

Volunteer Application



New Avenues to Independence, Inc.
17608 Euclid Avenue
Cleveland, OH 44112
(216) 481-1909 ext 221
Heidi Lamb – Resource Development Coordinator
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www.newavenues.net



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VOLUNTEER APPLICATION

Name: _____

Address: _____

City/Zip: _____

Phone

Home:

Email:

Cell:

Organizational/School: _____

Availability

Please circle all that apply:

Monday	Morning	Afternoon	Evening
Tuesday	Morning	Afternoon	Evening
Wednesday	Morning	Afternoon	Evening
Thursday	Morning	Afternoon	Evening
Friday	Morning	Afternoon	Evening
Saturday	Morning	Afternoon	Evening
Sunday	Morning	Afternoon	Evening

On Call Yes No

Prefer Regular Schedule Yes No

Hours per week _____

Comments:

Date of Birth: _____

Do you have experience working with individuals who have mental retardation/developmental disabilities? **Yes** **No** *If yes, please describe:*

Special Skills: Check all that apply

Sign Language

Languages other than English: _____

Certifications: (such as nursing, life guard, therapy, etc)

Others: please list.

Volunteer Interests: Check all that apply

Friendly Visitor

Special Olympics

Sport: _____

Recreational Classes & Activities

Paws for a Cause Program

Garden Project(s)

Broadmoor Summer Camp Program

Education

Cooking

Sewing

Softball

Bowling

Carpentry/Maintenance/Painting

Assist with donation of goods

Newsletter Assistance

Internship

Art

Music

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Other: _____

Emergency Contact

Name: _____

Relationship: _____

Phone number where contact can
be reached: _____

Employment Background

Have you ever been an employee (paid personnel) of New Avenues To Independence, Inc. (formerly PVA, Circle of Homes)?

Yes No

Dates of employment: _____ to _____

Reason for departure: _____

Criminal Background

Have you been convicted of a crime in the past ten years, including misdemeanors and summary offenses, which has not been annulled, expunged or sealed by the court?

Yes No

Explain: _____

My signature constitutes that my responses are true and complete. Where an item is left blank, it is because there is no information within its scope. My signature further grants my authorization for New Avenues to Independence, Inc. to investigate the facts submitted. I understand and agree that any falsification or omission, either on this form or in my responses to questions asked during the pre-screening, is grounds for immediate dismissal, no matter when the falsification or omission is discovered. I understand that my approval as a volunteer is contingent of the successful completion of all pre-screening requirements.

_____ I will allow my photo to be used in print publications, New Avenues' website and/or New Avenues' Facebook page.

_____ I will NOT allow my photo to be used in print publications, New Avenues' website and/or New Avenues' Facebook page.

Signature _____

REFERENCE REQUEST FORM

References

Please list two professional, volunteer or school references

1) Organization: _____
Address: _____

Phone: _____
Contact Person & Title: _____
Your Duties: _____
Served from: / / to / /

2) Organization: _____
Address: _____

Phone: _____
Contact Person & Title: _____
Your Duties: _____
Served from: / / to / /

AUTHORIZATION TO RELEASE INFORMATION

I, _____, having completed a Volunteer Application
(Please print full name)

for NEW AVENUES TO INDEPENDENCE, INC., authorize the release of information from those sources listed under REFERENCES in the application. The information may include, but is not limited to:

Employment/Volunteer/School
Medical Records
Criminal/Court records

This authorization shall serve as a release of liability to all parties furnishing such information. A photocopy of this release shall be considered as effective *and* binding as the original. I understand records received will be treated in a confidential manner, and used only for the purpose of volunteer screening.

Volunteer Signature

Date

Resource Development Coordinator

Date

VOLUNTEER PROGRAM GUIDELINES

Volunteers are highly valued at New Avenues. The lives of each resident and consumer are enriched through relationships with dedicated volunteers. Our goal is to make the experience of volunteering a positive one. We will make every effort to place volunteers in positions that are rewarding to them and meet the needs of those we serve. Because New Avenues is responsible for the welfare of the residents/consumers, there are certain guidelines we must follow when hiring employees and placing volunteers. While the process of becoming a volunteer includes several steps, we are confident potential volunteers understand the need for careful screening.

