

VOLUNTEER APPLICATION

Revised December 2016

Date Received _____ Tour Appointment _____

Shadowing/Program _____

Placement /Program _____ Exit Date _____

Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____

Occupation _____

Name of current employer _____

If student, name of school currently attending _____

If you are a student, will you receive academic credit for your work at Abilities United?

Yes No

Have you ever worked with or had contact with children and/or adults with disabilities?

Yes No

If yes, please briefly describe:



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How did you hear about Abilities United? Why are you interested in a volunteer position?

CHECK your area of interest:

- Adult Day Program
- Children's Program
- After School Socialization Program
- Marketing
- Fund development
- Human Resources
- Computer assistance
- General Administrative Duties

Is there any further information you wish to provide about your choice? _____

Are you over 18 years of age? Yes No

Are you fluent in other languages, including sign language? Yes No If so, please list:

Have you ever been convicted of a crime other than a minor traffic violation?

Yes No

If yes, please provide details below. A previous conviction may not exclude you from being considered as a volunteer. However any convictions not listed that are discovered in the process of verifying this application will be considered to be adequate reason for not offering an assignment.



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If your volunteer assignment involves working with participants, you may be required to submit a set of fingerprints for criminal record clearance. This will be paid by Abilities United. Is there any reason to believe that you would NOT pass any such test?

Yes No

Explain: _____

Please provide us with the names of two references - individuals who have knowledge of your education, work, or volunteer related experience, that we have your permission to contact.

Name

Email address

Phone number

PLEASE READ CAREFULLY, SIGN AND DATE:

I understand that any misrepresentation or deliberate omission of a material fact may be justification for termination or refusal of assignment. I authorize the employers, schools, or persons named above to give additional information as to my qualifications and character. I understand that any information obtained by Abilities United in the course of those contacts will be treated in the strictest confidence.

I have read and understood the above information and verify that this application is complete and correct.

Signature

Date



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EMERGENCY INFORMATION

Your name _____

Your phone number: _____

In Case of Emergency, please notify the following:

1.) Name: _____ Relationship: _____

Address: _____

Phone: H: _____ C: _____

2.) Name: _____ Relationship: _____

Address: _____

Phone: H: _____ C: _____

Signature: _____ Date: _____



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CONFIDENTIALITY AGREEMENT

As a volunteer of Abilities United, I realize that I may have access to confidential information. I understand that violation of confidential information is grounds for disciplinary action, which may include immediate termination of my volunteer status.

I have read and understand the above.

Signature: _____ Date: _____

Retain this form in the volunteer's file



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NOTICE TO ALL VOLUNTEERS WHO WORK WITH PROGRAM PARTICIPANTS REGARDING INFECTIOUS DISEASES

Due to the nature of the work with clients at Abilities United, as a volunteer you need to be aware of the communicable diseases to which you may be exposed.

These include, but are not limited to, common communicable diseases such as measles, chicken pox and head lice. It also includes other unusual medical conditions such as congenital cytomegalovirus (CMV), HIV, and hepatitis.

Volunteers who are pregnant and work with infants or young children may wish to have a blood test to determine whether you are immune to CMV infection. Refer to Abilities United Emergency Preparedness Manual, Section VI – Contagious Diseases if this is a concern.

Although Abilities United will not cover the costs of prevention measures such as vaccination, we do strongly advise you to consult your physician's recommendations for appropriate medical treatment.

Abilities United strives to keep staff, clients and volunteers well informed so that unnecessary risks are not posed. Please contact Human Resources for further information on these issues.

I have reviewed and received a copy of this notice.

Signature

Date

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INFORMATION ON OUR HARASSMENT POLICY

For the purposes of this policy, all areas that reference “employees” also apply to volunteers.

Abilities United is committed to providing a workplace free of sexual harassment including harassment based on gender, pregnancy, childbirth or related medical conditions, as well as harassment based on such factors as race, religion, national origin, ancestry, age, physical disability, mental disability, medical condition, marital status, sexual orientation, sexual identity, family care leave status or veteran status.

