



# **DURHAM COUNTY YOUTH HOME VOLUNTEER HANDBOOK**

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## **Sharing Your Dreams for Success**





**COUNTY OF DURHAM  
YOUTH HOME**

**Volunteer Handbook**



**Sharing Your Dreams for Success**



- ✓ Prospective Volunteer Letter (Your Records)
- ✓ Volunteer Sessions Available (Your Records)
- ✓ Dress Code (Your Records)
- ✓ Volunteer Application (Must be completely filled out & submitted)
- ✓ Volunteer Emergency Information Form (completely filled out & submitted)
- ✓ Volunteer Contract (signed & submitted)
- ✓ Confidentiality Agreement (signed & submitted)
- ✓ Authorization and Release Form (completed & signed)
- ✓ A day will be scheduled for orientation

*Good Luck!*



## **COUNTY OF DURHAM YOUTH HOME**

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### **Welcome to Durham County Youth Home!**

Our staff and residents want to extend our deepest gratitude to you for volunteering at the Durham County Youth Home. We hope in the near future that you will become an integral part of our extended family.

Enclosed you will find a brief description on the Durham County Youth Home history, employee responsibilities, volunteer responsibilities, volunteer application, emergency information form, volunteer contract, confidentiality agreement form, and a release of information form for consent to a criminal record check. Please submit a copy of your driver's license or a state issued photo ID. It is the party's responsibility to submit a certified copy of your criminal record.

Again, the staff and residents of Durham County Youth Home would like to take this opportunity to thank all volunteers for their time and service.



## **COUNTY OF DURHAM YOUTH HOME**

### **VOLUNTEER SESSIONS**

Below you will find a listing of possible group sessions. Contact Dwayne Williams at Durham County Youth Home at 919-560-0840 or by email [dswilliams@dconc.gov](mailto:dswilliams@dconc.gov) if you are interested in any of the following. Thank you for your services as a volunteer.

#### **EDUCATIONAL GROUP SESSIONS**

- Teen pregnancy
- Teen suicide
- STDs
- AIDS
- Peer pressure
- Depression
- Anger Management
- Coping with stress
- Grievance
- Self esteem
- Gang prevention
- Teen violence
- Abuse
- Writing letters
- Job interviews
- Black History
- NC History
- Why education is important
- Juveniles with diabetes
- Religious / bible study
- Tutorial in school work
- Art
- Any health issues within today's society
- Any other topic that would be beneficial or helpful to the residents



## **COUNTY OF DURHAM YOUTH HOME**

### **Volunteer Dress Code Policy**

Release Date: June 30, 2008  
Responsibility: Volunteer Coordinator, Supervisor on duty

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#### Guidelines:

- Volunteers will wear clean and well-maintained attire. Appropriate shoes and good grooming are required.
  - In compliance with this policy, the following are examples of unacceptable attire:
    - Torn, patched/faded clothing
    - Halter tops
    - Tube tops
    - Tank tops
    - Low cut blouses/shirts
    - Muscle shirts
    - Strapless sundresses
    - Shorts shorter than mid-thigh
    - Shirts with slogans or large-letter advertising
    - Sweat suits/warm-up suits; sweat pants
    - Thong-type sandals
    - Biker shorts
    - Leggings



## COUNTY OF DURHAM YOUTH HOME

### VOLUNTEER APPLICATION

Please provide copies of licenses, degrees, certificates, or training experience you have had related to the current volunteer opportunity you have applied for or have been selected for. Thanks for your time and convenience for volunteering. (Must be 18 years old and have a valid picture ID.)

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME PHONE :** \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ **OTHER:** \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**WORK PHONE:** \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Work Information:**

**Company:** \_\_\_\_\_

**Street:** \_\_\_\_\_

**City / State / Zip Code:** \_\_\_\_\_

**VOLUNTEER POSITION APPLIED FOR:** \_\_\_\_\_

**EDUCATION:** List specific degrees, courses, certificates or other training experiences you have had related to the volunteer position in which you are interested.

