grandma's house

Children's Advocacy Center

"A Safe Place for Hope and Healing"

www.grandmashousecac.com

Personal Information

Contact Info

Name _____ Date _____

Maiden Name/Alias _____

Birthdate _____ SS# _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

How did you learn about Grandma's House?

☐ Presentation/Event ☐ Newspaper/Media ☐ Friend/Intern

☐ Other (please describe): _____

The Volunteer Experience

Why would you like to be a volunteer at Grandma's House?

_____

_____

What volunteer opportunity at Grandma's House interests you the most?

Fundraising Events
Office work
Donations Support

Advocacy Support
Cleaning Crew/ Outside Maintenance
Other: _____

Regarding your volunteer experience (check top three)

Ability to use personal gifts/talents
Opportunity to spend time with the residents
Active and hands-on (versus low-key)
Ability to think creatively
Being involved in community work
Flexible hours
Opportunity to connect with others
Level of independence/autonomy
Life experience
Other: _____

Employment

Employment Status: (Please Circle)

Full-Time Part-Time Not Employed Retired

Current Employer Name	
Address	
City, State, Zip code	
Phone Number	
Job Title	
Supervisor	
Length of Employment	

Education

High School:		Diploma Received? Y N	Date Received:
Community or Junior College		Degree Completed? Y N	Date Received:
College or University		Degree Completed? Y N	Date Received:
Post-graduate Education		Degree Completed? Y N	Date Received:

References

Please list two character references that we could contact regarding your desire to volunteer at Jeremiah House

Relationship _____ Phone _____ Alt Phone _____

Email _____ How long has he/she known you? _____

2. Name _____ Relationship _____ Phone _____ Alt Phone _____

Email _____ How long has he/she known you? _____

The "official stuff"

Have you ever been a subject in an investigation in this or any other state for any of the following?

Violence or Abuse against another person
YES NO
Sexual Abuse or Harassment
YES NO
Convicted of a Felony
YES NO
Possession, Use or Distribution of Illegal or Prescription Drugs?
YES NO

I understand the risks involved in volunteering and agree to not hold Grandma's House liable for any accident or injury that may occur while serving in the capacity of volunteer,(Initial/Date)_____

I DO/DO NOT (please circle one) **give Grandma's House CAC permission to use my photograph in publications and /or materials such as a newsletter or website.** (Initial/Date)_____

Signatures

By signing below I, _____, hereby swear I have answered honestly and grant Grandma's House CAC to complete criminal background and reference checks to verify my identity and ensure the security of the families and confidential documents at Grandma's House. I understand this confidential record will be kept on file at Grandma's House CAC.

_____ _____ _____

Signature of Volunteer **Printed Name** **Date**

_____ _____ _____

Signature of Volunteer Coordinator **Printed Name** **Date**

Grandma's House CAC Confidentiality Acknowledgement

During the course of activities at Grandma's House Child Advocacy Center, you may have access to information that is confidential and may not be disclosed, except as permitted by law and by the Center policies and procedures.

Confidential information includes, but is not limited to:

1. Medical and other personal information about clients and their families
2. Medical and other personal information about employees
3. Agency records and committee proceedings

If you have any questions concerning the confidentiality or disclosure of information, you should refer to the Center's Volunteer Handbook or you can contact the Center's Volunteer Coordinator.

By signing this Confidentiality Acknowledgement, you acknowledge that:

1. You are obligated to hold confidential information in the strictest confidence and not to disclose client or employee information to any person or in any manner that is inconsistent with Center policy.
2. The confidentiality obligation shall continue indefinitely, including at all times after your association with the Center.
3. Impermissible disclosure of confidential information about a person may result in legal action being taken against you by or on behalf of that person.
4. If you were issued any passwords for entry into any building or system of information, it is your responsibility to maintain this code in a confidential manner.
5. Your signature affirms that you have read and understood this acknowledgement.

Name: _____ Date: _____

Grandma's House CAC Volunteer Code of Ethics

Grandma's House Child Advocacy Center Volunteers are subject to a Code of Ethics similar to that of employees. The Center expects volunteers to do their assigned tasks and to be accountable for the quantity and quality of their work.

- Volunteers make a firm commitment of their time, talents and skills for a definite period of time. If they cannot report for duty, volunteers are to notify their supervisor.

- Volunteers will conduct themselves in a professional manner, with dignity and courtesy at all times. Appropriate attire is expected.

- Volunteers will keep confidential all information they may learn directly or indirectly about a client or fellow worker. Volunteers will only seek information about a client that is important to the performance of an assigned task.

