

HSP Volunteer Application



Human Services Programs of Carroll County, Inc.

**Please return application to:
Human Services Programs of Carroll County, Inc.**

Attn: Volunteer Coordinator

P.O. Box 489

10 Distillery Drive

Westminster, MD 21158

Phone: 410-857-2999

Fax: 410-857-8793

VOLUNTEER PROGRAM POLICIES AND PROCEDURES

Volunteers are critical to the success of HSP and are essential players in the organization operations. Volunteers and paid staff are considered partners in implementing the mission and programs of the organization, each with complementary roles to play.

Volunteer Philosophy

HSP views volunteers as a valuable resource to the organization and its staff. HSP aims to give volunteers meaningful responsibilities, effective supervision, and recognition for work done. Volunteers are expected to actively perform their duties to the best of their abilities. While serving as a volunteer at HSP, volunteers shall remain loyal to the mission and vision of the association. Prior to being assigned or appointed to a position, all volunteers will meet with the Volunteer Coordinator or staff member to ascertain their suitability for an interest in the position. (The initial meeting may take place in-person, by phone, or using other methods of communicating). This screening process will offer HSP the opportunity to learn more about prospective volunteers, and give prospective volunteers the opportunity to learn more about the organization.

Equal Opportunity

HSP maintains a strong policy of equal opportunity. We recruit, accept, train, promote, and dismiss volunteers on the basis of personal competence and job performance, without regard to race, creed, color, religion, gender, sexual orientation, age, marital status or disability.

Orientation and Training

All volunteers will receive a general introduction about the nature and purpose of HSP, these volunteer policies, and an overview of the volunteer's work to be completed. Volunteers will receive instructions and/or orientation to provide them with the information and skills necessary to perform their responsibilities.

Supervision

Each volunteer will have a clearly identified supervisor (staff member or volunteer leader) who will be available for consultation, support, and direction.

Feedback and Evaluation

The work of the volunteers shall be evaluated by HSP staff.

Recognition and Opportunities for Advancement

Volunteer service is valuable to HSP and the organization will endeavor to recognize volunteers, both informally and formally.

Exemplary volunteers will be made aware of other volunteer opportunities available for which they may be interested in participating, and will be given the opportunity to continue their involvement as appropriate.

Media Conduct

Volunteers should not represent themselves as a spokesperson of HSP under any circumstances without prior approval. Only the Board Chairman and the Executive Director or their designee shall serve as a spokesman for HSP.

Alcohol/ Drugs

When participating in HSP's programs and activities, volunteers are prohibited from purchasing, transferring, using, or processing illicit drugs, alcohol, or prescription drugs in any way that is illegal. Implementing this policy provides a drug and alcohol free work place in order to ensure a safe, healthy, and productive environment for all volunteers and employees.

Harassment Policy

Volunteering should be an enjoyable experience. Harassment is not only illegal, but, it also creates uncomfortable conditions and unpleasant experiences for everyone involved. Any volunteer who feels he or she is the subject of harassment should speak to his or her contact or supervisor in attempt to reach a solution.

Safe and Legal Liability

Although the association does its best to provide safe conditions for our volunteers, HSP counts on volunteers to be the best protector of their own personal safety. Volunteers should always be aware of where they are and what they are doing. Volunteers should pay particular attention to safety instructions and proper use of equipment. Volunteers should voice safety concerns and report any injury to the person as soon as possible.

HSP maintains general liability insurance to protect volunteers and staff while they serve as agents of the corporation. Volunteers must be working under the supervision and control of HSP to be covered.

Vehicle Use

Any volunteer who uses a vehicle (company owned and/or privately owned) for a company business must possess a valid operator's permit without restrictions. If there are any restrictions on your operator's permit it must be brought to the attention of the Personnel Officer. The circumstances will be reviewed on a case by case basis with the Personnel Officer and the Executive Director.

HSP provides liability insurance and vehicle insurance for our agency vehicle only. If a volunteer uses his or her own vehicle for HSP business, he or she is expected to have proper insurance. Privately owned vehicles are not covered by HSP's insurance.

