy) of this Authorization to Release Information by ROOF Community Service to release and disclose to ROOF Community Services all information or records requested regarding me, including, but not necessarily limited to, my employment records, volunteer experience, military records, criminal information records, and background. I have authorized this information to be released, either in writing or via telephone, in connection with my application for employment or to be a volunteer at ROOF Community Services.

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with ROOF Community Services guidelines. This authorization expires on the date stated above.

Signature of Prospective Employee or Volunteer Date _____

Signature of Parent/Guardian if above person is under 18 Date _____

APPLICATION DISCLOSURE AFFIDAVIT

(Please read carefully)

ROOF Community Services screens prospective employees and volunteers to evaluate whether an applicant poses a risk of harm to vulnerable populations we serve. Information obtained is not an automatic bar to employment or volunteer work, but is considered in view of all relevant circumstances. This disclosure is required to be completed by applicants for positions in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination.

APPLICANT'S NAME: _____

The undersigned applicant affirms that I HAVE NOT at ANY TIME (whether as an adult or juvenile):

Been convicted of; pleaded guilty to (whether or not resulting in a conviction); pleaded no contest to; admitted; had any judgment or order rendered against me (whether by default or otherwise); entered into any settlement of an action or claim of; had any license, certificate, or employment suspended, revoked, terminated, or adversely affected because of; been diagnosed as having or been treated for any mental or emotional condition arising from; or resigned under threat of termination of employment or volunteer work for

Any allegation, any conduct, or matter (whether under criminal or civil law of any jurisdiction) involving:

YES NO (Initial answer under "yes" or "no" and provide brief explanation for a "yes" answer.)

_____ Any felony.

_____ Rape or sexual assault.

_____ Drug or alcohol related offenses.

_____ Abuse of a minor or child, whether physical or sexual.

_____ Incest.

_____ Kidnapping, false imprisonment, or abduction.

_____ Sexual harassment.

_____ Sexual exploitation of a minor.

_____ Sexual conduct with a minor.

_____ Annoying/molesting a child.

_____ Lewdness and/or indecent exposure.

_____ Obscene literature.

_____ Assault, battery, or other offense involving a minor.

_____ Endangerment of a child.

_____ Any misdemeanor or offense classification involving a minor or to which a minor was a witness.

_____ Unfitness as a parent or custodian.

_____ Removing children from a State or concealing children in violation of a law or court order.

_____ Restrictions or limitations on contact or visitation with children or minors.

_____ Similar or related conduct, matter, or things.

_____ Accusation of any of the above.

Explanations: (Description and Dates) _____

The above statements are true and complete to the best of my knowledge.

Signature: _____

Date: _____