- Volunteers will take any problems, criticisms or suggestions directly to the volunteer coordinator.

- Volunteers will bring to their work an attitude of open-mindedness and willingness for training and supervision. They will follow department policies and procedures.

- Volunteers will attend conferences and meetings as directed by their supervisor. They will record their volunteer time.

Each Volunteer brings their own unique gifts to the Center, enriching the Child Advocacy Center and the lives of its clients. We couldn't do this work without you!

I have read this **Code of Ethics** and agree to abide by it.

Name: _____ Date: _____

Volunteer Contract

I agree to serve as a volunteer for the Children's Advocacy Center and to work
___ hours per week for a period of ____ months.

As a volunteer, I will:

- Complete assignments to the best of my ability
- Maintain confidentiality of sensitive information
- Notify appropriate persons if I am unable to work as scheduled
- Accept supervision and follow the guidelines of the organization
- Work as a member of a team with staff and other volunteers
- Be courteous in contact with the public
- Attend scheduled orientations and training, as appropriate
- Keep an accurate record of my hours of work The Children's

Advocacy Center will:

- Supervise and train me for my volunteer work
- Provide me with adequate work space and supplies
- Give me an assignment compatible with my skills and interests
- Treat me as part of a team with staff and other volunteers
- Trust me with confidential information I need to carry out an assignment
- Keep me informed about the agency through orientations and newsletters
- Give me appropriate recognition for my efforts
- Evaluate my performance on a regular basis, suggesting new assignments or alternative assignments, as appropriate

Signed:

_____ _____

Volunteer Volunteer Coordinator

_____ _____

Date Date

DRUG FREE WORKPLACE POLICY FOR GRANDMA'S HOUSE CAC

A. Notice Upon Hiring

1. As a condition prior to hiring, all prospective employees will be made aware of Grandma's House CAC drug Free Workplace Policy and upon hire will receive a copy of the Grandma's House CAC Drug Free Workplace Statement and Policy, and Drug Testing Policy and be required to sign a receipt which will become a permanent part of the employee's personal file.

2. In addition, as a further condition to hiring, all prospective employees will be required to sign a written statement to the effect that:

   a. They understand and support the Grandma's House CAC Drug Free Workplace Policy.
   b. They agree to refrain from violating this policy while employed by Grandma's House CAC..
   c. They acknowledge, in advance, that they understand that the penalty for breach can be discharger, and agree that penalty is appropriate when supported by evidence; and
   d. They acknowledge that they have been warned that alcohol and drug testing of employees will be conducted in accordance with Grandma's House CAC policy where there is individualized reasonable suspicion of alcohol or drug use or drug impairment.

B. Distribution of Drug Free Workplace Policy

1. All current employees will receive a copy of Grandma's House CAC Drug Free Workplace Statement and Policy, and will be required to sign a receipt for it, which will become a permanent part of the employee's personal file.
2. All current employees will be asked to voluntarily sign a statement supporting the strict enforcement of this policy.
3. All current employees will be given notice that Grandma's House CAC reserves the right to order employees to submit to alcohol or drug testing where supported by an individualized reasonable suspicion of alcohol or drug use or drug impairment.

Grandma's House CAC Drug Policy:

Definitions:

Alcohol: means the intoxicating agent in beverage alcohol, ethyl alcohol, or other lower molecular weight alcohols including methyl and isopropyl alcohol.
Controlled Substance: means any controlled substance continued in Schedules I through V of section 202 of the Controlled Substance Act (21 USC 812; or as defined in O.R.C. 3719.01).
Conviction: means any finding of guilt, including a plea of nolo contendere (no contest) or the imposition of a sentence, or both by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.
Criminal Drug Statute: means a criminal statue which states that a person may not manufacture, distribute, dispense, use, possess, provide, or administer any controlled substance.

For purposes of this policy all definitions will be consistent with O.R.C. 31719.01 *et seq.*
POLICY:

4. It is the policy of Grandma's House CAC to maintain a safe and productive workplace free of drugs and free of those individuals who use drugs.
5. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance by an employee which takes place in whole or in part in the workplace is strictly prohibited and will result in criminal prosecution and employee discipline which may include termination from employment.

