



Dear Volunteer,  
Thank you for your support and interest in Isabel's House.

Volunteers are a vital part of most not for profit organizations and Isabel's House is no exception. Effective use of volunteers and volunteer satisfaction relies on the understanding of the goals of the organization and the role of the volunteers.

Enclosed is a packet of materials that should get you started in becoming an Isabel's House Volunteer. The following materials are included:

- Volunteer Descriptions
- Volunteer Application
- Volunteer Reference Form
- Volunteer Availability and Preference
- Physical & TB Form
- Not included: Missouri Background Check (Please print from [www.isabelshouse.org](http://www.isabelshouse.org))

As a volunteer you will be required to attend a Volunteer Orientation meeting once you have completed your forms. These meetings will be held at least bi-monthly. Please contact our volunteer coordinator.

Volunteers with enthusiasm, patience and dedication will make Isabel's House a rewarding experience for the children and the rewards the volunteer receives from their gift of time and talent will last a lifetime. Please feel free to contact me with any questions you may have. We look forward to having your support in helping us impact children's lives.

Regards,

Keke Davis  
[keke@isabelshouse.org](mailto:keke@isabelshouse.org)

Assistant Program Manager



## Volunteer Assignments

**Childcare Assistant** –Assist staff with daily care of children, participate in activities, provide tutoring and homework assistance, serve as a positive role model, help around the “house” with serving meals, general housekeeping and laundry. A commitment to two or four hour shifts.

Training Requirements: 18 years of age, volunteer application, three positive references, background check, statement of confidentiality, physical, interview, TB test, Isabel's House orientation, training over developmental needs of children

**Administrative** –Assist with administrative and clerical needs, examples are phone work, filing, copies, database, maintenance and mailings. Support and assist with fundraising events.

Training Requirements: 18 years of age, volunteer application, three positive references, background check, interview, statement of confidentiality, Isabel's House orientation, availability,

\*\*Opportunity for a one time support service project for this area upon approval from Isabel's House if volunteer/volunteer groups would like the opportunity to volunteer on a one time basis without going through application process in order to gain a better understanding of the position and Isabel's House. After this the applicant can determine whether or not they would like to move forward in the application process.

**Cook for the Kids** –Shop for groceries, inventory and storage of food, prepare and serve meals for the children, general kitchen clean up and maintenance. A commitment to a two- four hour shift. This placement is open to groups of 2-3 volunteers to work these shifts as a team

Training Requirements: 18 years of age, volunteer application, three positive references, background check, interview, statement of confidentiality, completed licensing document certifying health to work with children, TB test, Isabel's House orientation

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**Fundraising**–Participate on special event committees off site, soliciting goods and materials for events, completing mailings and assisting with the set up and tear down of various special events

Training Requirements: Participants should follow the fundraising policy and receive approval through Isabel's House executive director.

☐ **Inventory**—Assist with inventory of supplies which involves tracking, sorting, and storing of food, clothing, and supplies. A commitment to a two-four hour shift to complete an assignment

Training Requirements: 18 years of age, volunteer application, statement of confidentiality, Isabel's House orientation/inventory training, availability, and tour of Isabel's House

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☐ **Light Facility Maintenance** –Handyman/woman capabilities for light maintenance, construction and repair of children's and light household equipment, outdoor maintenance of grounds  
A commitment to a two to four hour shift to complete an assignment

Training Requirements: 18 years of age, volunteer application, three positive references, background check, statement of confidentiality, Isabel's House orientation, availability, tour of Isabel's House

\*\*If facility maintenance services are provided by a company, they are considered an in-kind donation, and do not require the same applicant process

*Due to the nature of our work with children, Isabel's House requests the minimum age to volunteer on site as 16 years of age. Volunteers age 16 must be accompanied by an adult 21 years of age or older who completes the same application process and serves alongside the minor acting as their supervisor.*



Isabel's House the Crisis Nursery of the Ozarks  
 2750 W Bennett  
 Springfield, MO 65802

**ISABEL'S HOUSE VOLUNTEER APPLICATION**

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

Address \_\_\_\_\_

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

Work Phone ( ) \_\_\_\_\_ May we call you at work?  Yes  No

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

How were you referred to Isabel's House? \_\_\_\_\_

Are you presently enrolled in school?  Yes  No

Name of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Do you speak another/secondary language?  English  French  Sign Language  Spanish  
 Other \_\_\_\_\_

Are you a member of Junior League?  Yes  No

**VOLUNTEER AND/OR PREVIOUS CHILDCARE EXPERIENCE**

Name of Employer or Volunteer Agency	Title	Job Duties Performed	Length of Time

Have you ever been convicted of a crime, including received deferred adjudication, probation, parole, suspended imposition of sentence, suspended execution of sentence or any guilty plea?

