FRIENDSHIP HOUSE
OF CHRISTIAN SERVICE

VOLUNTEER MANUAL
2014-2015

Friendship House of Christian Service — 3123 8th Avenue South
T: 406.259.5569 E: fhcs@friendshipmt.org
WELCOME!

DEAR FRIENDSHIP HOUSE VOLUNTEERS,

Our volunteers are an indispensable part of the work we do here at Friendship House. Like many non-profit organizations, we depend on our reliable volunteers to help our organization work smoothly and effectively. We define “volunteer” as a person who has chosen to give their time and talent to our worthwhile cause without concern for monetary profit. Friendship House has come to rely on volunteers to help in many ways, including:

- Assisting our teachers throughout the day in the classroom as we serve nearly 100 students
- Helping our full-time cook prepare two to three healthy meals every day
- Tutoring students in vital school subjects like English and Math
- Working to maintain our vibrant and growing gardens
- Contributing to the maintenance and improvement of our building

We’re happy to say that our volunteers also gain much as they give much – volunteers can use their time spent with us towards earning credits in clubs and civic organizations, completing mission projects and/or obtaining college or high school credits. Volunteering is also a creative way to gain job experience and job skills. Lastly, the sense of personal fulfillment that results from volunteering is an incalculable and memorable reward.

This volunteer manual is offered as a resource to assist you. It contains suggested procedures and activities to create an organized and exciting volunteer program. Thank you for your service here at Friendship House!

SINCERELY,

Matt Lundgren, Executive Director
MISSION STATEMENT

REFLECTING THE LOVE OF JESUS CHRIST BY FOSTERING RENEWAL, STABILITY, AND TRANSFORMATION IN THE LIVES OF YOUTH & FAMILIES IN SOUTH BILLINGS.

Core Values:

- We believe in the primacy of loving God and loving people.
- We are accountable for the lives we live; integrity and transparency will saturate everything we do.
- Meaningful relationships are the most effective means of permanent, substantial transformation in ourselves and the families we are serving.
- A safe, healthy, and responsible community is only possible with safe, healthy and responsible families.
- Selfless, humble service to others - rooted in equality - is how we work and what we teach.
- We understand that stewardship of our resources - time, talent, and money - is an integral part in serving the community well.

HISTORY

In 1957, several concerned community members saw their neighborhood in decline. Young children were unsupervised and uncared for, older children were entertaining themselves through delinquency, and poor families were not meeting their own basic needs. Supported by the American Baptist Church, these folks began taking children into their homes after school to provide food, safety, and education.

In 1969 Friendship House built a new facility on the corner of 8th Avenue South and 32nd Street. Four years later a small gymnasium was added to the facility, and in 2007 an additional room and new playground were also added. Though we have since expanded into local schools, Friendship House continues to operate from this campus as well.

LEGACY OF FAITH

Our roots lie in the fertile soil of Christian service. Half a century ago local church members saw a tangible need to serve the “widows and orphans” of South Billings. Out of a passionate desire to live out their beliefs, the Friendship House was born. Today that legacy of faith in action thrives. Our goal is simply to reflect the Christian value of loving God and loving people in South Billings by caring for kids, encouraging healthy families, and helping our community realize and utilize its many assets.
VOLUNTEER POLICY

- Volunteers are an important and valued part of Friendship House. We recognize that volunteers are essential to the achievement of our organization’s goals. Friendship House encourages the teamwork of permanent staff and volunteers.
- We regard volunteers as a valuable resource and encourage them to become involved at all levels of the organization and within all appropriate activities. We aim to train, support and supervise our volunteers to the best of our abilities, and to act quickly and fairly if difficulties arise.
- We pledge to provide our volunteer with proper training to enable them to do their very best, and to check in regularly and provide ongoing assistance and training.
- We recognize the ability of our volunteers to educate the public about our organization.

WHO CAN VOLUNTEER?

ELIGIBILITY REQUIREMENTS FOR NEW VOLUNTEERS

Friendship House carefully screens every new volunteer to ensure that our kids get to learn and play in the best – and safest – environment possible. For that reason, we have a few eligibility requirements that each volunteer must meet:

1. All Friendship House volunteers are required to submit to a background check before beginning their service.
2. Because our volunteers are working with children, they must be up-to-date on MMR and Tetanus vaccinations.
3. The Montana Department of Public Health and Human Services requires that our volunteers submit a Statement of Health Form.
4. We ask that all volunteers agree to Friendship House’s Drug-Free Workplace, Dress Code, and Privacy & Confidentiality Policies.
5. All regular volunteers must be at least 16 years of age; those between 16 and 18 years will require a signed parental consent form.
VOLUNTEER POSITIONS

Below is a list of volunteer positions available at Friendship House. Note that some of these positions may be currently filled – inquire with the volunteer coordinator for more detailed information.