Under no circumstances, for any reason whatsoever, will an HSP volunteer:

- Transport a client/participant in any vehicle except HSP owned vehicle.
- Transport client/participant under the age of 18, in the absence or apart for a legally responsible adult, or without written authorization/permission which has been signed legally by a responsible parent or adult.
- Smoke in HSP vehicles. (Smoking is prohibited in HSP vehicles)

CONFIDENTIALITY STATEMENT

Definition

Agency- Human Services Programs of Carroll County, Inc. (HSP)

Information

Any information relating to HSP customers, whether recorded or not, which is acquired in the course of the performance of official duties, including such information as names, addresses, status, of assistance, and the amount of assistance.

Use of Information for Purposes Relating to Administration of HSP's Services

Only those volunteers who are properly concerned with them in the normal course of their job duties shall access customer records.

The use of all customer information in possession of the agency shall be restricted to purposes directly connected with the administration of agency programs; such as, establishing original and continuing eligibility and providing services.

In using data for purpose of acquiring information and verification, only relevant information is to be used while on the basis that costumers understand what is involved in deterring their eligibility, and has given their written consent to use this information.

Information may be used for the purpose of providing a service requested by the customer or for answering inquiries made on behalf of a customer when the agency has a valid and substantial grounds for concluding that the customer has requested the inquirer to act of their behalf. All information so used must be strictly relevant to the particular service requested. In securing information for other agencies, the customer interviewed must be informed that they will be sent to the inquiring agency.

Use of Information Outside the Agency

The agency may disclose specific information with the written consent of the customer to disclose that specific information. For this purpose, a consent form is provided and must be signed and maintained in the customer's official records with this agency.

No individual is to have direct access to the records of the agency, unless that individual has an official connection with HSP, such as a volunteer officially charged with the responsibility of administrative supervision, review or audit. This does not preclude returning to a customer material, such as birth certificate and pay stubs, which are presented for purposes of determining eligibility, which in fact belong to the customer.

All requests for permission to make surveys or read records for the purposes of research shall be referred to the Executive Director or his or her designee, who makes the decision as to granting such permission after review of factors pertinent to the intent of the law and this rule.

The agency may disclose information without the consent of the customer only when the purpose is directly connected with the administration of a program of the agency and under the following circumstances:

1. To offer the United States, or of the State who has a right thereto in his official capacity.
2. To an officer of the United States, of another state, of a country or city in this State or another state for the purpose of administration.
3. Upon proper legislative or judicial order.
4. To law enforcement officials in connection with their duties, and only when the official has either a right to such information or the giving or the requested information will assist in the administration of the provisions of Article 88A of the Annotated Code of Maryland and/or the rules and regulations promulgated by the official funding source.

In all such instances, the agency shall offer a summary limited to pertinent factual material.

With regard to court action, any summary or any part of a file or record introduces into evidence or left with the court for its consideration ceases to be confidential and may be seen by counsel. If the court requires that actual records, rather than a summary, be made available, the records are to be taken to the court with a request to withhold any part of the record not pertinent to the case at issue; and at the same time an effort is to be made to persuade the court to restrict its order so as to require giving only a summary to counsel. If it is the opinion of the Agency's programs, the Agency shall petition the court to withhold the information on the basis that the law of the State and rules of the Agency prohibit disclosure of the confidential information contained in the records and files, including the names of clients. The Agency shall abide by the final order of the court.

Authority for Disclosing Information

All information in the possession of the Agency shall be within the exclusive control and custody of the Agency Executive Director of his/her designee or the Board of Directors.

The local administrator may delegate this responsibility only to his/her designee or the person left in charge of the Agency during temporary absence of the Executive Director.

Protection of Files and Records

All Agency files and records shall be protected with due care at all times. The Agency shall have written office rules regarding the removal and return of material to the files and the supervisors of the files.

Penalty for Violation

Every employee, Board member, volunteer, or any other person who has access to the records in an official capacity is subjected to the law, regulation confidentiality of Agency customer records and proceedings, which provides for penalty for violation.