- 1 Potential volunteers will fill out an application, which includes a request for references and other pertinent information.
- 2 Resource Development Coordinator and/or Community Relations Director will interview potential volunteers.
- 3 Potential volunteers must complete a Tuberculosis Screening. New Avenues provides this screening **free of charge**, on site at the Main Campus.
- 4 Potential volunteers must complete a background check (fingerprinting). This check is provided **free of charge**.
- 5 Potential volunteers must complete a drug screening (urinalysis). New Avenues provides this on-site and **free of charge**.
- 6 Resident/consumer information and official records must be kept in strict confidence; volunteer must sign a confidentiality statement.
- 7 Volunteers are expected to keep a time sheet record for number of hours donated to New Avenues to Independence, Inc. This document must be signed by supervisor.
- 8 In case a volunteer is unable to fulfill a commitment, they must notify Resource Development Coordinator as soon as possible, to allow for other arrangements.
- 9 The Resource Development Coordinator will call or meet with volunteers on a regular basis.

My signature indicates that I have received a copy of the New Avenues to Independence Volunteer Guidelines and agree to act in accordance with them.

Volunteer Signature

Date

Resource Development Coordinator

Date

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A REVIEW OF THE VOLUNTEER PROTECTION ACT OF 1997
(Federal Legislation)

1. The law pre-empts existing state law except where state law provides additional protection to volunteers or where the state enacts a statute saying that the federal law will be non-applicable in that state.
2. The law applies to volunteers for both non-profit organizations and governmental agencies, and applies to both board and service volunteers.
3. The law applies only to civil cases, not to criminal cases.
4. The law removes the volunteers from liability if the volunteer committed negligent acts or omissions while acting within the scope of his/her responsibilities.

The law does not protect volunteers if:

- a. The volunteer was not acting within scope of responsibilities at the time of the act or omission.
 - b. The volunteer engage in willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of others.
 - c. The harm is caused by the volunteer operation of a motor vehicle.
 - d. The misconduct constituted a crime of violence for which the volunteer has been convicted.
 - e. The misconduct constitutes a hate crime, or involved a sexual offense.
 - f. The misconduct involved violation of a Federal or State civil rights law.
 - g. The volunteer was under the influence of intoxicating alcohol or drug at the time of the misconduct.
5. The organization for which the volunteer works receives no protection under the legislation and the organization can itself, still bring an action against the volunteer.
 6. Punitive damages may not be awarded against a volunteer in an action brought for harm based on the action of a volunteer acting within the scope of the volunteer's responsibilities, unless the claimant establishes clear and convincing evidence that harm was proximately caused by an action of such volunteer which constitutes willful or criminal misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed. The bill caps punitive damage at the lesser of \$250,000 or twice economic/non-economic losses, and awards damages against an organization only to the degree of fault.
 7. Definition of a volunteer: A volunteer is an individual performing services for a non-profit organization or a governmental entity who does not receive "compensation" (other than reasonable reimbursement or allowance for expenses actually incurred) or anything of value in lieu of compensation, in excess of \$500 per year. This includes a volunteer director, officer, trustee, or one in direct service.

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TUBERCULOSIS SCREENING

Tuberculosis (TB) is a contagious bacterial infection that usually affects the lungs, but can affect other body organs, such as the kidneys. The bacterium that causes TB is transmitted in the air from one person to another. TB is usually curable with treatment, but without treatment, can be fatal.

It is necessary for all New Avenues volunteers to be screened annually for signs and symptoms of tuberculosis. The following checklist should be completed on an annual basis and turned in to the Resource Development Coordinator.

PROCEDURE FOR THE 2-STEP (TB) TEST

Prior to becoming a regularly scheduled New Avenues volunteer, New Avenues requires that you participate in the 2-step Mantoux (TB) test. Annually thereafter, you will be asked to fill out/sign the attached Signs & Symptoms of TB form.

You may receive the 2-step Mantoux test from one of our nurses, **at no cost to you**, or from your personal physician. If you choose to receive the test from your physician, New Avenues is unable to assume the cost.

A mutually acceptable time will be arranged through the volunteer office for you to receive the TB test at our Main Campus (17608 Euclid Avenue). Please call the volunteer office if you are unable to keep your appointment.

PROCEDURE

STEP ONE: TB Test is given in the forearm. You will need to return after 48 hours, but no longer than 72 hours after the test is given, to have the results read.

STEP TWO: Mantoux test given 7-10 days after the initial test. You will need to return to the Nursing Station after 48 hours, but no longer than 72 hours after the test is given, to have the results read.