CLASSROOM AIDE

Volunteer classroom aides are one of the most vital assistants to our program. Our classroom aides support our certified teachers in provide caring, one-on-one supervision to our many students during after-school and summer enrichment programs. Under the guidance of the full-time classroom leaders, these aides make sure that each and every student receives personalized attention and care.

Duties/ Major Tasks:

- Engaging with students during lessons, activities and free time
- Reading with students and assisting with homework
- Helping supervise fun and educational field trips
- Serving nutritious meals to the students
- Fostering positive mentoring relationships with students

Hours: Classroom Aides can work anywhere from one hour a week to several hours a day, depending on the volunteer’s interests and availability. Our summer enrichment program serves students Monday through Friday from 7:30 AM to 5:30 PM. During the school year, volunteer positions are available from Monday to Friday between 2:30 PM and 5:30 PM.

TUTOR

During both our After School and Summer Enrichment programs, all of our students receive academic instruction and support in vital subjects like Reading and Math. As a volunteer tutor, you will assist our classroom teachers in providing targeted one-on-one instruction to students.

Duties/ Major Tasks:

- Conducting basic lessons with students in small groups or one-on-one
- Assisting students with coursework in our K-6th Grade Math and Reading programs
- Helping fill gaps in students’ learning to ensure comprehension of basic skills
**Volunteer Manual**

**Hours:** During the summer, students participate in lessons between 9:30 AM and 12:00 PM, as well as 4:00 to 5:00 PM, Monday through Friday. School year lessons take place from 4:00 to 5:00 PM on Tuesdays through Fridays.

### Special Class Leader

Many of our volunteers have specific skills and talents that they wish to share with our students. These individuals have the opportunity to lead one-time or ongoing classes with any of our students from Kindergarten to Sixth Grade; lessons may vary from once a week to once a month in frequency, and several weeks to a whole year in length. If you have an exciting ability that you believe might benefit our students, then this is the job for you!

**Duties/ Major Tasks:**

- Planning lessons between half an hour to an hour in length
- Committing to a specific length of time in which the lessons will take place
- Leading the class with the assistance of regular classroom teachers for the duration of the lesson

**Hours:** Lessons can take place during classes’ normally scheduled activity times (Monday through Friday from 9:30 AM to 12:00 PM and 4:00 to 5:00 PM during the summer; Tuesday through Friday from 4:00 to 5:00 PM during the school year).

### Volunteer Driver

Friendship House provides a wide variety of fun and enriching activities for our students; from field trips to Vacation Bible School, there’s always something exciting going on. Sometimes our staff needs help getting students around or picking them up after school. As a volunteer driver, you ensure our students’ safety while enabling their participation in a variety of exciting opportunities. Please note that all drivers must have a clean driving record and be at least 25 years of age.

**Duties/ Major Tasks:**

- Completing a short course in 15-passenger van safety
- Driving students to and from Friendship House, school, and/or group activities and field trips
**Hours:** Hours vary during the summer months on an as-need basis; throughout the school year, students are picked up from schools between 2:20 and 3:30 PM.

**MAINTENANCE**

Our organization has been proud to own our facility for 57 years. However, maintaining a space for that long is not without some challenges. Volunteer maintenance workers help us make sure that our building lasts another 57 years by keeping our facility clean, functioning, and up-to-date.

**Duties/ Major Tasks:**

- Cleaning and organizing our basement space, which is used for storage
- Completing minor repairs in the building and on the grounds
- Ensuring classrooms are clean, safe spaces for children to play
- Maintaining the playground and lawn space

**Hours:** Volunteer maintenance workers may schedule shifts during any of our normal working hours (7:30 AM-5:30 PM in the summer, 9:30 AM-5:30 PM during the school year).

**GARDENING**

Friendship House is proud to boast extensive gardens, which provide our students with the opportunity to learn vital horticultural and business skills in addition to supplying the facility with fresh, healthy food. Our volunteer gardeners have the opportunity to work individually or together with groups of students to plant, care for, and maintain this delightful resource.