Yes

No

IMPORTANT: A conviction record will not necessarily disqualify volunteer opportunities. An applicant having a charge or conviction for a crime involving a sex offense or child abuse or neglect is disqualified as an Isabel's House Volunteer. Applicants with other misdemeanor or felony charges or convictions that would not post a risk to children or negatively impact the credibility of the Isabel's House program will be considered on a case by case basis.

Are you able to lift up to 50 lbs.? \_\_\_\_\_

Do you have any training or experience in any of the following?

Medicine

Education

Mental Health

Criminology

Counseling

Law Enforcement

Psychology

Advertising or Public Relations

Drug or Alcohol Abuse Programs

News Media

Child Development

Writing

Child Care

Public Speaking

Child Welfare

Art or Graphics

Social Work

If you answered yes, please describe your experience: \_\_\_\_\_

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Service Record

Branch of Service: \_\_\_\_\_

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

Rank at Discharge: \_\_\_\_\_

**PERSONAL REFERENCES** (You should know these individual for at least one year. Two should be known through your work, volunteer service or academics. One may be a personal reference, excluding a family member. Complete mailing addresses are required.)

1. Name: \_\_\_\_\_

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

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

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

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

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

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

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please secure 3 references using the enclosed forms and have these mailed to Isabel's House.

## AUTHORIZATION/COMMITMENT STATEMENT

1. I certify that the answers given here are true and complete to the best of my knowledge.
2. I authorize investigation of all of the information contained in this packet, including references and background checks.
3. I understand that this application will be considered active for a period of 60 days, and if I do not turn in the remainder of the documentation or begin training within this time frame, I will be asked to reapply.
4. I understand the seriousness of my commitment to Isabel's House, and will honor that commitment to the best of my ability.

Isabel's House is an equal opportunity organization and will not discriminate, or tolerate discrimination, against any volunteer or applicant in any manner prohibited by law. Contact Human Resources if you wish to discuss our equal opportunity policy.

I understand that by submitting application for volunteer opportunities I am not guaranteed acceptance by the Isabel's House Volunteer Program. Additionally, just as I may terminate the volunteer relationship at any time with or without notice, Isabel's House may terminate any volunteer at any time. I understand and agree, if accepted into the volunteer program, to abide by statements of policies, procedures, or other rules that now exist or that may from time to time be added, deleted, or modified at the sole discretion of Isabel's House. I also understand and agree that I have a duty to be familiar with such statements of policies, procedures, or other rules as they now exist or as they may be added or modified in the future.

Signature\_\_\_\_\_Date\_\_\_\_\_

## VOLUNTEER PREFERENCE AND AVAILABILITY

Area(s) of Interest for Volunteering

- Direct Childcare     
  Administrative     
  Fundraising     
  Inventory  
 Childcare Assistant     
  Cook for the Kids     
  Light Facility Maintenance

If you did not mark Special Events, would you be willing to assist with set up, sending mailings, etc., if we need help?

- Yes     No

### Availability

Please indicate approximate times and days of the week you would like to volunteer.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8:00am							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							

I am available to volunteer:

- Every week     
  Every other week     
  Other (please explain) \_\_\_\_\_

May we contact you for other times if we need extra assistance:  Yes     No

**Isabel's House**  
**PERSONAL REFERENCE FORM**  
ALL INFORMATION WILL BE HELD CONFIDENTIAL  
(Please Print)

**Volunteer Applicant:** \_\_\_\_\_

1. In what capacity do you know the applicant? \_\_\_\_\_  
For how long? \_\_\_\_\_

2. Do you have knowledge of how the applicant relates to children?  Yes  No

Do you consider this applicant qualified to work with children and families?

