



Welcome to C4SN! We are delighted that you are interested in this volunteer opportunity and want to help to support our very special community. In order to get started, please complete the following:

- VOLUNTEER APPLICATION
- VOLUNTEER SERVICE AGREEMENT
- VOLUNTEER CONFIDENTIALITY POLICY/AGREEMENT
- DEPENDENT ADULT AND CHILD ABUSE GUIDELINES/POLICY
- VOLUNTEER ORIENTATION
- PROVIDE DOCUMENTATION OF A TB TEST CURRENT WITHIN THE LAST 4 YEARS
- PROOF OF DRIVERS' LICENSE AND CAR INSURANCE INCLUDING LIABILITY
- VOLUNTEER WAIVER AND RELEASE
- PARENT CONSENT/AUTHORIZATION FOR TREATMENT OF MINOR

Please contact us at the number below when you are ready to learn more or get started:

Gina Peters

Phone: 805.379.1681 Fax: 805.379.1682

www.center4specialneeds.org

gina@center4specialneeds.org



Proof of Drivers' License and Car insurance including Liability

Name

Drivers License #

Automobile Insurance Carrier and policy Number

I have carefully and in consideration for being permitted by Center4SpecialNeeds (C4SN) to participate in this volunteer assignment/activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of driving to or from an assignment/activity. It is understood that this volunteer assignment/activity could involve an element of risk and danger of accidents, and knowing these risks, I hereby assume those risks. This release is intended to discharge in advance Center4SpecialNeeds, its directors, officers, employees, representatives and agents from any and all liability arising out of or connected in any way with the participation in the volunteer assignment/activity, even though that liability may arise out of negligence or carelessness on the part of C4SN, its directors, officers, employees, representatives and agents. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold Center4SpecialNeeds, its directors, officers, employees, representatives and agents free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain, or cause, while participating in the volunteer assignment/activity.

Volunteer

Date:

Signature: _____

Print name: _____

If you are under 18 years of age, your parent must also read and sign below.

Parent

Date:

Signature: _____

Print

Parents

name: _____

Volunteer

Minors

Name: _____



For Office Use Only	
Orientation Date:	- - -
T.B. Test:	<input type="checkbox"/> Data Entry: <input type="checkbox"/>

VOLUNTEER APPLICATION

NAME: _____ TODAY'S DATE: _____
(Please print clearly)

ADDRESS: _____
City Zip

PHONE: _____
 HOME: () WORK: () CELL: ()

EMAIL: _____ DATE OF BIRTH: / /

CA DRIVERS LICENSE/I.D. #: _____ SOCIAL SECURITY #: _____

HOW DID YOU LEARN ABOUT C4SN?
 INTERNET FRIEND
 SCHOOL/ORGANIZATION OTHER:
(Please explain)

EMERGENCY CONTACT: _____ PHONE ()

CONTACT RELATIONSHIP: _____ CELL: ()

PLEASE CHECK ALL YOUR AREAS OF INTEREST:

DIRECT SERVICES: *Working with developmentally disabled individuals*

Children & Youth Programs Teen and Adult Programs

INDIRECT SERVICES:

Office/Clerical Fundraising Event Planning Develop written materials
 Fundraising Website development and content Photography
 One time special events

WHEN WOULD YOU LIKE TO VOLUNTEER?: *(i.e.how often, days of the week, time of day)*

SPECIAL SKILLS YOU CAN SHARE: *(piano, crafts, sports, hobbies, design, etc.)*

Administrative skills: *(computer skills? Programs familiar with?)*



Volunteer Application continued

Name: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO *IF YES, PLEASE EXPLAIN:*

DO YOU HAVE ANY DISABILITIES OR LIMITATIONS WHICH WOULD REQUIRE ACCOMODATIONS FOR THE POSITION OF INTEREST TO YOU? YES NO *IF YES, PLEASE EXPLAIN:*

PLEASE EXPLAIN HOW YOU BECAME INTERESTED IN VOLUNTEERING AT CENTER4SPECIALNEEDS (C4SN):

PLEASE DESCRIBE WHAT YOU ARE LOOKING TO GET OUT OF THIS EXPERIENCE:



VOLUNTEER WAIVER AND RELEASE

I have carefully and in consideration for being permitted by Center4SpecialNeeds (C4SN) to participate in this volunteer assignment/activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the assignment/activity. It is understood that this volunteer assignment/activity could involve an element of risk and danger of accidents, and knowing these risks, I hereby assume those risks. This release is intended to discharge in advance Center4SpecialNeeds, its directors, officers, employees, representatives and agents from any and all liability arising out of or connected in any way with the participation in the volunteer assignment/activity, even though that liability may arise out of negligence or carelessness on the part of C4SN, its directors, officers, employees, representatives and agents. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold Center4SpecialNeeds, its directors, officers, employees, representatives and agents free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain, or cause, while participating in the volunteer assignment/activity.