**Duties/ Major Tasks:**

- Planting vegetables and herbs during the appropriate season
- Watering and weeding plants throughout the growing process
- Assisting with harvesting when plants are grown
- Instructing students in the basic skills of gardening and plant maintenance

**Hours:** Volunteer gardeners may schedule shifts during any of our normal working hours (7:30 AM-5:30 PM in the summer, 9:30 AM-5:30 PM during the school year). We would also welcome help with taking students to the South Side Farmers Market from 3:00 PM to 7:00 PM on Thursdays.
SPECIAL EVENT SUPPORT

Friendship House seeks to be an important part of our students’ lives as well as a blessing to our South Side community. Celebrating fun events like Halloween and Christmas allow our organization to do just that. Special Event Support volunteers assist in the planning, preparation and execution of these annual events to ensure they run smoothly (and enjoyably).

**Duties/ Major Tasks:**

- Working together with the Program Coordinator in the planning and preparation process
- Partnering with the Volunteer Coordinator during the actual event to staff and oversee event programs
- Assisting in the cleanup and take-down process after the completion of events

**Hours:** Hours will vary based on tasks and events involved.
CHECKLIST OF FORMS

Thank you for your interest in becoming a volunteer at Friendship House. We want to make it as easy as possible to enroll as a volunteer. Recognizing our high responsibility to our clients, we require that all who will be working with our clients, employees and volunteers undergo background checks. The forms attached will provide the information we need, and will enable us to contact you about volunteer opportunities.

PLEASE BE SURE TO FILL OUT ALL OF THE FOLLOWING:

- Volunteer Application
- Volunteer Questionnaire
- Volunteer Policies
- Montana Release of Information (Background Check)
- Federal Release of Information (Out-of-State Background Check)
- Montana Statement of Health
- Parental Authorization (volunteers under 18)
VOLUNTEER APPLICATION
FRIENDSHIP HOUSE

Position applying for: ________________________________

PERSONAL INFORMATION

Name: Mr. __ Ms. __ Mrs. ____________________________

First Middle Last

Present Address: ____________________________________________

Street City State Zip Code

Phone number (Home) __________________________ (Mobile) __________________________

E-mail: ________________________________

Do you have a valid driver’s license? Yes __ No __ Chauffeur’s Endorsement? Yes __ No __

License I.D. Number __________________________ Issuing State ___ Expiration date __________________________

Have you been convicted of a:

Felony? Yes __ No __ Misdemeanor? Yes __ No __ Major traffic infraction? Yes __ No __

If yes, please explain and give dates __________________________

Do you have a clear record with Child Protective Services? Yes __ No __

HOURS OF AVAILABILITY

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<td>Hours Available</td>
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I ATTEST THAT...
The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with The Center for Children and Families.

Signature of Volunteer Applicant: __________________ Date: __________________

Date of Birth __________________

In case of emergency, please contact: __________________ Phone #: __________________
VOLUNTEER QUESTIONNAIRE

Thank you for your interest in volunteering at Friendship House. To get started, we want to know more about you and your interests and skills so we can place you in a volunteer position that is fulfilling and enjoyable. Please take the time to answer the brief list of questions below.

1. Why would you like to volunteer at Friendship House?

2. What previous experiences (work, volunteer, etc.) can you bring to this position?

3. Are there other skills, interests, or abilities that you believe will be an asset to you while volunteering at Friendship House?
POLICY AGREEMENT

DRUG FREE WORK PLACE

It is the policy of Friendship House to maintain a drug and alcohol free working environment for its employees, students, interns and visitors. Friendship House prohibits the unlawful manufacture, distribution, dispensing, possession or use of controlled substances and alcohol on its premises at any time.

Friendship House recognizes drug and alcohol abuse as potential health, safety and security problems. Employees needing help in dealing with such problems are encouraged to seek it either through community resources or their own resources.

PRIVACY & CONFIDENTIALITY

It is the policy of Friendship House to maintain confidentiality concerning all private information regarding staff, interns, volunteers, the children and their families, and others affiliated with Friendship House.

Volunteers will neither disclose nor discuss confidential information in public places or with anyone (friends, relative, teachers, families, neighbors, etc.) beyond the premises of Friendship House. Private information includes children’s or families’ histories or any identifying information, characteristics or comments. Unauthorized disclosure of information may violate individual rights of privacy and/or constitute a criminal act.

Illegal access or misuse of confidential information is punishable by fine and/or imprisonment.

PERSONAL APPEARANCE

The way you look, dress and act is important to Friendship House. Due to our frequent interaction with the public, standards of personal appearance and personal apparel have been determined as follows: A clean, neat appearance is expected of you. Clothing should be clean and neat in appearance. Good personal grooming is essential; hair should be clean and neat.