Employees and Non-Employees: Abilities United prohibits harassment of employees and volunteers by managers, supervisors, and co-workers. Similarly, all employees are prohibited from harassing any non-employees. Abilities United will also attempt to protect volunteers and employees from harassment by non-employees in the workplace.

Examples of Harassment: Harassment includes verbal, written, physical, or visual conduct that creates an intimidating, offensive, or hostile working environment or that interferes with work performance. Harassing conduct may take many forms such as slurs, jokes, statements, letters, notes, gestures, pictures, or cartoons regarding an employee's sex, race, color, religion, national origin, ancestry, age, physical disability, mental disability, medical condition, marital status, sexual orientation, sexual identity, and family care leave status, or veteran status.

Sexual harassment includes all these sorts of conduct and unwanted sexual advances. Examples of sexual harassment include:

- requests for sexual favors;
- conversations containing offensive sexual comments;
- offering employment benefits in exchange for sexual favors;
- making or threatening reprisals in response to refusals to give sexual favors;
- leering, sexual gestures, displaying sexually suggestive objects or pictures;
- comments, epithets, slurs, and jokes of a sexual nature or about an individual's body; and
- touching, assaulting, impeding, or blocking another individual.

Reporting: Any incident of harassment should be reported promptly to your supervisor, to any other manager, or to *Human Resources*. You are not required to complain to your supervisor if that supervisor is the one harassing you or if you are uncomfortable doing so.

Investigation and Retaliation: Every reported complaint of harassment will be investigated thoroughly, promptly, and with as much confidentiality as possible. Also, Abilities United

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prohibits retaliation against any employee for cooperating in an investigation or for making a complaint.

Discipline: If an employee harasses another person, the harassing employee will be disciplined. Disciplinary action may range from warnings to immediate termination, depending on the circumstances. If a non-employee harasses an employee, corrective action will be taken after the appropriate management personnel are consulted.

Sexual Harassment and Retaliation are Illegal: Sexual harassment and retaliation for opposing sexual harassment or for participating in investigations of sexual harassment are illegal. This is also true for the other types of harassment prohibited by this policy.

Abilities United's policy against workplace harassment goes beyond the legal definition and encompasses other types of behaviors which create a hostile work environment.

Bullying / Workplace Harassment

Abilities United defines workplace bullying as "repeated inappropriate behavior, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment. **Such behavior violates Abilities United Promise which clearly states that all employees will be treated with dignity and respect.**

Anyone in the workplace might commit this type of harassment – a manager, co-worker, or non-employee, such as a contractor, volunteer, vendor or guest. As with unlawful harassment, the victim can be anyone affected by the conduct, not just the individual at whom the offensive conduct is directed. Employees found in violation of this policy will be disciplined, up to and including termination.

Bullying behavior may be intentional or unintentional. However, it must be noted that where an allegation of bullying/workplace harassment is made, the intention of the alleged harasser is irrelevant, and will not be given consideration when meting out discipline. As in sexual harassment, it is the effect of the behavior upon the individual which is important. Abilities United considers the following types of behavior examples of bullying harassment:

Verbal Bullying: slandering, ridiculing or maligning a person or his/her family; persistent name calling which is hurtful, insulting or humiliating; using a person as butt of jokes; abusive and offensive remarks.

