Many students volunteer at HAAM throughout the year and are able to bring wonderful, youthful enthusiasm to the organization. Here at HAAM, we want to make all of our junior volunteers’ experience a meaningful one. Whether a student is volunteering as an individual or with a group leader, it is important that you know important information regarding our program.

1. All junior volunteers and groups must schedule a time to volunteer at HAAM. For the safety of your children please do not drop off your child to volunteer without calling to schedule a time for them to volunteer or they will not be allowed to stay. Walk-in volunteers are not permitted.

2. If the volunteer is under the age of 16 they may not volunteer at the resale store without a parent or legal guardian attending with them.

3. If the volunteer is under the age of 16 they may not volunteer at the social service building without a parent or legal guardian attending with them, unless they have been assigned to a special project that will be supervised by a department manager and has been pre-approved.

4. All groups must have 1 supervising adult for every 5 junior volunteers.

5. All Junior Volunteers must complete a Junior Volunteer Packet.

Available volunteer times are as followed:
Client Services and Food Pantry: Monday - Thursday 10:00 a.m. - 2:00 p.m.
Humble Resale Store: Monday - Saturday 10:00 a.m. - 5:30 p.m.
Blackcat Junction: Monday - Saturday 10:00 a.m. - 5:30 p.m.
Special Events and Projects are scheduled depending on the event or pre-scheduled project.

*Junior Volunteers do not need to attend the weekly volunteer information session or orientation.

Please sign the Student/Youth Volunteer acknowledgement section and the Parent Consent and Use of Name and Photograph section confirming that you and your student have read and understand HAAM's Code of Conduct, Daily Activities, Client Privacy and Action and Penalties.

We hope that we can make your child’s experience at HAAM a meaningful one. If you have any questions please contact me.

Thank you for your support.
Catherine Schrof
Volunteer Coordinator
(281) 446-3663 X 120
cschrof@haamministries.org
Date: ______________________________

Student First Name: _________________________   Last Name: _____________________________  Age: _________

School currently attending: _________________________________________________ Grade Level: ______________

Organization/School/Program currently volunteering for: __________________________________________________

Address:__________________________________________________________________________________________

City/State/Zip: ____________________________________________________________________________________

Parent/Guardian Name: _____________________________________________Relationship: _____________________

Phone Number: (______)________________________ Cell Number: (___

Email address: ____________________________________________________________________________________

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Student/Youth Volunteer and Parent Acknowledgement

HAAM Student/Youth Volunteer Information Sheet - My signature below confirms that I have received a copy of the Code of Conduct, Daily Activities and Client Privacy and have read and understood them.

Confidentiality Statement - All information obtained during interviews or observed at Humble Area Assistance Ministries should not be shared with anyone outside of HAAM. There is a good chance that you will know someone - a neighbor, friend, or fellow student - that has received assistance or is currently in need of help. We ask that you respect all families’ privacy and do not share this information with anyone.

Agreement and Signature - By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

_________________________________________________  ___________________________________________________
Student/Youth Printed Name                          Student/Youth Signature

_________________________________________________  ___________________________________________________
Parent/Legal Guardian Printed Name Signature    Parent or Legal Guardian Signature

Consent to Use of Name and Photograph

I, ____________________________________________ , give my permission and accept full responsibility for my child, ____________________________________________, who is volunteering his/her services at Humble Area Assistance Ministries. I accept full responsibility for my child while he/she is volunteering at HAAM and hereby release HAAM from any liability on behalf of my child.

I recognize that on occasion, it may be in the interest of the organization to use names, portraits, photographs, or likenesses (hereinafter collectively and severally referred to as a “photograph”) in marketing brochures, annual reports, annual reviews to staff, and / or other print, digital or broadcast publications. Furthermore, I recognize the high expense publicity and advertising, and the difficulties involved in reprinting publications every time a volunteer leaves HAAM.