Acknowledgement of receiving and review of the above policies:

Name:_____ Date:_____

Please complete the AR Mandated Reporter Training. Send a copy of your certificate to Executive Director, Michelle Steiner, at msteiner@grandmashousecac.com

Link:https://ar.mandatedreporter.org/UserAuth/Login!loginPage.action

Scan QR Code:

CONSENT TO PERFORM NON-EMPLOYMENT BACKGROUND CHECK FOR VOLUNTEERING ACTIVITIES

Last Name First Name Middle Name or Initial Maiden or other name(s) used in any and all other records of birth or records of residence.

* Address Apartment or #

City County State Zip

** Date of Birth Social Security Number **Gender **Race

****TO BE USED FOR NON-EMPLOYMENT BACKGROUND CHECK PURPOSES ONLY**

In connection with my application and desire to engage in volunteer activities, I have been advised and I hereby consent and authorize _____ and its agent, at any time during or subsequent to my application process, to conduct a background check that may include a criminal record check and such additional verifications and reference checks as deemed necessary. I do hereby consent to _____'suse of any information provided on this form or during the application process in performing the non-employment related background check. I agree to release, indemnify and hold harmless _____ and any agency used b-y ---------,---,-with regard to any information provided by the agency. I have been informed that I will have a reasonable opportunity to clear up any mistaken information provided by the agency within a reasonable time frame established within the sole discretion of_____ Iacknowledge that facsimile, copy or electronic version of this form shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1. _ YES __NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).
If yes, please provide details below.

State: County: Date of Offense: Details of conviction:

2. YES NO Have you ever-received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details below.

State: County: Date of Offense: Details of offense:

3. _ YES __NO Have you ever-received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: County: Date of Offense:

Details of supervision:

4. _____ YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: City: Date of Offense:

Details of conviction:

5. _ YES _____NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: County: Date of

Arrest Details of pending charges:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN TIDS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT TIDS WILL BE GROUNDS FOR DENYING OR TERMINATING MY ABILITY TO PROVIDE VOLUNTEER SERVICES FOR

_____

Signed this _____day of_____ _ _

APPLICANTNOLUNTEER (PRINT NAME)_____

APPLICANT VOLUNTEER SIGNATURE_____ _

Contained within the Arkansas Child Maltreatment Central Registry

I hereby request that the Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

Arkansas law now permits Central Registry to charge a fee for child maltreatment background checks, investigative files, photos, audio and video recordings. This fee applies to everyone except potential employees, non-profit organizations and indigent persons. This request will be processed if you return it to us with a check or money order for $10.00 made payable to the Department of Human Services. We are unable to accept cash. If you feel that you should not have to pay this fee, please provide us with your proof of 501C3. Please allow 7-10 business days for processing.

This information should be addressed to:
(Please include a contact person's name and phone number.)
Name of Person Making the Request: _____
Company Name: _____
Address _____
(Include **Post Office Box and Street Address)**
Telephone Number: _____

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

_____ _____

Applicant's Name (print or type) Social Security Number

_____ _____

Maiden Name/Aliases Full Name and DOB children

_____

Race Age and DOB _____

Full Name and DOB children

Present Address:

_____ _____

_____ Full Name and DOB children

From_____to

_____

_____

Past address: Full Name and DOB children

_____

_____

From_____to_____

_____

Applicant's Signature

County of _State of Arkansas Acknowledges before me this day of____ .20 __
My commission expires:_____

_____

Notary Public

Identification Bureau
Individual Record Check Request Form

Last Name _____ First Name _____ Middle Name _____ Jr./Sr./III _____

List **ALL** other names ever used (married, maiden, shortened, etc.) _____ Daytime Phone #: _____

Date of Birth: _____ (Month/Day/Year) State of Birth: _____ Race: _____ Sex: _____

Social Security #: _____ Driver's License #: _____ State _____

Mailing Address: _____ Street/P.O. Box

City _____ State _____ Zip Code _____

APPLICANT RECORD NOTICE

Obtaining Copy: Procedures for obtaining a copy of the FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 through 16.33 or the FBI website at http://www.fbi.gov/about-us/cjis/background-checks.

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity:

Signature: _____ (First/MI/Last Name) Date: _____ (Month/Day/Year)

Release to: _____ (First/MI/Last Name) **OR** Full Name of Agency

Mailing Address: _____ Street/P.O. Box

City _____ State _____ Zip Code _____

WHEN THIS PROPERLY COMPLETED REQUEST FORM IS SUBMITTED {OTHER THAN IN PERSON BY THE SUBJECT OF THE CHECK} THIS REQUEST FORM MUST BE NOTARIZED

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this is the

_____ day of , 20 _____ .

_____ Notary Public

BELOW FOR OFFICE USE ONLY

☐ 82005 State Record Check