I certify that all statements on the Volunteer Application are true and correct to the best of my knowledge. I understand that the information I provide may be verified and I give to C4SN to make inquiry of others concerning my suitability to act as a volunteer. I also understand that a criminal background check may be accomplished if that action is deemed necessary. I understand that any false statements will disqualify me from C4SN's volunteer program.

I grant C4SN to use my likeness, voice, and words in television, radio, film, website, or any form to promote activities of C4SN.

I have carefully read this agreement, waiver and release and fully understand its content. I am aware that this is a release of liability and a contract between myself, C4SN, its directors, officers, employees, representatives and agents and I sign of my own free will.

Volunteer **Date:**
Signature: _____

Print name: _____

If you are under 18 years of age, your parent must also read and sign below.

Parent **Date:**
Signature: _____

Print
Parents
name: _____

Volunteer
Minors
Name: _____



PARENT CONSENT/AUTHORIZATION FOR TREATMENT OF MINOR
PARENTAL CONSENT IS REQUIRED IF VOLUNTEER IS UNDER 18
YEARS OF AGE.

I hereby consent for my minor child to be a volunteer with Center4SpecialNeeds. I agree to/consent to the above Volunteer agreement, waiver and release, relative to my above named minor child. I also authorize C4SN and its agents, employees or representatives, into whose care the youth volunteer has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital supervision under the general supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or dentist licensed under the provisions under the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. I understand and agree that I am financially responsible for any care so procured.

PARENT *DATE:*
SIGNATURE: _____
PRINT
PARENTS
NAME: _____

PARENT *ALTERNATE*
PHONE # _____ *PHONE #* _____
VOLUNTEER
MINORS
NAME: _____



VOLUNTEER SERVICE AGREEMENT

As a volunteer for Center4SpecialNeeds (C4SN), I agree to comply with the following procedures put forth by Center4SpecialNeeds (C4SN). I understand and agree to the following:

- ◆ I agree to adhere to the volunteer confidentiality Policy/Agreement and the Dependent Adult & Child Guidelines/Policy.
- ◆ I understand that, once accepted, C4SN relies on me to fulfill my commitment. I agree to call the Volunteer Coordinator or my designated supervisor if I am unable to be present for my placement.
- ◆ I also understand that acceptance into the C4SN volunteer program does not guarantee me an ongoing placement and that it is within C4SN’s discretion to continue or terminate my agreement.
- ◆ I agree that my services are donated to C4SN without contemplation of compensation or future employment. I also understand that I will not be entitled to unemployment benefits upon termination of the agreement.
- ◆ I understand that as a C4SN volunteer I will have the opportunity to evaluate my placement and C4SN’s volunteer program. I also understand that, as a volunteer, I may also be evaluated.
- ◆ I understand that I must adhere to C4SN’s policies including: volunteer guidelines & expectations, drug-free work place & non-smoking policy, safety guidelines including participation in safety drills.
- ◆ I understand and agree as a C4SN volunteer to adhere to the Clients Rights and Denial of Rights protocol which states that an adult (age 18 and over) with developmental disabilities is considered to have the same right and responsibilities as any other adult unless specific rights have been withdrawn by legal proceeding. Furthermore, I agree to treat all C4SN participants with dignity and respect.
- ◆ I understand that if I am hurt or injured while volunteering at C4SN, I will notify my immediate supervisor and complete a volunteer incident report.

My signature below verifies that I have read and agree with the content of this volunteer agreement and that I have received a copy for my records. My signature also certifies all information which I have given to Center4SpecialNeeds to be true and accurate to the best of my knowledge. I herein give permission to Center4SpecialNeeds to verify any information which it deems necessary to determine my qualifications for volunteering.

VOLUNTEER ***DATE:***
SIGNATURE: _____

PRINT NAME: _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOUR PARENT MUST ALSO READ AND SIGN BELOW.