Unacceptable clothing includes but is not limited to: Clothing associated with gangs, clothing that promotes alcohol, drugs, sex or violence, clothing that reflects vulgar, obscene or negatively-suggestive manners, clothing associated with discrimination on the basis of age, color, handicap, national origin, marital status, race, religion or sex. Cutoffs; spandex or other form fitting pants; dresses or skirts that are excessively short; sheer clothing or clothing that is revealing, distracting, or provocative.
OTHER

Interns and volunteers will not be left unsupervised with children. Montana licensure states that volunteers must be 16 years or older. Any volunteers 16 through 18 must have a Parental Consent form completed and be under the supervision of an approved adult at all times. Interns and volunteers are expected to adhere to all of the Guidelines as outlined in the FH Personnel Policies and CACFP (the state regulated food program) regulations. Interns and volunteers are expected to assist and adhere to the instructions of FH employees in their particular area of focus.

EMPLOYMENT AT WILL

All interns and volunteers of Friendship House are hired for an indefinite tenure, which means that an employee may terminate his/her service, or Friendship House may terminate the position, with or without cause at any time.

I comprehend the policies and agree to abide by the terms of these policies. I understand that any violation to any of the policies will result in appropriate disciplinary actions including discharge.

Signature ______________________ Date ______________________
Release of Information for Fingerprints
Pursuant to the National Child Protection Act of 1993 as amended by the Volunteers for Children Act

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer, (b) by which you are employed or serve as a volunteer, or (c) which request a background check. You are entitled to obtain a copy of any background check report and challenge the accuracy and completeness of any information contained in any such report. The government agency shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity.

(First Name) (Middle Name) (Maiden Name) (Last Name)

(Date of Birth)

Address: (Street) (Apt)

(City) (State) (Zip)

I have been provided with a copy of this form. I have read and understood the foregoing and my information is true and correct to the best of my knowledge and belief.

(Signature of Applicant) (Date)

(Notary) (Date)

(Residing At) (Commission Expires)
PERSONAL INFORMATION

Section A – Current Information

Legal Name: ____________________________________________

(First) (Middle) (Maiden) (Last)

Aliases/Other Names Used: ________________________________

Residential Address: _____________________________________

(Street) (City) (State) (Zip)

Mailing Address: _______________________________________

(Street) (City) (State) (Zip)

Sex: □ Male □ Female Date of Birth: ________________________ Social Security #:

Section B – Past Residences

Within the last five (5) years, have you
1. lived in another state? □ Yes □ No
2. lived on or do you now live in an area designated as an Indian reservation? □ Yes □ No

If you answered yes to the any of the above questions:

➤ Please state where you have lived since turning 18 in the table below.
➤ You will need to obtain an out of state background check or a tribal background check at your cost.

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>Reservation</th>
<th>State</th>
<th>Dates of Residency (From – To)</th>
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Section C – Prior Caregiver Approvals

Have you been registered / licensed to care for children before?
approved, in any capacity, to provide care in a child care facility? □ Yes □ No

IF YES: Please give the Director / Facility Name and the Dates at the facility.

(Director / Facility Name) (Dates)

(Director / Facility Name) (Dates)
**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Section D – Employment Status</th>
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<tbody>
<tr>
<td><strong>The facility that I am working / living at is:</strong> Provider #: 76060</td>
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<tr>
<td>Director Name / Facility Name: Matthew J. Lundgren, Friendship House of Christian Service</td>
</tr>
<tr>
<td>Facility Mailing Address: 3123 8th Ave. S., Billings, MT 59101</td>
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</table>

**My ROLE with this facility is (please check all that apply):**

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<tr>
<th>Center Use Only:</th>
<th>Family and Group Only:</th>
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<tr>
<td>☐ Director</td>
<td>☐ Director</td>
</tr>
<tr>
<td>☐ Primary Caregiver</td>
<td>☐ Caregiver</td>
</tr>
<tr>
<td>☐ Aide</td>
<td>☐ Non-Provider Staff</td>
</tr>
<tr>
<td>☐ Volunteer</td>
<td>☐ Non-Provider Staff</td>
</tr>
<tr>
<td>☐ Substitute Provider</td>
<td>☐ Substitute Provider</td>
</tr>
<tr>
<td>☐ Non-Provider Staff</td>
<td>☐ Substitute Provider</td>
</tr>
</tbody>
</table>

**My START DATE at this facility is:**

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**Section E – Authorization Statement and Signature**

I, __________________ (applicant name), am aware that __________________ (provider or its authorized representative), has requested confidential information from the Montana Department of Public Health and Human Services, in accordance with 41-3-205(3)(o), MCA as part of a review of my personal background in connection with my status as a current or prospective employee of or volunteer for that entity.

