



Triangle Family Services

Welcome to Triangle Family Services

Who we are and what we do:

The origin of Triangle Family Services dates back to 1917 when the Raleigh Travelers Aid Society was established. The Society fulfilled a critical need in the community during World War I by helping to accommodate mass movements of people and to solve many of the problems resulting from those moves.

In 1937, the agency, which eventually would become Family Services, was formed as the result of recommendations by a Citizen Study Committee established to assess the expanding needs of the community. The original name was Family Service Society. The new agency provided casework services to residents of Raleigh and to stranded, transient, or migratory individuals or families passing through Raleigh. The agency also administered a Free Lunch program for children whose parents were unable to pay for school lunches.

Since its inception, the underlying belief of the agency has been that the family is the most important unit of society and its well-being must be preserved. Since 1989, the agency has been known as Family Services Center. In late 1996, its name was officially changed to Triangle Family Services. The new name reflects the breadth of its services with branch offices in southeast Raleigh, Cary, and Chapel Hill. In the 70-year history, Family Services has been alert to new and changing needs within the community and has responded by developing resources to help strengthen families and their members.

Our agency provides the following services: Consumer Credit Counseling Services, Emergency Housing Assistance, Family Violence Intervention Service, Supervised Visitation and Exchange Center, to name a few. Each of these departments offers an array of services to thousands of individuals and families in need of assistance without discrimination of race, color, disability, age, religion, sex, marital status, sexual orientation or national origin.

Triangle Family Services and the many people we serve can benefit from your time and experience while volunteering at our agency. Training will be provided. In 2013 alone, more than 4,000 families received direct assistance from our Consumer Credit Counseling Service Program. We also helped over 350 people through our Family Violence Intervention Services and we assisted in over 1000 Supervised Visitations at our sites. There are plenty of more people in need of the assistance our agency provides and you can be a part of it.

By volunteering at Triangle Family Services you will be partnering with us and together we'll be able to reach out and help hundreds of more people in need. You will gain more experience as you meet new people and your time and effort will be appreciated and valued. Most of all, you will make a difference in someone else's life.



Triangle Family Services

TRIANGLE FAMILY SERVICES
3937 Western Blvd.
Raleigh, NC 27606
VOLUNTEER APPLICATION

NAME: _____ DATE: _____

BIRTHDAY (MONTH/DAY/YEAR (*OPTIONAL*)) _____

ADDRESS: _____

PHONE #: _____ CELLULAR #: _____

EMAIL: _____

EMERGENCY CONTACT: _____

DO YOU SPEAK ANOTHER LANGUAGE? YES _____ NO _____

IF YES, IN WHICH LANGUAGE(S) ARE YOU FLUENT?

EDUCATIONAL BACKGROUND:

HIGH SCHOOL OR GED: YES _____ NO _____

NAME OF COLLEGE ATTENDED: _____

DEGREE RECEIVED: _____

ARE YOU PRESENTLY EMPLOYED? YES _____ NO _____
RETIRED _____



TIMES AVAILABLE TO VOLUNTEER:

MONDAY _____ TUESDAY _____

WEDNESDAY _____ THURSDAY _____

FRIDAY _____ SATURDAY _____

SUNDAY _____

HOW DID YOU HEAR ABOUT TFS? _____

HAVE YOU VOLUNTEERED BEFORE? PLEASE TELL US WHERE AND FOR HOW LONG: _____

PLEASE LIST ANY SPECIAL SKILLS, TALENTS, HOBBIES OR AREAS OF EXPERTISE YOU HAVE

PLEASE LIST ANY RELATED EXPERIENCES OR EDUCATION NOT LISTED ABOVE



PLEASE EXPLAIN BRIEFLY YOUR REASONS FOR WANTING TO VOLUNTEER WITH TRIANGLE FAMILY SERVICES AT THIS TIME:

PLEASE DESCRIBE YOUR INTERESTS / HOBBIES.

PLEASE LIST **3 REFERENCES** BELOW, INCLUDING ONE PROFESSIONAL REFERENCE. WE PREFER THAT YOUR PROFESSIONAL REFERENCE BE SOMEONE WHO HAS SUPERVISED YOU IN SOME CAPACITY.

1) _____

NAME	RELATION TO YOU
_____	_____
ADDRESS	DAYTIME PHONE NUMBER
_____	_____

2) _____

NAME	RELATION TO YOU
_____	_____
ADDRESS	DAYTIME PHONE NUMBER
_____	_____

3) _____

NAME	RELATION TO YOU
_____	_____
ADDRESS	DAYTIME PHONE NUMBER
_____	_____

**Thank you for taking the time to fill this application.
Our Volunteer Coordinator will contact you for an interview soon.**



Triangle Family Services

Pledge of Confidentiality

All services provided by Triangle Family Services, Inc. are provided on a confidential basis. All staff, volunteers, board members, and third party reviewers are required to protect the confidentiality of all clients/donors of Triangle Family Services. Thus, any person entering Triangle Family Services or having access to client/donor records is required to maintain the confidentiality of all clients/donors. This means that any information about clients/donors, including the fact that they were seen at Triangle Family Services or were a donor may not be discussed with any unauthorized person. Any person granted access to client/donor information is allowed to access only information required to complete the authorized task. Furthermore, it is strictly prohibited to access any record for any purpose other than service provision, quality improvement/audit or filing. Any violation of this pledge may result in disciplinary action and civil penalties.

I have read the above statement regarding confidentiality and pledge that I will not discuss the identity of, or information regarding any clients/donors of Triangle Family Services with unauthorized persons within the agency or anyone outside of Triangle Family Services without the informed, written consent of the client/donor. I understand that I can discuss client/donor information with authorized personnel within Triangle Family Services only to the extent necessary to carry out my job responsibilities or those of the person requesting information. Case consultations between Triangle Family Services programs require a signed Consent for Release of Information. I understand that improper release or disclosure of confidential information may result in civil penalties and disciplinary action.

I further pledge to maintain the confidentiality of clients/donors as specified above upon the termination of my association with Triangle Family Services.

Name (print)

Date

Signature

Volunteer

Title

Name of Facility

Signature of Authorizing Person

Date