

PROJECT  
UNITY



for help...for hope

*Unity Partners d.b.a. Project Unity*  
*P. O. Box 2812 Bryan, Texas 77805-2812*  
*(979) 595-2900 FAX (979) 595-2901*

[www.projectunitytx.org](http://www.projectunitytx.org) [www.club365.org](http://www.club365.org)  
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# Volunteer Packet

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Funding and Support Provided by:

BB&T • BCS Regional Association of Realtors • Bed Bath & Beyond • Brazos Valley Affordable Housing Corporation  
• Brazos Valley Council of Governments • Brazos Valley Food Bank • Briaud Financial Advisors • Bryan Rotary Club •  
Bryan Texas Utilities • Bubba Moore Memorial Group • City of Bryan • City of College Station  
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• Spirit of Texas Bank • Texas Department of Family & Protective Services • United Way of the Brazos Valley •  
University Title Company • Wells Fargo Bank • Wells Fargo Trusts



Contractor Name Unity Partners dba Project Unity		Contract Number 24111249	Telephone No. (A/C) 979 595 2900
Contractor Address (Street, City, ZIP) 4001 E. 29 <sup>th</sup> Street, Ste. 114, Bryan, TX 77802		Contractor Mailing Address (Street, City & Zip) P.O. Box 2812, Bryan, TX 77805	
		County Brazos	

Section 411.114 of the Texas Government Code and agency policy require DFPS to do Criminal and DFPS History Background Checks on Contractors, and on each employee, subcontractor, or volunteer who will be involved in direct delivery services with DFPS clients under a contract and/or access to personal DFPS client information. Identifying information must be provided by Contractors to facilitate this process. Records must be maintained and rechecked every 24 months. Contractors must submit requests for subsequent checks no more than 24 months from the date of the initial request. This information will be used to check for any criminal history and the Department's records of abuse, neglect and exploitation. It may be necessary for you to obtain additional information if the person does not live in Texas or may have a criminal history in another state. You will be notified of the results of the check.

I verify (by viewing the person's social security card and/or driver's license) that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information is a cause for denial of the contract or revocation of my contract.

Signature of Contractor, Owner, Operator, or Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_

Complete the following for each person requiring a Criminal History/DFPS History Check. All names used currently or in the past by the person must be entered. Verify that the information is accurate by checking the person's social security card and driver's license. Retain a copy of this form (along with Form 2970c) for your files. **If this request is for a new employee, subcontractor, or volunteer you must submit the request to DFPS AND receive the background check results before the person has direct contact with a DFPS client or DFPS client information.**

Please contact your Contract Manager or the Centralized Background Check Unit ([pcsbc@dfps.state.tx.us](mailto:pcsbc@dfps.state.tx.us)) if you need assistance with completing this form.

First Name		Middle Name		Last Name	
All other names used (married, maiden, etc)					
First Name		Middle Name		Last Name	
Social Security Number		Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Street Address				City	
				State	
				Zip	
County				Telephone No. (A/C)	
Previous address(es) within the last 5 years:				Relationship of person to requestor	
Street address		City/State/Zip		Date Hired	
Will this person ever drive DFPS clients? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, Driver's License # and State of Issuance	
Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unable to Determine				Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native	

**Disclosure and Consent to Release of Information  
Regarding Criminal or Abuse/Neglect History  
For Applicants, Employees or  
Volunteers of DFPS Contractors and Subcontractors**

Any person who will have direct contact with a Department of Family and Protective Services (DFPS) client or access to DFPS client information must complete this form.

1. Have you ever been convicted of a felony or misdemeanor as an adult or juvenile? This includes offenses to which you pleaded guilty or no contest resulting in a deferred adjudication that has not yet been completed.  Yes  No

If yes, give details including date, location and nature of the offense and disposition for each such incident.

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor?  Yes  No

If yes, give details, including date, location, and type of charge.

3. Have you been or are you currently being investigated for allegedly abusing, neglecting, or exploiting a child, an elderly person, or a person with disabilities?  Yes  No

If yes, give details, including the state and county in which each such investigation occurred.

**I declare that the information provided on this statement is true and correct. I understand that any misrepresentation or omission of the information requested may result in my being barred from providing direct services or accessing DFPS client records under a contract with DFPS.**

**I also agree to inform the contractor, who will in turn notify the DFPS contract manager, if I am named in complaints, indictments, or convictions of offenses as described in items 1 & 2, or if I am investigated for allegations as described in item 3 of this form.**

**I grant permission to this contractor to request a DFPS Abuse/Neglect check, a Texas Department of Public Safety criminal history check, and (if applicable) a Federal Bureau of Investigation criminal history check using my identifying information.**

**I consent to DFPS' disclosure of any and all information, including confidential information, obtained from the above-referenced sources to the contractor listed below in order to facilitate my employment, subcontracting, or volunteer service with such contractor.**

Printed Name of Person Completing Form

Signature of Person Completing Form

Date Signed

Unity Partners dba Project Unity  
Contractor's Name

24111249  
Contract #

# Unity Partners dba PROJECT UNITY - Volunteer Application

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Male  Female Birth date \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact (name and phone) \_\_\_\_\_

Do you have any physical limitations that prevent you from performing any activities?  
 Yes  No If yes, please explain:

**References** (two people, related or not, whom you have known for at least one year):

Name \_\_\_\_\_ Address \_\_\_\_\_ Contact Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Contact Number \_\_\_\_\_

**Have you ever been convicted of or arrested for a felony or misdemeanor offense?**  
 Yes  No If yes, please provide date, place, nature of conviction and disposition.

**Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor, including deferred adjudication?**  
 Yes  No If yes, please give details including the type of charge.

**Have you ever been OR are you currently being investigated for allegedly abusing, neglecting, or exploiting children, the elderly, or the disabled?**  
 Yes  No If yes, complete separate criminal history check form.

*I certify that all answers on this application and any attachments are true and complete. I agree to inform Project Unity if I am named in complaints or indictments or convictions of offenses or if I am ever investigated for offenses as described on this form. I hereby authorize you to investigate all statements in this application, including a criminal history check.*

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Unity Partners Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

## Confidentiality Statement

It is necessary to maintain strict confidentiality at all times. It is our duty to respect the privacy of the families we serve and to hold in confidence all information pertaining to these families, unless required by law. Breach of confidentiality is a serious matter. Legal action may be taken if information about a family is disclosed and the client is able to document any damaging effects. All staff and volunteer personnel are required to adhere to the following guidelines:

- Do not talk about any of the families by name or reveal other identifying information to anyone except Project Unity staff and volunteers. Verbal or written information to be shared with other consenting professionals (attorneys, therapists, etc.) requires a written release of information.
- It is mandatory by law to report any allegations or suspicions of child abuse to the proper authorities.

Maintaining confidentiality of families receiving services from Unity Partners dba Project Unity is vital to the successful relationship between the families and program staff.

**As a volunteer of Unity Partners, I agree to uphold the confidentiality of information on families that I might be filing, updating, etc. I understand that if I violate confidentiality procedures I will be asked to relinquish my position as a volunteer.**

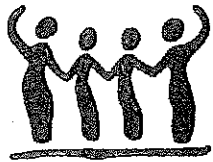
Volunteer Signature:

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

Unity Partners Staff:

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

# PROJECT UNITY



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**Volunteer Position**

M - F

2 - 10 hours weekly

## **VOLUNTEER POSITION DESCRIPTION: Office Assistant**

**TITLE:** Office Assistant

**REPORTS TO:** Programs Assistant/Volunteer Coordinator

**JOB SUMMARY:** Provides administrative support and coordinates a variety of activities to accomplish the goals of Unity Partners dba Project Unity; ensures the completion of a variety of duties to specific to the Texas Families Together and Safe Program – Parenting Wisely. Provides clerical support to Family Support Facilitators and other staff engaged in Parenting Wisely activities.

### **JOB RESPONSILITIES:**

Provides front line response to telephone calls, conducts initial screening, makes appropriate referrals, enters phone calls and drop-in visits into web-based client data tracking system. Follows up on recommended action.

Is responsible for tracking donated goods. Enters items into inventory and assigns value. Upon distribution to client, reviews receipt of goods for accuracy and completeness, and records each ROG.

Provides comprehensive office support (filing, making copies, entering data into spreadsheets, typing, word-processing, shredding documents, etc.). Ensures availability of appropriate supplies and tools required to effectively operate program offices and facilities. Attends and takes minutes of TFTS staff meetings and trainings.

Assists with collaborative and outreach events and activities (sign-in sheets, set up for event, documentation of activity and event clean up).

### **EXPERIENCE AND QUALIFICATIONS:**

High school diploma or GED; bilingual a plus

Must possess excellent, demonstrable written and verbal communication skills

Must be proficient in computer skills with a working knowledge in WordPerfect, Excel and Microsoft Word

Must have experience working with a diverse group of people from all walks of life

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<b>Volunteer Position</b> Saturday 1 – 8 hours weekly or monthly
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## **VOLUNTEER POSITION DESCRIPTION: Safe Harbour Volunteer Monitor**

**TITLE:** Safe Harbour Volunteer Monitor

**REPORTS TO:** Safe Harbour Coordinator

**JOB SUMMARY:** Provides supervision to ensure a safe, neutral site for children to visit the noncustodial party. Provides support to Safe Harbour Coordinator to accomplish the goals and operation of Safe Harbour Shared Parenting and Supervised Visitation Program.

### **JOB RESPONSIBILITIES:**

Supervision entails the following:

- Help Coordinator check the rooms so that they are conducive to the visitations.
- Assist signing in the Visiting Party at their respective arrival times, noting departure times, or walk children to their Visiting Party.
- Listens, observes, and records interaction between visiting party and child.
- Does not engage the child or parent in conversation or activity but rather redirects towards the visit.
- At the end of each visit, complete the observation report, documenting the interactions and events that took place. State observable facts, not personal opinions, diagnostic or judgmental concepts as these reports are available to the court upon request and must be legally acceptable documents. In which the Coordinator may be able to provide these reports to the court upon request.
- Assist Coordinator and co-monitors as needed.

Performs other duties as assigned.

### **EXPERIENCE AND QUALIFICATIONS:**

Must be at least 18 years of age; bilingual a plus.

Must possess excellent, demonstrable written and verbal communication skills.

Must have experience working with a diverse group of people from all walks of life.

Must possess a positive attitude.