Physical Bullying: pushing; shoving; kicking; poking; tripping; assault, or threat of physical assault; damage to a person's work area or property

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Gesture Bullying: non-verbal threatening gestures, glances which can convey threatening messages

Exclusion: socially or physically excluding or disregarding a person in work-related activities

In addition, the following examples may constitute or contribute to evidence of bullying behavior in the workplace:

- Persistent singling out of one person
- Shouting, raising voice at an individual in public and/or in private
- Using verbal or obscene gestures
- Not allowing the person to speak or express him/herself (i.e., ignoring or interrupting).
- Personal insults and use of offensive nicknames
- Public humiliation in any form
- Constant criticism on matters unrelated or minimally related to the person's job performance or description
- Ignoring/interrupting an individual at meetings
- Public reprimands
- Repeatedly accusing someone of errors which cannot be documented
- Deliberately interfering with mail and other communications
- Spreading rumors and gossip regarding individuals
- Encouraging others to disregard a supervisor's instructions
- Manipulating the ability of someone to do their work (withholding information, setting meaningless tasks, setting deadlines that cannot be met)
- Taking credit for another person's ideas
- Deliberately excluding an individual or isolating them from work-related activities (meetings, etc.)
- Unwanted physical contact, physical abuse or threats of abuse to an individual or an individual's property (defacing or marking up property)

Complaint Procedure:

If an employee feels that they are a victim of harassing behavior, whenever possible they should confront the harasser and ask him/her to stop. If that does not work or if the employee is unable to confront the harasser for any reason, the employee should provide a written or oral complaint to their supervisor or to any other Agency supervisor, Human Resources, or the Executive Director, as soon as possible after the incident. Include all details on the incident(s), names of individuals involved, and the names of any witnesses. The supervisor will refer all harassment complaints to the Human Resources Department.

The Human Resources Department will take the following steps:

- Fully inform the employee of his/her right to bring such conduct to the attention of

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appropriate management.

- Immediately conduct a thorough, objective and complete investigation of the alleged harassment.
- Take prompt and effective remedial action if harassment has occurred that is commensurate with the severity of the misconduct, and
- Advise the victim of the harassment of findings and outcome of the investigation.

If the Agency determines that a violation of Abilities United's harassment policy has occurred, it will take effective remedial action in accordance with the circumstances. Any employee the Agency determined to be responsible for harassment will be subject to appropriate disciplinary action, up to and including termination.

The Agency will not retaliate against you for filing a complaint and will not tolerate or permit retaliation by management, employees, or co-workers.

Alleged violations of this policy against executive management of Abilities United should be brought to the attention of the Human Resources Committee of the Board of Directors.



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VOLUNTEER ACKNOWLEDGEMENT

This form acknowledges that I have received a copy of the No Harassment Policy and that I will comply with its regulations.

PRINT FULL NAME: _____

SIGNATURE: _____

DATE: _____

Retain this form in the volunteer's file



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VOLUNTEER RIGHTS

All Abilities United employees and volunteers have the right to:

- A clearly defined job description and performance expectations
- Supervision and support which enables them to succeed in their efforts
- A safe, clean working environment
- A harassment free workplace
- Confidentiality
- Agency compliance with all State and Federal regulatory standards and laws.

I have read and understand my rights as outlined as above.

Signature: _____ Date: _____

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VOLUNTEER REQUIREMENT TO REPORT SUSPECTED CHILD ABUSE

I, _____ acknowledge that I have received a copy of Section 11166 of the Penal Code and have fully read and familiarized myself with the provisions of this section.

1.) Section 11166 of the Penal Code requires any child care custodian, medical practitioner, non-medical practitioner, or employee of a child protective agency who has knowledge or observes a child in his or her own professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately, or as soon as practically possible by telephone and to prepare to send a written report thereof within 36 hours of receiving the information concerning the incident.

“Child Care Custodian” includes, teachers, licensed day care worker’s, administrators of community care facilities licensed to care for children, foster parents, and group home personnel.

As a volunteer of this facility Abilities United, your volunteer position falls within the definition of “child care custodian”. Therefore, you are mandated to comply with the child abuse reporting requirements as stated above.

As a volunteer of Abilities United, I, _____ have read and shall comply with the requirements of PC 11166 as outlined above, and will comply with those provisions.

Signature: _____ Date: _____

Retain this form in volunteer’s file