Volunteer Dress Code Policy

While it is the intent of HSP that all volunteers dress for their own comfort during work hours, the professional image of our Agency is maintained, in part, by the image that our volunteers present to clients, vendors, and other visitors/agencies.

As a representative of this agency, all volunteers are expected to maintain a neat and well-groomed appearance. Facial hair is permitted as long as it is neat and clothing must not constitute a safety hazard and must not be a radical departure from conventional dress.

All volunteers should practice good common sense rules of neatness, taste, appearance and comfort. If, however a volunteer is unsure of a clothing selection, they may consult their supervisor for approval. HSP reserves the right to determine appropriate dress at all times and in all circumstances and may send volunteers home to change clothes should it be determined that their dress is not appropriate.

Some programs may require specific guidelines i.e. dangling earrings, hairstyle and footwear, relative to the volunteer’s daily responsibilities including special event activities. Volunteers may also need to adjust their attire based on their volunteer position and/or a specific volunteer activity.

The following list is a guideline of what attire is appropriate and inappropriate; however, the supervisor may use his/her own discretion, on occasion, to determine appropriateness of attire/appearance.

| Appropriate | Inappropriate |
|--|--|
| <p><i>All shirts with collars.</i></p> <p><i>Casual slacks, khakis dress pants and slacks.</i></p> <p><i>Jeans without holes and/or frays.</i></p> <p><i>Sleeveless blouses and/or dresses (business casual).</i></p> <p><i>Dress shorts, skorts and skirts that are mid-thigh in length and of business-like material.</i></p> <p><i>Business suit, pant suit, blazers, vests, dresses, and sports jackets.</i></p> | <p><i>T-shirts/shirts or pants with inappropriate slogans, advertising, and/or suggestive sayings.</i></p> <p><i>Tank tops, halter tops, crop tops, muscle shirts, see through and/or sheer tops, spaghetti straps and low-cut tops (skin must not show when arms are lifted and cleavage should not be visible).</i></p> <p><i>Sweat pants, yoga pants</i></p> <p><i>Open toed shoes are not permitted in the kitchen areas at any time.</i></p> <p><i>Flip flops (shower-type thongs).</i></p> <p><i>Shorts - spandex, frayed denim, cut-offs or athletic.</i></p> |

Please also be considerate of co-workers and clients regarding the use of perfume and cologne due to sensitivity (allergies, illness and other health related conditions).



**Human Services Programs
Of Carroll County, Inc.
Volunteer Application**

Notes:

Contact Information **Date:**

| | |
|------------------------|--|
| Full Name | |
| Address 1 | |
| Address 2 | |
| City ST ZIP Code | |
| Primary Phone Number | |
| Secondary Phone Number | |
| E-Mail Address | |

Education and Employment

| | | | | | |
|--|---------|-----------|-------------|-------------|-----------|
| Current Employer/Job Title | | | | | |
| School/Degree Information | | | | | |
| If applying for an internship, Please provide: | School: | Semester: | # of Hours: | Start Date: | End Date: |

Availability

When are you available for volunteer assignments? (Check all that apply)

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday
 Mornings
 Afternoons
 Evenings

Are you volunteering as part of a group? Yes/No

If you answered yes, what is the name of your group?

If known, please provide details about your service-

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|--|
| <input type="checkbox"/> Administrative Support and/or data entry | <input type="checkbox"/> VITA Tax Site |
| <input type="checkbox"/> Art or Graphic Design | <input type="checkbox"/> Shelter Support/Cold Weather† |
| <input type="checkbox"/> Opportunity WORKS | <input type="checkbox"/> Shelter Support/Woman's & Children** |
| <input type="checkbox"/> Driving (must provide driving record)† | <input type="checkbox"/> Shelter Support/Intact Family Shelter** |
| <input type="checkbox"/> Family Support Center** | <input type="checkbox"/> Shelter Support/Men's or Safe Haven† |
| <input type="checkbox"/> Handyman/Repair | <input type="checkbox"/> Community Garden |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

| | | |
|---------------------------------|----------------------|----------------------------------|
| Artist (must provide portfolio) | Gardening | Organizational/Cleaning Skills |
| Childcare | Graphic Design | Tax Preparer (training provided) |
| Data Entry | Handyman/Electrician | Other: |
| E-Bay/on-line seller | Medical Professional | Other: |