I ☐ do    ☐ do not (check one)

hereby consent and authorized HAAM, its advertising agents, publishers, and the like to use my name and photograph for any purpose whatsoever related to the business, actual or projected, for a reasonable period of time, and also for a period of time of not less than one year after my relationship ceases or any revocation hereof by me, and agree that any revocation hereof must be in writing.

_________________________________________________  ___________________________________________________
Student/Youth Printed Name                          Parent or Legal Guardian Signature
**CODE OF CONDUCT**

Each student/youth volunteer will act appropriately at all times. Failure to comply with the rules can result in being sent home. The following are some specific rules to follow:

- Apparel should always be comfortable, clean and neat. Clothing that depicts or refers to alcoholic beverages, drugs, nudity, or contain obscene, profane, or satanic slogans, or other messages that do not reflect HAAM’s Christian lifestyle are not permitted.
- Shirts or blouses must be modest. No low-cut, see-through, or other clothing that could be construed as being provocative.
- Shorts and skirts must also be of a length that is modest and in good taste.
- Shoes are to be worn at all times and should be chosen for the safety and appropriateness for your task.
- Jewelry and apparel that is clearly expensive is inappropriate when working with those in need.
- Students/youth volunteers will not have illegal drugs, tobacco products, or alcoholic substances at any time. HAAM requires strict adherence to a policy that prohibits the possession or use of drugs or alcohol, or the use of smoking materials on the premises.
- Absolutely no weapons, this includes pocketknives and Boy Scout knives.
- Students/youth volunteers are expected to act professionally. The use of profanity or derogatory signs will not be tolerated.
- Harassment of any kind such as racial, ethnic, religious, or sexual is strictly prohibited.
- All volunteers are expected to treat everyone with respect and courtesy.
- No inappropriate displays of affection; no sexual activities.
- Become familiar with the posted Safety Procedures. Be ready to assist in the event of any emergency or dealing with safety hazards.
- Theft of items belonging to HAAM is prohibited.
- Student/youth volunteers must follow the directions and instruction of HAAM staff or HAAM leaders adult leaders at all times.

**DAILY ACTIVITIES**

- ALL Student/youth volunteers must complete a student/youth volunteer information sheet and sign the acknowledgement sections before they are able to volunteer.
- Student/youth volunteers must check in upon arrival and check out when leaving. Leaving without notifying a HAAM staff member or HAAM leader will cause **HAAM not to be able to verify or confirm volunteer hours**.
- A HAAM staff member or HAAM Volunteer must sign off on your hours each day you volunteer.
- Volunteers are dependable. Please advise your department supervisor of any planned absences. Please call in if you are sick or unable to meet your scheduled work times. The number is 281-446-3663 ext. 120. You may leave a message.

**CLIENT PRIVACY**

- Keep all client data confined to the files. Shred any documents that are no longer needed. Do not discuss client information outside of HAAM.

**ACTION/PENALTIES**

- **Failure to Perform Duties**
  
<table>
<thead>
<tr>
<th>Offense</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Offense</td>
<td>Talk to Supervisor</td>
</tr>
<tr>
<td>Second Offense</td>
<td>Parents called</td>
</tr>
<tr>
<td>Third Offense</td>
<td>Suspended from program (may re-apply when volunteer is ready to complete assignment and abide by guidelines and rules)</td>
</tr>
</tbody>
</table>

- **Rudeness**
  
<table>
<thead>
<tr>
<th>Offense</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Offense</td>
<td>Talk to Supervisor</td>
</tr>
<tr>
<td>Second Offense</td>
<td>Parents called</td>
</tr>
<tr>
<td>Third Offense</td>
<td>Suspended from program for three (3) months</td>
</tr>
</tbody>
</table>

- **Profanity**
  
<table>
<thead>
<tr>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Six (6) month suspension</td>
</tr>
<tr>
<td>Must leave the premises</td>
</tr>
<tr>
<td>May reapply after six (6) months</td>
</tr>
</tbody>
</table>

**POSSESSION OF DRUGS, ALCOHOL OR PORNOGRAPHIC MATERIAL IS CAUSE FOR IMMEDIATE DISMISSAL AND CALL TO PARENTS.**