



## Candlelighters West Texas/ So. New Mexico Volunteer Application

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

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Male / Female (please circle)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Current Employment \_\_\_\_\_  
(Position) (Company Name)

Address \_\_\_\_\_ Length of Time Employed \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone # \_\_\_\_\_

Educational Background (please check one) \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Post Graduate

College/University Attended(ing) \_\_\_\_\_ Degree(s) Earned \_\_\_\_\_

Address at School (if a student) \_\_\_\_\_ Phone # \_\_\_\_\_

**Volunteer Experience:**

| Date | Organization | Duties | Contact Person/Phone # |
|------|--------------|--------|------------------------|
|      |              |        |                        |
|      |              |        |                        |
|      |              |        |                        |

Person who referred you to us or how you came to know of us \_\_\_\_\_

Are service hours for an agency, service project, etc? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of agency \_\_\_\_\_ Hours Required \_\_\_\_\_

Special skills and/or certifications (CPR, etc.) \_\_\_\_\_

Reason for wanting to volunteer \_\_\_\_\_

What special talents or hobbies could you share? \_\_\_\_\_

Have you ever been arrested, charged with, convicted of, or received deferred adjudication with respect to any crime, except minor traffic offenses resulting in a fine of less than \$200? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of any crime of violence against a minor? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been fired for cause or asked to resign a job, or been expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_

**References (3 required: *No family members, please list at least 1 faculty or supervisor*)**

| Name | Address | City | Phone |
|------|---------|------|-------|
|      |         |      |       |
|      |         |      |       |
|      |         |      |       |

## **CANDLELIGHTERS West Texas/ So. New Mexico AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize Candlelighters, and/or its duly accredited representative, to investigate any information included in my volunteer application. I hereby authorize employers, educational institutions, my personal and volunteer services references to furnish Candlelighters with any information they may have concerning me which they may have on record or otherwise.

I understand that Candlelighters may decline to accept me as a volunteer if I have any arrests, convictions, nolo contendere pleas, deferred adjudication, or other criminal entries on my record. I also understand that this decision is in no way intended to reflect negatively toward me; nor will factors such as race, sex, age, national origin, disability status or marital status be considered in any decision. Any inaccurate information or omissions may result in my being denied the opportunity to serve as a volunteer at Candlelighters.

I hereby fully release and discharge Candlelighters and its respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency or other source providing information to Candlelighters from all claims and damages arising out of or relating to any investigation of my background for volunteer placement.

If placed as a volunteer, this authorization shall remain on file and shall serve as ongoing authorization for Candlelighters to investigate any information included in my volunteer application at any time during my volunteer placement period.

**Name of Applicant** \_\_\_\_\_  
 (Please print) (Last) (First) (Middle)

\* **Driver License/ID** \_\_\_\_\_

\* **Social Security #** \_\_\_\_\_ \* **Date of Birth** \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Applicant) (Date Signed)

*\* Social Security Number, Photocopy of Driver License/ID and Date of Birth are used for investigation purposes only*

**Please list 3 previous residence(s) including college**

| Street Address | City/Town/County | State/Zip Code | Dates of Residence |
|----------------|------------------|----------------|--------------------|
|                |                  |                |                    |
|                |                  |                |                    |
|                |                  |                |                    |

**VOLUNTEER STAFF  
AGREEMENT AND RELEASE**

In consideration for my being allowed to participate as a volunteer for Candlelighters of West Texas/ So. New Mexico. I agree to release Candlelighters of West Texas/ So. New Mexico from any and all claims from personal injury, property damage or any other nature, which might arise as a result of duties as a volunteer. In addition, I shall refrain from instituting, pursuing or aiding any claim, demand, action or causes of action growing out of, or hereinafter to grow out of my duties as a volunteer. This Agreement shall be binding upon me and my heirs, agents and assigns.

**THIS IS A LEGAL RELEASE OF LIABILITY FORM. I HAVE READ THIS FORM CAREFULLY AND HAVE HAD ALL QUESTIONS ANSWERED BEFORE SIGNING.**

X \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

X \_\_\_\_\_ (Witness)

**CONFIDENTIALITY STATEMENT**

*Please read carefully before signing*

I understand and agree that in the performance of my duties as a volunteer of Candlelighters of West Texas/ So. New Mexico, I must hold in strictest confidence any observations I may make or information I may hear regarding patient, patient's family, or staff.

I verify that all of the information provided by me on this application is true, correct, and complete. I grant Candlelighters West Texas/ So. New Mexico permission to verify this information in arriving at a volunteer decision. I understand that false or misleading statements or the omission of any information necessary to make this application complete may result in rejection of my application.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Candlelighters of West Texas/ So. New Mexico**