ALL STEPS of this test must be completed, in the time frames indicated, to be valid.

EXAMPLE:

Week One	1 st test administered, Monday at 3:00 PM
	1 st test read, Wednesday after 3:00 PM to Thursday at 3:00PM
Week Two	2 nd test administered, Monday at 3:00 PM
	2 nd test read, Wednesday after 3:00 PM to Thursday at 3:00PM

DRUG FREE WORK PLACE ACKNOWLEDGEMENT AGREEMENT

Effective August 1, 1991, New Avenues to Independence has instituted a Drug-Free Workplace Plan as required by federal law. You are hereby notified that unlawful possession, use, dispensation, distribution or manufacturer of a controlled substance and alcohol is prohibited a New Avenues to Independence under the New Avenues to Independence Drug-Free Workplace Plan. Any New Avenues to Independence employee / volunteer who violates this prohibition will be subject to disciplinary action, including dismissal.

It shall be the policy that as a condition of employment / volunteer services at New /avenues to Independence, whether new or continuing, all New Avenues to Independence employees must agree to:

- a. Abide by the terms of this Notice and the New Avenues to Independence Drug Free Workplace Plan in all respects; and
- b. Notify New Avenues to Independence of any criminal drug statute conviction for a violation occurring at New Avenues to Independence no later than 5 days after such conviction. A “conviction” means a finding of guilt (including a finding resulting from a “no contest” plea) or imposition of sentence, or both by court of the United States or the State of Ohio. A “criminal drug statute” means any criminal statute involving the possession, use, dispensation, distribution or manufacture of any controlled substance.

Your signature below indicates:

- a. You have received a copy of the Notice and of the New Avenues to Independence Drug Free Workplace Plan;
- b. You have read both documents and have been informed of their content;
- c. You agree to abide by the terms of this Notice and the New Avenues to Independence Drug Free Workplace Plan in all respects.

Acknowledged and Agreed:

Print Your Name

Volunteer Signature

Date

Resource Development Coordinator

Date

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DRUG SCREENING STATEMENT OF UNDERSTANDING

I, _____, understand that I will be required to undergo urinalysis as a prerequisite to my employment or volunteer services commitment (initial or promotion). I further understand that at the time of any such testing; I will be required to execute all forms of consent / release of liability as are usually attendant to such examinations. I understand that if I am currently under a doctor's prescription, I am urged to submit a written report and/or prescription. I will be required to provide proof of the doctor's prescription at a later date. Finally, I understand that the results of such examination / testing shall only be made available to the Agency, its designated employees or agents as stipulated by policy (Executive Director, Human Resources, Licensed Nurse, etc.)

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING STATEMENT OF UNDERSTANDING AND KNOWS THE CONTENTS THEREOF AND SIGN THE SAME OF HIS OR HER OWN FREE WILL.

Print Name

Volunteer Signature

Date

Resource Development Coordinator

Date

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VOLUNTEER WAIVER & RELEASE

Event / Activity: _____

The undersigned Volunteer for New Avenues to Independence, Inc. waives and releases all claims and causes of action against New Avenues, its officers, employees, staff and residents arising out of his/her participation in the event/activity at New Avenues.

I, (*Volunteer*) _____ residing at
(Print Name)

(Street Address)

hereby agree to the Indemnification Agreement set forth on this _____

day of _____, 2010.

Volunteer Signature

Date

Resource Development Coordinator

Date

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DIRECTIONS TO MAIN CAMPUS

17608 Euclid Avenue
Cleveland, OH 44112

FROM THE WEST: I-90 East to the E152nd St. Exit. Turn right onto E 152nd St. Go over the bridge and just past the second stop light. Turn left onto Holmes. Follow Holmes past St. Clair, where it changes name to London Rd. Take London Rd. to the end at Euclid Ave. Turn left and then almost immediately right into our driveway. The driveway is quite steep.

FROM THE SOUTH: I-77 North or I-71 North to I-90 East, then follow directions above.

FROM THE EAST: I-90 West to E. 185th St.. Turn south on E 185th St. and take south to Euclid Ave. Turn right onto Euclid Ave. New Avenues is approximately 1-½ miles west on Euclid. Turn left into driveway.

- New Avenues is located on the south side of Euclid Ave., directly across from Speedy Muffler, and just west of Green Rd.