



Falcon Children's Home and Family Services

P.O. Box 39 Falcon, NC 28342

910-980-1065

Thank you so much for your interest in volunteering with Falcon Children's Home & Family Services.

Enclosed you will find documents that Falcon Children's Home requires of applicants to be consider for volunteer opportunities. These documents include:

- Volunteer Application
- Volunteer Skills and Talent Questionnaire
- Campus Activity Planning Worksheet
- Volunteer Statement Addendum
- Liability Waiver Form
- Background Check Authorization
- Responsible Individuals List

This packet must be completed in its entirety by all potential volunteers of groups with five (5) or less and by the group leader of groups of six (6) or more (All participants of group must be listed). All volunteer packets and forms must be submitted at least thirty (30) days prior to event or campus visit.

All volunteer applicants eighteen (18) years or older must complete the Volunteer Statement Addendum, Liability Waiver Form, Background Check Authorization Form and the Responsible Individual List (RIL) form regardless of group size.

All volunteer applicants under the age of eighteen (18) years must complete the Liability Waiver Form. Waiver must be signed by parent/guardian if participant is less than 18 years old.

Listed below are some of the ways volunteers can serve. (Other methods of volunteering will be considered as well.)

1. Volunteer by setting up a work day for you or your team. Help our maintenance staff with some bigger projects that can range from painting, to campus beautification, to organizing commodities in our warehouse, etc... You can volunteer for a morning, afternoon or all day.
2. A second way that you volunteer is by setting up a day to come and do an activity with our kids. This can be organizing a field day, coming to play basketball, softball or kickball, doing a cook out for the kids, organizing an ice cream social, etc... The possibilities are endless with this one.
3. The third way is to organize a drive to collect commodities for the Children's Home. Receiving commodity items is always a tremendous blessing as we tend to go through them quickly.
4. A fourth way is to adopt a cottage and make monthly or quarterly visits out to see them. These visits could include groups doing a crafts, bringing a special treat such as pizza or dessert, etc...

We look forward to working with you in serving our children!

Falcon Children's Home
VOLUNTEER APPLICATION

P.O. Box 39, Falcon, NC 28342

PERSONAL INFORMATION				
<i>Name First</i>	<i>Middle</i>	<i>Maiden</i>	<i>Last</i>	SSN#
				DOB
<i>Current Street Address:</i>				
<i>State</i>	<i>Zip Code</i>	<i>Home Phone:</i>	<i>Work Phone:</i>	
<i>Previous Street Address:</i>				
<i>State</i>	<i>Zip Code</i>	<i>Home Phone:</i>	<i>Work Phone:</i>	
EMPLOYMENT INFORMATION				
<i>Employer:</i>			<i>Length of Employment</i>	
<i>Occupation:</i>				
<i>Phone Number</i>				
<i>Previous Street Address:</i>				
<i>State</i>	<i>Zip Code</i>	<i>Home Phone:</i>	<i>Work Phone:</i>	
SPOUSE INFORMATION				
<i>Name First</i>	<i>Middle</i>	<i>Maiden</i>	<i>Last</i>	SSN#
				DOB
<i>Current Street Address:</i>				
<i>State</i>	<i>Zip Code</i>	<i>Home Phone:</i>	<i>Work Phone:</i>	
<i>Previous Street Address:</i>				
<i>State</i>	<i>Zip Code</i>	<i>Home Phone:</i>	<i>Work Phone:</i>	
SPOUSE EMPLOYMENT INFORMATION				
<i>Employer:</i>			<i>Length of Employment</i>	
<i>Occupation:</i>				
<i>Phone Number</i>				
<i>Previous Street Address:</i>				
<i>State</i>	<i>Zip Code</i>	<i>Home Phone:</i>	<i>Work Phone:</i>	
HOUSEHOLD INFORMATION				
<i>List Name of Others Living in the Household: First/Middle/Maiden/Last Name</i>		<i>DOB</i>	<i>Relation</i>	

BACKGROUND INFORMATION

<i>Drivers License No:</i>	<i>State:</i>
<i>Auto Insurance Co:</i>	<i>Policy No:</i>

Have you ever been charged with or convicted of a misdemeanor, felony, or DUI: (If so List)

Have you ever been accused of, charged with, or convicted of child abuse and/or neglect? (If so List)

What experience have you had working with children?