**DIPLOMA/DEGREE EARNED:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_

**CERTIFICATES /LICENSES:**

(1) **Type:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **EXPIRES:** \_\_\_\_\_

(2) **Type:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **EXPIRES:** \_\_\_\_\_

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**OTHER RELATED EDUCATION/TRAININGS:**\_\_\_\_\_

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**EXPERIENCE:** List any experiences that you believe are relevant to or qualifies you for the volunteer position for which you are applying:

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**REFERENCES:** LIST two (2) personal and professional references

**Personal References**

**Name:**\_\_\_\_\_

**Address:**\_\_\_\_\_ **City/State/Zip**\_\_\_\_\_

**Phone:**\_(\_\_\_\_\_)\_\_\_\_\_

**Name:**\_\_\_\_\_

**Address:**\_\_\_\_\_ **City/State/Zip**\_\_\_\_\_

**Phone:**\_(\_\_\_\_\_)\_\_\_\_\_

**Professional References**

**Name:**\_\_\_\_\_

**Address:**\_\_\_\_\_ **City/State/Zip**\_\_\_\_\_

**Phone:**\_(\_\_\_\_\_)\_\_\_\_\_

**Name:**\_\_\_\_\_

**Address:**\_\_\_\_\_ **City/State/Zip**\_\_\_\_\_

**Phone:**\_(\_\_\_\_\_)\_\_\_\_\_



**COUNTY OF DURHAM**  
**YOUTH HOME**  
**Volunteer Emergency Information Form**

**Date Last Updated:** \_\_\_\_\_

<b>Personal Information</b>	
Volunteer ID	
First Name	
Middle Name	
Last Name	
Nickname	
Gender	
Citizenship	
Place of Birth (Country/Region)	
Home Address	
District/County	
Home Phone	
Cellular	
Home Fax	
Home e-mail address	
Birthday (MM/DD/YYYY)	
Passport Number	
Driver's License/State ID Number	
<b>Medical Information</b>	
Doctor's Name	
Address	
Phone Number	
Blood Type	
Medical Conditions	
Allergies	
Current Medications	
<b>Emergency Information</b>	
Emergency Contact's Name	
Relationship	
Address	
Phone Number (s)	





**COUNTY OF DURHAM  
YOUTH HOME**

**DURHAM COUNTY YOUTH HOME  
VOLUNTEER CONTRACT**



I, \_\_\_\_\_, agree to the terms and procedures as stated. I also understand

that I may be dismissed as a volunteer for not adhering to the Code of Ethics as stated below:

- **Volunteers will keep the facility records confidential.**
- **Volunteers will maintain an attitude of open-mindedness and work with the staff.**
- **Volunteers will abide by the facility's rules, regulations, and standards.**
- **Volunteers will accept differences in people in terms of cultural or economic backgrounds, race, religion, and values.**

**Other grounds for termination include, but are not limited to:**

- **Inability to work cooperatively with staff**
- **Activity threatening the security of the facility**
- **Unsatisfactory service**
- **Erratic or unreliable attendance**

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**Volunteer Signature / Date**

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**Supervisor Signature / Date**

**\*Any breach in the agreement will be grounds for termination**



## **COUNTY OF DURHAM**

### **YOUTH HOME**

### **CONFIDENTIALITY AGREEMENT**

**This is to acknowledge that any information I receive about a resident that is detained in Durham County Youth Home is being shared with me in the strictest of confidence. I understand that to divulge the identity or any information about any resident in the Durham County Youth Home to persons outside of the Youth Home is a breach of trust and a disservice to the residents I am trying to assist.**

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**Signature****Date**

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**Witness****Date**



**COUNTY OF DURHAM  
YOUTH HOME**

**AUTHORIZATION AND RELEASE FORM**

I, \_\_\_\_\_ of \_\_\_\_\_,  
Address  
\_\_\_\_\_  
City/State/Zip

do hereby state that I hold Social Security # \_\_\_\_\_ and that I am applying for a volunteer position with Durham County Youth Home. I hereby request and authorize the release, disclosure, and divulgence to the Durham County Youth Home and/or Sheriff's Department, it's agents, and employees, of any and information, document records, writings, and other data including medical, psychiatric, disciplinary, or criminal records pertaining to me of whatever kind or nature.

I do furthermore release, quitclaim, and forever discharge any person, operation, association, or governmental agency from any and all liability claims, or cause of actions that I may have or will ever have arising out of release, disclosure, or divulgence of any information, documents, records, writings, generally possessed by any person, corporation, association, governmental agency pertaining to me.

I do further expressly request release and authorize the release and divulgence of any medical, psychiatric, educational, disciplinary, criminal records, information, or writing generally pertaining to me.

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

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