Yes  No

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What would you consider the applicants strengths?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What areas could the applicant improve upon or continue to grow?

\_\_\_\_\_

\_\_\_\_\_

5. In your opinion, would the applicant have problems working with any of the following:

Minorities  Females  Males  People with disabilities

Various religious preferences Explain: \_\_\_\_\_

\_\_\_\_\_

6. Is the applicant willing to take directions from others and work as a team?

\_\_\_\_\_

7. In your opinion, to what degree is the applicant dependable and able to fulfill her/his commitments?

Very well  Well  Average  Fair  Poor

8. Please use the back of this sheet to add any additional comments summarizing your view of the applicant and their ability to advocate on behalf of a child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed reference sheet to: Isabel's House 2750 W. Bennett Springfield, MO 65802

**Isabel's House**  
**PERSONAL REFERENCE FORM**  
ALL INFORMATION WILL BE HELD CONFIDENTIAL  
(Please Print)

**Volunteer Applicant:** \_\_\_\_\_

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For how long? \_\_\_\_\_

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Do you consider this applicant qualified to work with children and families?

Yes  No

Please explain: \_\_\_\_\_

\_\_\_\_\_

3. What would you consider the applicants strengths?

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

4. What areas could the applicant improve upon or continue to grow?

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

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Minorities  Females  Males  People with disabilities

Various religious preferences Explain: \_\_\_\_\_

\_\_\_\_\_

6. Is the applicant willing to take directions from others and work as a team?

\_\_\_\_\_

7. In your opinion, to what degree is the applicant dependable and able to fulfill her/his commitments?

Very well  Well  Average  Fair  Poor

8. Please use the back of this sheet to add any additional comments summarizing your view of the applicant and their ability to advocate on behalf of a child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed reference sheet to: Isabel's House 2750 W. Bennett Springfield, MO 65802

Isabel's House  
**PERSONAL REFERENCE FORM**  
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Do you consider this applicant qualified to work with children and families?

Yes  No

Please explain: \_\_\_\_\_

\_\_\_\_\_

3. What would you consider the applicants strengths?

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

4. What areas could the applicant improve upon or continue to grow?

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

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Minorities  Females  Males  People with disabilities

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\_\_\_\_\_

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Very well  Well  Average  Fair  Poor

8. Please use the back of this sheet to add any additional comments summarizing your view of the applicant and their ability to advocate on behalf of a child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed reference sheet to: Isabel's House 2750 W. Bennett Springfield, MO 65802

I. Identifying Information (to be completed by patient)		
Name:	Birth date:	
Address(Street, City, State, Zip Code)	Telephone Number (    )	
Name of Facility Where Volunteering: <b>Isabel's House, Crisis Nursery of the Ozarks</b>		
II. TO BE COMPLETED BY A LICENSED PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A LICENSED PHYSICIAN		
<p>This individual will be in contact with children, 0-12 years of age, receiving child care outside their own homes. S/he may be responsible for the physical care and social development of young children during daytime and/or nighttime hours. Some lifting of young children may be required.</p> <p>On _____ (date) I examined this patient and certify-</p> <p>A. That s/he is in good physical and emotional health and free of contagious diseases;</p> <p>B. To the best of my knowledge s/he is free of impairment due to the use of medication;</p> <p>C. To the best of my knowledge s/he is free of a current drug or alcohol dependency; and</p> <p>D. That s/he is free of active tuberculosis as established by a tuberculin skin test, a chest x-ray, or appropriate follow-up of a previous examination (If chest x-ray is contra-indicated, please comment on follow-up indicating if this person will pose a hazard to other persons.</p> <p>TB testing, chest x-ray or follow-up examination was completed on_____.</p>	YES	NO
Does patient have any physical or mental conditions which might endanger the health of children or that might prevent him/her from providing adequate care for children? (If yes, explain below)		
Are there any restrictions on children's ages, number of children or hours of care? (If yes, explain below)		
Remarks/Restrictions, if any:		
Signature of Physician:	Date:	Physician's Name: (Print)
Name of Clinic, Group, Practice	If nurse is supervised, indicate physician's name:	
Address (Street, City, State, Zip)	Telephone Number (    )	