Please Check which of these Volunteer Opportunities Best Suit You

<i>Tutoring</i>	<input type="checkbox"/>	<i>Recreational Games/EVENTS</i>	<input type="checkbox"/>	<i>Music</i>	<input type="checkbox"/>
<i>Campus Beautification</i>	<input type="checkbox"/>	<i>Church Service</i>	<input type="checkbox"/>	<i>Arts and Crafts</i>	<input type="checkbox"/>
<i>Beautician / Barber Services</i>	<input type="checkbox"/>	<i>Campus Parties</i>	<input type="checkbox"/>	<i>Repair/Improvement services</i>	<input type="checkbox"/>
<i>Sporting Events</i>	<input type="checkbox"/>	<i>Other: (please specify)</i>			<input type="checkbox"/>

What do you hope to contribute to Falcon Children’s Home as a volunteer?

What age and gender child would you like to work with?

Additional Comments:

Please list three persons whom you have known for at least two years and who can substantiate your reputation. None of these References are not to include relative.

REFERENCE

<i>Name First</i>	<i>Middle</i>	<i>Maiden</i>	<i>Last</i>
<i>Current Street Address:</i>			
<i>State</i>	<i>Zip Code</i>	<i>Home Phone:</i>	<i>Work Phone:</i>

REFERENCE

<i>Name First</i>	<i>Middle</i>	<i>Maiden</i>	<i>Last</i>
<i>Current Street Address:</i>			
<i>State</i>	<i>Zip Code</i>	<i>Home Phone:</i>	<i>Work Phone:</i>

REFERENCE

<i>Name First</i>	<i>Middle</i>	<i>Maiden</i>	<i>Last</i>
<i>Current Street Address:</i>			

<i>State</i>	<i>Zip Code</i>	<i>Home Phone:</i>	<i>Work Phone:</i>
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ACKNOWLEDGEMENT

I understand the following:

- I. Falcon Children’s Home is not an adoption agency or a resource of children needing full-time care.
- II. A reference check will be carried out on myself and family members wishing to volunteer as part of this application procedure;
- III. Falcon Children’s Home will perform a Criminal Background Check on myself and family members as part of this application procedure;
- IV. All information learned about any child at Falcon Children’s Home will be kept confidential, meaning information will not be divulged to unauthorized persons.
- V. Any child in my care will be under the supervision of me and or my family at all times.

Applicant Signature:

Date:

FOR INTERNAL USE ONLY

APPROVED

DISAPPROVED

Reasons for Non-Approval:

Signature of Reviewer

Date

Position

Falcon Children's Home and Family Services

P.O. Box 39 Falcon, NC 28342

Volunteer Skills & Talents Questionnaire

Name: _____ **Date:** _____

Address: _____

Phone & E-Mail: _____

Falcon Children's Home needs volunteers in many areas. All volunteer opportunities are guided by a staff person or the volunteer coordinator. Please take a minute to check all of the areas in which you would donate your time and talent. Thank you!

Facility

- Electrical
- Gutters
- Roof
- Heating/Cooling
- Plumbing
- Windows
- General Repairs
- Carpeting/Flooring
- Painting
- Pest Control
- Landscaping
- Tree/leaves/brush removal
- Parking Lot Maintenance
- Mechanic
- Construction
- Security (analysis/physical/equipment)
- Other _____

Creative Arts

- Voice
- Musical Instrument _____
- Art
- Drama
- Dance
- Craft Projects (sewing, scrapbooking, etc...)
- Other _____

Education

- Substitute Teacher (additional paperwork required)
- Tutoring (Please select any that apply)

Subject Area

- Math
- Science
- Social Studies
- Language Arts
- Other _____

Grade Level Desired

- Elementary School
- Middle School
- High School

Athletics

- Volleyball
- Basketball
- Softball
- Baseball
- Other _____

Additional Opportunities

- Mentor (will be assigned to a cottage)
- Clothing Warehouse Organization
- Commodities Collection
- Clerical Work

*You may use the back for additional comments.
Thank You!*

**FALCON CHILDREN'S HOME
CAMPUS ACTIVITY PLANNING WORKSHEET**

Group or Individual Visiting FCH:
Email Address of Contact Person:
Contact Person Phone Number (Please include area code)
Contact Person mailing address:
If a Group, how many will be in your group?
What ages are the members in your group?
Date Group/Individual Arriving:
Date Group/Individual Leaving:
Will you need overnight lodging? If so, how many rooms/beds will you need?
Will you be eating your meals in our cafeteria?
What activity or service project will you and/or your Group be performing while at Falcon Children's Home? Please read the attached needs list.
What needs will you have while ministering at Falcon Children's Home? Examples: Sound equipment, staff to run the sound, athletic equipment, garden tools, maintenance equipment, etc....