### **CODE OF ETHICS**

1. Volunteers understand and embrace the mission of Candlelighters West Texas/ So. New Mexico willingly and knowingly accept the concept that the focus and goals of the agencies are directed to the caregivers and their families.
2. Volunteers will never be alone with clients, except when assisting with personal hygiene, toileting and/or in an emergency.
3. Staff/Volunteers will not abuse including:
  - Physical Abuse      strike, spank, shake, slap
  - Verbal Abuse      humiliate, degrade, threaten
  - Sexual Abuse      including inappropriate touching
  - Mental Abuse      hazing, negative manipulation
4. Staff/Volunteers will use positive guidance techniques including redirection, anticipation of and elimination of potential problems, positive reinforcement, support and encouragement rather than competition, comparison, criticism, or humiliating discipline techniques.
5. Staff members must treat with confidence and respect personal information they learned from clients, subject to the policies on reporting abuse and neglect.
6. Staff/Volunteers will treat clients of all ethnic, religious and cultural backgrounds with respect and consideration.
7. Staff/Volunteers will portray a positive role model for clients, including but not limited to, maintaining an attitude of respect, loyalty, patience, honesty, courtesy, tact and maturity.
8. Staff/Volunteers will not use profanity or discuss adult subject matter in the presence of clients.
9. Staff/Volunteers will refrain from initiating dating or sexual relationships with clients.
10. Staff/Volunteers will adhere to the dress code.
11. Staff/Volunteers will not smoke during business hours.
12. Staff/Volunteers will not use, possess or be under the influence of alcohol or illegal drugs during business hours.
13. Staff/Volunteers are prohibited from having firearms or other weapons.
14. Staff/Volunteers must be free of health or psychological conditions that might affect clients' health.

15. Staff/Volunteers will comply with the outlined activities and expectations of their defined roles.
16. Staff/Volunteers are prepared and willing to assist and support clients to meet personal daily needs.
17. Staff/Volunteers will accommodate and be sensitive to the developmental differences and abilities of individual clients.
18. Staff/Volunteers who do not have a pre-existing relationship with a clients will not fraternize with clients (baby sitting, phone calls, private lessons) outside of Candlelighters supervised activities or the Candlelighters setting. Any exception to this policy required written approval in advance from the sponsoring organization's Volunteer Coordinator.
19. Staff/Volunteers **will not offer gifts or money to clients or their families.**
20. Staff/Volunteers are required by Texas State laws to report any suspected abuse or neglect of a child to the Candlelighters Volunteer Coordinator so that it may be reported to the authorities (Texas Department of Protective and Regulatory Services and local enforcement agency).
21. Staff/Volunteers will not make personal disclosures to clients with an attempt to influence individual beliefs, values or lifestyles.
22. Staff/Volunteers will adhere to the outlined policies, procedures and standards of Candlelighters.
23. Staff/Volunteers must agree to provide all criminal and other background check information requested of them and must meet qualification standards established by Candlelighters.

Staff/Volunteers must comply with this Code of Ethics throughout placement with Candlelighters affiliation with the sponsoring organization. Compliance with the Code of Ethics is a condition of continued involvement with Candlelighters. I understand that violation of the following standards will be regarded as engaging in unethical behavior which is grounds for immediate termination of roles and responsibilities.

X \_\_\_\_\_  
(Signature) (Date)

**Volunteer Preferences (Check all that apply)**

**Office**

- Clerical \_\_\_
- Health Fairs \_\_\_
- Presentations \_\_\_
- Basket Deliveries \_\_\_
- 1.Thanksgivig
- 2.Christmas
- Support Group Meetings
- 1. Arts & Crafts
- 2. Day Care

**Activities**

- Valentines Party \_\_\_
- Easter Party \_\_\_
- Halloween Party \_\_\_
- Field Trip Chaperone \_\_\_
- Camp Little \_\_\_
- Family Picnic \_\_\_
- Teens Outings \_\_\_
- Christmas Party

**Fundraisers**

- Softball Tournament \_\_\_
- Golf Tournament \_\_\_
- Holiday Card Sales \_\_\_
- Walk of Hope \_\_\_
- Soaps & Lotion Sales \_\_\_
- Clothing Drives \_\_\_
- Ribbon Sales \_\_\_

**Creative Learning**

- Every 1<sup>st</sup> Tuesday of the Month: 5:30 pm – 7:30 pm
- Every 1<sup>st</sup> Thursday of the Month: 9:00 am – 11:00 am
- Every 3<sup>rd</sup> Thursday of the Month: 9: 00 am – 11:00 am
- Every Last Friday of the Month: 6:00 pm – 8:00 pm

**Helping Hands**

- Hospital Visits \_\_\_
- 1.Arts & Crafts \_\_\_
- 2.Bingo \_\_\_
- Home Visits \_\_\_

**Van Drivers**

- Transport families to Treatment Centers
- Transport families to Special Events
- Transport families to Workshops

**Camp(s)** Volunteers, please remember that each camp is a weeklong residential camp located in New Mexico, Mandatory Orientation/ training for each camp will be conducted prior to departure date (s).

Camp Bravo (Siblings) \_\_\_ 2<sup>nd</sup> of week of July      Camp Courageous (Cancer Patients) \_\_\_ 3<sup>rd</sup> week of July  
Describe experiences working with children and groups:

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Please Check \_\_\_ when you are available:

- |               |            |          |
|---------------|------------|----------|
| Morning ___   | Mon. ___   | Fri. ___ |
| Afternoon ___ | Tue. ___   | Sat. ___ |
| Evening ___   | Wed. ___   | Sun. ___ |
|               | Thurs. ___ |          |

How many hours per Week? \_\_\_

Transport supplies \_\_, Cook \_\_, Serve \_\_, Decorate \_\_, Games \_\_, Clean-up \_\_

Candlelighters of West Texas/ So. New Mexico. 1400 Hardaway Ste. 206 El Paso, TX 79903  
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www.candlelighterselp.org