I am aware that CFSD, DMV, and DOJ records may contain information that could adversely affect my employment or volunteer status and/or approval as outlined in ARM 37.95.161 and ARM 37.95.176. These records will relate to criminal history records, motor vehicle records as well as any report(s) of child abuse or neglect in Montana that indicates a risk to children. Records that indicate a risk to children are those that show a substantiation of child abuse/neglect on the person; and/or a history that shows that a child in the care of the person was adjudicated by a court as a youth in need of care, and/or a history that shows that the person has had their caregiver rights to a child terminated. As a household member, I understand that I am also subject to the above requirements.

I am also aware that although the entities or individuals requesting and receiving confidential CFSD information are bound by law or agreement with DPHHS to protect or preserve its confidential nature, DPHHS has no ability or authority to ensure that confidentiality is maintained after this information is released by DPHHS.

In full acknowledgement of the above information and notice, I authorize CFSD to provide the requested confidential information to the provider or its authorized representative identified above, and I hereby also release CFSD from any claims or causes of action which may subsequently arise from release of this confidential information.

NOTE: Any deletions or oversights may result in the denial of your application.

Signed: __________________________ Date: ________________

(To be signed in front of a notary)

**TO BE COMPLETED BY A NOTARY PUBLIC:**

Taken, sworn, and subscribed before me this ___________ day of ________________ A.D. ___________

Notary Public for the State of Montana
Residing at: __________________________
My commission expires: __________________________
STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
CHILD CARE LICENSING PROGRAM

STATEMENT OF HEALTH FORM

NAME: (Please Print) ___________________________ Phone Number: ___________________________
Address: _____________________________________________________________________________ City, State, Zip: ___________________________
Social Security Number: ___________________________ Birth Date: ____________________________
Facility Name: _______________________________________________________________________

I am: [ ] A Day Care Provider [ ] A Care Giver [ ] A Spouse [ ] Other Adult Living in the Home

Applicants and providers must meet certain personal health requirements. As the agency responsible for Child Care registration/licensing, the department of Public health and Human services (DPHHS) must ensure that the health of each provider is adequate to meet the demands of the care being provided.

Please answer the following questions by entering an “X” in the appropriate box for each question.

The Child Care Licensing worker completing the licensure study and the Child Care Licensing Program Manager who issues the license will review this form. In some cases, the answer “yes” to a question may require an evaluation or a statement from your physician or other appropriate professional to support your responses. The answer “yes” does not mean you will automatically be denied a registration/license. Your explanation or, if necessary, your physician’s or other appropriate professional’s statement will be taken into consideration. The purpose of the questions is to help decide if you have health problems that may affect your ability to safely provide care. The Child Care Worker will discuss with you the type of additional information needed. If an evaluation or statement is needed, the specialist will assist you in completing the authorization form for your physician or other appropriate professional. Any evaluations, tests, or visits to your physician or other professional(s) must be paid by you.

[ ] Yes [ ] No During the past 3 years, have you had any disabling chronic conditions, or physical, mental, or emotional illness requiring care from a physician, psychologist, or other professional?
- If “Yes,” please describe. Include a description of any vision or hearing problem and any limitation on mobility. Include treatment and current status. (You may use additional paper if needed.)

[ ] Yes [ ] No Do you suffer from any physical or mental health limitations which might affect your ability to provide day care?
- If “Yes,” please explain. (You may use additional paper if needed.)
[ ] Yes  [ ] No  Are you currently diagnosed, receiving therapy or medication for a mental health problem which might affect your ability to provide care?
  - If “Yes,” Please Explain. (There is additional room on the next page.)

[ ] Yes  [ ] No  Have you received counseling or treatment related to chemical dependency on drugs or alcohol within the past three years?
  - If “Yes,” Please Explain. (You may use additional paper if needed.)

[ ] Yes  [ ] No  Have you ever been addicted to drugs and/or alcohol or been treated for drugs and/or alcohol abuse within the past three years?
  - If “Yes,” Please Explain. (You may use additional paper if needed.)

Additional Comments:

PLEASE READ, THEN SIGN AND DATE:

I certify that I have reviewed the foregoing information supplied by me and that it is true, accurate and complete to the best of my knowledge. I further certify that I fully understand that any misstatement on my part in completing this health statement is grounds for denying my application or for revoking my registration/license should one have been issued to me on the basis of the statements I have made herein. I understand this information is confidential and is to be used only by the Department of Public Health and Human Services for the administration of the child care licensure program. I hereby consent to the use of this information for such purposes.

SIGNATURE: ___________________________  DATE: ___________________________