This Section To Be completed by Falcon Children's Home Planner

Approved By: _____

Date Guest(s) will arrive and depart: _____

Type of Event: _____

Facilitator: _____ **Placed on Calendar:** _____

Initials/Date

Staff Notified:

DCL _____ **IT** _____ **Facilitator** _____ **Cafeteria** _____

Maintenance _____ **Recreation** _____ **Cottages** _____

FALCON CHILDREN’S HOME AND FAMILY SERVICES

Statement Addendum to Employee Application on File

Please be made aware that, due to new licensing guidelines, the following statements need to be signed and dated and placed in your respective application file.

I, _____, hereby certify that I have:

not abused or neglected a child, been a respondent in a juvenile court proceeding that resulted in the removal of a child, or had child protective services involvement that resulted in the removal of a child;

not abused, neglected, or exploited a disabled adult;

not been a domestic violence perpetrator.

In addition, I confirm that I have no criminal convictions that would adversely affect my capacity and ability to provide care, safety, and security for the residents of Falcon Children’s Home and Family Services.

Signature

Date



Falcon Children's Home & Family Services

P. O. Box 39 Falcon, NC 28342-0039

Joseph T. Leggett, Superintendent / CEO ♦ jleggett@fchfs.org

FALCON CHILDREN'S HOME AND FAMILY SERVICES

BACKGROUND CHECK AUTHORIZATION

I, _____ authorize Falcon Children's Home and Family Services to conduct a background check. I understand that ALL information collected from the background check will remain in confidence with the Administration of Falcon Children's Home and Family Services.

FULL NAME: _____
Last, First, Middle (Legal Name)

Street Address: _____

City: _____ State _____ Zip Code _____

County: _____

Phone Number: (____) _____

Date of Birth: _____

Social Security Number: _____

Print Name: _____

Signature: _____

Date: _____

Please attach a photo ID to this authorization.

North Carolina Division of Social Services
Responsible Individuals List (RIL) Information Request

Instructions (please read carefully):

G.S. § 7B-311 authorizes the NC Department of Health and Human Services to provide information from the Responsible Individuals List (RIL) to child caring institutions, child placing agencies, group home facilities, and other providers of foster care, child care, or adoption services that need to determine the fitness of individuals to care for or adopt children. This does not include teachers or employees otherwise not covered below.

All sections of this form must be completed and signed by the agency and the prospective employee / applicant / volunteer. Please print legibly or type all information. Incomplete or illegible forms will be returned without the RIL check being completed.

Requests for information may be submitted by:

Fax: 919-715-6714, Attn: RIL
OR

Mail: Including a self-addressed stamped envelope:

NC Division of Social Services
Attn: RIL
820 S. Boylan Ave.
Mail Service Center 2408
Raleigh, North Carolina 27699-2408

Requesting Agency Information:

Agency Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

FAX: _____

Type of Agency (Check One):

- | | |
|--|---|
| <input type="checkbox"/> Child Care Provider | <input type="checkbox"/> Child Caring Institution |
| <input type="checkbox"/> Child Placing Agency (Foster) | <input type="checkbox"/> County Child Welfare Agency |
| <input type="checkbox"/> Child Placing Agency (Adopt) | <input type="checkbox"/> NC Guardian ad Litem Program |
| <input type="checkbox"/> Group Home Facility | <input type="checkbox"/> Foster Parent Applicant |

Agency License Number (if available) _____

Agency Certification: I hereby request information from North Carolina's Responsible Individuals List. I certify that I am a person representing a child caring institution, child placing agency, group home facility, or a provider of foster care, child care or adoption services that needs to determine the fitness of individuals to care for or adopt children. I either currently employ the individual listed below or am strongly considering the individual as an adoptive or foster parent or as an employee/volunteer/contractor who has the responsibility for the care of minor children. I will only use the information requested to approve the applicant or hire/use the services of the individual.

Name and Title: (PRINT)

Signature: Dina Reynolds

Employee (E), Applicant (A) or Volunteer (V)

Print E, A, or V's Full Name (including MI):

First Name MI Last Name

E, A, or V's Date of Birth (MM/DD/YYYY):

_____/_____/_____

E, A, or V's Social Security Number (last four digits)

E, A, or V's Gender: Male Female

Other names used (maiden, nickname, former married name etc.):

Employee (E), Applicant (A), or Volunteer (V) Acknowledgement:

I acknowledge that I have been informed that the North Carolina Division of Social Services will disclose to the above named agency whether my name appears on the Responsible Individuals List, indicating that I am identified as being responsible for the abuse or serious neglect of a juvenile.

Signature: _____

Date: _____

NCDSS Office Use Only

Form submitted incomplete

Ineligible to request information

As of _____ E, A, V's name is NOT on the RIL

As of _____ E, A, V's name is on the RIL

Finding: _____

Completed by:

Staff Name (Print):

Signature: _____