Previous Volunteer Experience or Work Experience

Summarize your previous volunteer experience.

| |
|--|
| |
|--|

Person to Notify in Case of Emergency

| | |
|-------------------------------|--|
| Name/ Relationship | |
| Address 1 | |
| Address 2 | |
| City/ ST/ ZIP Code | |
| Primary Phone Number | |
| Secondary Phone Number | |
| E-Mail Address | |
| Anything else we should know? | |

Volunteer Type

Regular Intern Court Ordered TCA

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I verify that I have read and understand the volunteer manual and agree to comply with all HSP policies and procedures, including the dress code and confidentiality statement.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

** Please submit the *Release Of Information* Form for a mandatory background check. Background checks are required for volunteer positions where children are present and for other specific circumstances. This will be done at the discretion of HSP. † Must be over 18

I _____, do hereby give my permission for HSP to use my image in either a photo or on film for HSP marketing purposes only. I further understand that no compensation will be offered for use of my image and I release HSP and its agents from any liability stemming from the use of my photo.

RELEASE and WAIVER of LIABILITY (for Volunteers Under the Age of 18)



Rev. 1/12/15

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 201__, by _____, in favor of Human Services Programs of Carroll County, their directors, officers, employees and agents. The volunteer and/or guardian desire that the volunteer work as a volunteer for HSP and engage in the activities related to being a volunteer (the "activities"). The volunteer understands that the activities may include working with low-income and at risk clients and may be witness to related sensitive social issues and situations. The volunteer does here by freely, voluntarily, and without duress execute this release under the following terms:

1. **RELEASE AND WAIVER.** Volunteer does hereby release and forever discharge and hold harmless HSP and its successors and assigns from any and all liability claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from volunteer's activities at HSP. Volunteer understands that this release discharges HSP from any liability or claim that the volunteer may have against HSP with respect to any bodily injury, personal injury, illness, death, or property damage that may result from volunteer's activities with HSP, whether caused by the negligence of HSP or its officers, directors, employees, or agents or otherwise. Volunteer also understands that HSP does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
2. **MEDICAL TREATMENT.** Volunteer does hereby release and forever discharge HSP from any claim whatsoever which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the volunteer's activities with HSP or with the decision by any representative or agent of HSP to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the parental authorization for treatment.
3. **ASSUMPTION OF THE RISK.** Volunteer hereby expressly and specifically assume the risk of injury or harm in the activities and release HSP from all liability for injury, death, or property damage resulting from the volunteer's activities.
4. **PHOTOGRAPHIC RELEASE.** Volunteer does hereby grant and convey unto HSP all right, title and interest in any and all photographic images and video or audio recordings made by HSP during the volunteers' activities with HSP, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
5. **OTHER.** Volunteer expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of Maryland, and that this release shall be governed by and interpreted in accordance with the laws of the state of Maryland. Volunteer agrees that in the event that any clause or provision of the release shall be held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release which shall continue to be enforceable. IN WITNESS WHEREOF, volunteer and guardian have executed this release as to the day and year first above written.

Volunteer
Signature: _____ PrintName: _____

Parent/Guardian Signature: _____ PrintName: _____

Address: _____ City/Zip: _____

Phone: _____ In case of an emergency, please call:

(Name/Relationship/Phone
Number) _____ / _____ / _____

In considering you for employment or volunteer opportunity and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Human Services Programs of Carroll County, Inc. ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as Foley Carrier Services, LLC.

Foley Carrier Services, LLC can be contacted by mail at 140 Huyshope Ave., Hartford, CT 06106; or phone: 1-800-253-5506

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Human Services Programs of Carroll County, Inc. to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do _____do not_____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
searches conducted on minors under
the age of 18)

(for _____
Date

Must be kept on file for 5 years from date of completion.