PARENTS ***DATE:***
SIGNATURE: _____

PRINT _____

PARENTS

NAME: _____

PRINT _____

VOLUNTEERS

MINORS

NAME: _____



VOLUNTEER CONFIDENTIALITY POLICY/AGREEMENT

Center4SpecialNeeds (C4SN) strives to have an innovative and strong volunteer program. With the achievement of this goal in mind, C4SN has developed a strict confidentiality policy, which all volunteers must adhere to. The Volunteer Confidentiality Policy/Agreement is as follows:

- ◆ I understand that the Volunteer Opportunities at C4SN require that as a volunteer, I may often interact with clients, families, vendors, employees and others. I understand that during these interactions, I may be exposed to information, personal or otherwise about these parties.
- ◆ As a volunteer, I understand that the success of this program is based on the trust and respect developed between myself and those I work with.
- ◆ I understand that it is my responsibility as a volunteer to respect the privacy of the clients, families, vendors, employees and others.
- ◆ To ensure confidentiality, I understand that any information about a particular client can only be disclosed to my supervisor or other designated personnel of C4SN.
- ◆ I agree that, should any issues arise that are beyond my volunteer job scope or training, it is my responsibility to share such information with my supervisor or designated C4SN personnel.
- ◆ I understand that my failure to comply with the C4SN confidentiality policy will be considered grounds for immediate termination.
- ◆ I understand and agree that upon the completion or termination of my volunteer service with C4SN, I will maintain all information about the aforementioned parties in the strictest of confidence.
- ◆ I recognize and understand that any unauthorized release of confidential information is a misdemeanor and is punishable by law.

My signature below, verifies that I have read, understand and agree to the terms and conditions stated above.

VOLUNTEER ***DATE:***
SIGNATURE: _____

PRINT
VOLUNTEERS
NAME: _____

If you are under 18 years of age, your parent must also read and sign below.

Parent ***Date:***
Signature: _____

Print
Parents
name: _____



DEPENDENT ADULT AND CHILD ABUSE GUIDELINES/POLICY

Center4SpecialNeeds recognizes that its children, adults and seniors are vulnerable to abuse and therefore has developed guidelines for you as a volunteer to utilize during your interaction with clients and families, and a strict mandated reporting policy.

Any situation in which volunteers and clients interact may give rise to issues concerning abuse. Both our clients and our volunteers are at risk, and we must protect our clients and their families from abuse and our volunteers from allegations of abuse. This is going to take some thought and reflection on your part. It is not something we like to think about, however it is essential that we do.

Abuse can and does occur everywhere. Employees and volunteers are not immune to suspicion if they conduct themselves in ways that could be interpreted as inappropriate with clients. Your responsibility is to provide a caring environment for those you serve as a volunteer and, at the same time, avoid situations which are, or may appear to be, compromising.

Definition of Abuse:

“Physical abuse” refers to any physical motion or action (e.g. hitting, slapping, punching, kicking, pinching) by which bodily harm or trauma may occur. It includes use of corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate behavior for purpose of punishment.

“Verbal abuse” refers to any use of oral, written or gestured language by which abuse occurs. This includes pejorative and derogatory terms to describe persons with disabilities.

“Psychological abuse” includes, but is not limited to, humiliation, harassment and threats of punishment or deprivation, sexual coercion, intimidation, whereby individuals suffer psychological harm or trauma.

The following guidelines are for your protection:

- ◆ Report to work only when you are assigned to volunteer, or have received authorization from your direct supervisor or the Volunteer Coordinator.
- ◆ Always record your full time (time of arrival AND time of departure).
- ◆ Always consider your actions within the frame-work of the client’s age and sex, and the circumstances.
- ◆ Physical contact with clients should be approached cautiously. Touching a client on the hair or shoulders is not likely to be mistaken as inappropriate behavior, however assisting a client with bathing, changing clothes, or with toilet needs could be misinterpreted, unless it is part of the job description.
- ◆ Visiting clients on your own time is discouraged. However, if there is a need for additional visits, other than what has been assigned , notification must be given to/and approved by the Volunteer Coordinator prior to your visit.

Our families need you. Your care and concern for them is exactly why we do not want you to place yourself in a compromising situation. We do not want to stifle the enjoyment or satisfaction you receive from volunteering, but want to help you to continue to enjoy helping others. If you have any concerns or questions, now or in the future, please contact your supervisor or the Volunteer Coordinator. As a volunteer for Center4SpecialNeeds you are required to report any knowledge or suspicions of any abuse to your supervisor immediately. The supervisor will then take the appropriate action as required by the law. I have read the above Dependent Adult and Child Abuse Guidelines/Policy and understand my responsibility for both my behavior when interacting with clients, and my obligation to report any knowledge or suspicion of abuse. My signature below verifies that I fully understand and will adhere to the California State law and the Center4SpecialNeeds policy.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

If you are under 18 years of age, your parent must also read and sign below.

Signature: _____ **Date:** _____

Print name: _____

