

# Opportunities

for Williamson & Burnet Counties



## HEAD START VOLUNTEER APPLICATION



**Personal Information:**

Name (First and Last): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of children enrolled: \_\_\_\_\_

Reference #1-name and phone number: \_\_\_\_\_

Reference #2-name and phone number: \_\_\_\_\_

Skills, experiences, physical limitations, languages spoken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Availability:**

TIME AVAILABLE (DAYS/ HOURS):

	Monday	Tuesday	Wednesday	Thursday	Friday
Please List Availability					

**Emergency Contacts:**

In case of an emergency, please list the name of the person to be contacted.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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### **VOLUNTEER BACKGROUND CHECK AUTHORIZATION**

Opportunities, Inc. volunteer(s) must have a Motor Vehicle and Criminal Background Check completed prior to volunteering for any facility. Please complete the information below giving us authorization to complete a criminal history check. Please provide us with a copy of your current, unexpired driver's license.

Please **PRINT** all requested information.

Name (Last/First): \_\_\_\_\_

Address: \_\_\_\_\_

Alias or other names used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License State: \_\_\_\_\_

*I understand the information I am providing will be used solely for the purpose of obtaining a motor vehicle and criminal history record information. I hereby give my voluntary consent to a criminal history check. By submitting this form, I designate Opportunities, Inc. to be my representative for the purpose of obtaining my motor vehicle and criminal history record maintained by law enforcement agencies. I affirm that I am not currently under indictment for any such offense.*

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions about this form, please call the Main Office at 512-763-1400. We thank you for your service.

### **VOLUNTEER CONFIDENTIALITY AGREEMENT**

For the purposes of this agreement, confidentiality is defined as the assurance that access to information regarding a client, child and family shall be strictly controlled and that any violation of such control will be considered a breach of faith.

Please initial each statement below.

\_\_\_\_\_ I understand that the information I receive as a volunteer will not be used for purposes that were not intended by the individual when information was provided. Such information shall not be discussed with spouses, relatives, acquaintances or friends in any manner or form.

\_\_\_\_\_ I understand that, as a volunteer providing a service for Opportunities, Inc. programs and services, I agree to abide by Opportunities' policy on confidentiality.

\_\_\_\_\_ I understand that I can be relieved immediately of my volunteer responsibilities at Opportunities, Inc. if I fail to comply with their policies and procedures pertaining to confidentiality.

\_\_\_\_\_ I understand that this confidentiality of information must be maintained even after I discontinue my volunteer activities with Opportunities, Inc.

*My signature below indicates I understand, agree to and will comply with Opportunities, Inc. confidentiality procedures.*

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### OPPORTUNITIES VOLUNTEER CODE OF CONDUCT

Please initial each statement below.

\_\_\_\_\_ I agree to abide by the rules and regulations of Opportunities, Inc. to the best of my ability.

\_\_\_\_\_ I agree to respect client confidentiality.

\_\_\_\_\_ I agree to respect the rights of clients; I will not offer medical advice or discuss my religious beliefs or political attitudes.

\_\_\_\_\_ I agree to NEVER solicit clients for business purposes and NEVER accept gifts from clients.

\_\_\_\_\_ I agree to notify Opportunities, Inc. if I cannot perform my volunteer job.

\_\_\_\_\_ I agree to keep current a Texas Driver's License, automobile inspection/registration and liability insurance as required by the State of Texas Department of Public Safety if my volunteer job requires me to drive on behalf of Opportunities, Inc.

\_\_\_\_\_ I agree that I was given and have read Opportunities, Inc. volunteer training handbook.

\_\_\_\_\_ I agree to assume all risks, hereby release, hold harmless and forever waive any and all rights for claims or damages I may have against Opportunities, Inc. and its sponsors, and all their respective board of directors, officers, directors, contractors, managers, clients, employees, and volunteers of the organization for any and all injuries, claims, damages, demands, judgments, liabilities, actions or causes of actions sustained.

\_\_\_\_\_ I understand that Opportunities, Inc. reserves the right to disqualify a volunteer from service if their behavior becomes publicly known and such behavior negatively impacts Opportunities, Inc. operations, funding, program or clients.

*My signature below indicates I understand, agree to and will comply with Opportunities, Inc. volunteer code of conduct.*

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BASE BLOOD-BORNE PATHOGENS STATEMENT

In the event of the presence of any bodily fluid (for example, blood or vomit) **DO NOT TOUCH!!!!**  
Immediately inform staff.

*My signature below indicates I understand, agree to and will comply with Opportunities, Inc. exposure control awareness plan.*

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

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### ABUSE AND NEGLECT REPORTING PROCEDURES

Every person is responsible for following the state laws on reporting child and/or adult abuse and neglect. Opportunities for Williamson and Burnet Counties personnel are required to be familiar with these laws. When any symptoms of child or adult abuse and/or neglect are observed by a staff member (or any adult at a site), these observations shall be followed through in the manner stated below.

1. Discuss concerns or suspicions of abuse or neglect with the Site Director when a problem is noted.
2. Fill out the appropriate forms with the Site Director.
3. The person who identified the suspected abuse or neglect will be responsible for calling the Department of Family Protective Services with the assistance of the Site Director and/or Social Service Coordinator.
4. The call needs to be recorded on the Incident/Accident form under Action Taken or where it asks for a Department of Family and Protective Services case number.
5. At no time does a staff member (or volunteer) contact the parent, any family members or caretakers with regard to this situation.

NOTE: If staff or volunteers have concerns regarding a particular child or adult, this information should be shared with the site director on a regular basis. Staff is responsible for following up with the site director if there are any further concerns.

*My signature below indicates I understand, agree to, and will comply with Opportunities, Inc. procedures for reporting abuse and neglect.*

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OPPORTUNITIES FOR WILLIAMSON AND BURNET COUNTIES VOLUNTEER TRAINING LOG

<u>Training Topic</u>	<u>Date Completed</u>	<u>Training Topic</u>	<u>Date Completed</u>
Client Confidentiality	_____	Sanitation	_____
Blood-borne Pathogens	_____	Working with the Disabled	_____
Personal Hygiene	_____	Sign-in Procedures	_____
Client Emergency	_____		