

For Human Resources To Complete

Volunteer Packet Checklist

- Do a background search
- Make sure every document is signed
- Make copy of emergency contact information.
 - Keep original in folder.
 - Keep copy in box (fold in half, tape at top, date on left, on right highlight and write last name, first name)
- Make copy for employee or volunteer
- After all signed and copied - give to Nita for personnel file

FIRST STEP FAMILY SUPPORT CENTER

PERSONNEL FILE CHECKLIST: VOLUNTEER

NOTE: This is for a non-driving position.

NAME _____ POSITION _____

- When are they working (days/shifts)? _____
- What are they doing (clothing closet, events)? _____
- First Step Supervisor: _____

Initial next to documents you have received:

_____ Emergency Contact Information

_____ Volunteer Individual Liability Waiver

_____ Background Check

_____ Criminal Disclosure

_____ Confidentiality Policy

_____ Drug Free Workplace Policy

_____ CPS Reporting Protocol

_____ CPS Video and Policy Review

_____ General Rules of Conduct

CPS Video Link - <https://www.youtube.com/watch?v=wVwOmtWNSXk>

Volunteer Signature: _____

Date: _____

Agency Signature: _____

Date: _____

VOLUNTEER INFORMATION / EMERGENCY CONTACT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

PERSONAL EMAIL: _____

BIRTHDATE: _____

MEDICAL CONDITIONS/ALLERGIES WE SHOULD BE AWARE OF:

EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP: _____

DOCTOR: _____

DOCTOR PHONE: _____



First Step Family Support Center

323 & 325 East 6th Street
Port Angeles, WA 98362
(360) 457-8355

VOLUNTEER INDIVIDUAL LIABILITY WAIVER

An individual must sign prior to beginning any volunteer activities for First Step Family Support Center.

Name _____

Address _____

Day Phone _____

Emergency Contact _____

Liability Release – I hereby release, indemnify and hold harmless First Step Family Support Center and its officers and directors, and staff, from any and all liability in connection with any loss or injury to me (including any loss or injury caused by negligence) arising from my participation as a volunteer in any First Step Family Support Center activity.

I have read the foregoing release, authorization and agreement, and I fully understand the contents. I also certify that I am over 18 years of age, in good health and able to participate in all program activities at or for First Step Family Support Center. (If under 18, additional Parental Consent form required)

Signature _____ Date _____

Parental Consent/Release – If the individual is a minor (under 18 years of age), the following should be signed by a parent or legal guardian.

I hereby consent and agree, as a parent or legal guardian of the individual above, to all the terms and provisions as stated.

Signature _____ Date _____

Name (please print) _____ Relationship to minor _____

Address _____ City _____ Zip _____

Day Phone (____) _____ Other Phone (____) _____

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845 (Instructions on Reverse Side)

FIRST STEP
COMPLETES

A REQUESTING AGENCY/ADDRESS

First Step Family Support Center

Agency

Attn

323 E 6th St

Address

Port Angeles, WA 98362

City/State/Zip

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature

Date

(360) 457-8355

Title

Area Code/Phone Number

B PURPOSE

Check appropriate

Educational School District (ESD)/School District Volunteer - no fee

Non-Profit Business/Organization - no fee
Including Schools & ESD's

Profit Business/Organization - \$10

Adoptive - \$10

Make payable to Washington State Patrol by cash, check, money order, or business account.

* APPLICANT
COMPLETES *

C APPLICANT OF INQUIRY (please provide as much information as possible name and date of birth are mandatory)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

* APPLICANT
COMPLETES *

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

WSP Use Only

As of this date, the applicant named below shows no evidence
pursuant to RCW 43.43.830 through 43.43.845.

n/a
Requesting Agency

n/a
Applicant's Signature

n/a
Applicant's Name
323 E 6th St
Address
Port Angeles, WA 98362
City/State/Zip

Valid Two Years from Issue

Applicant Right Thumb Print (Optional)

3000-240-430 (09/01)

CRIMINAL DISCLOSURE

Per Revised Code of Washington (RCW) 43.43.830-43.43.845 and (WAC) 162-12-140, a business or organization is permitted to require that each applicant who will provide direct services, or have unsupervised access to, or direct contact with certain vulnerable populations disclose criminal convictions or findings. All charge(s), conviction(s), and or/ criminal history information, including information regarding certain court and administrative determinations, **that have occurred within an individual's lifetime (unless sealed or vacated)** must be disclosed and verified.

1. Have you been convicted of a crime? Yes No (circle one)
2. Have you had findings made against you in any civil adjudicative proceeding? Yes No (circle one)
3. Do you have both a conviction and findings against you? Yes No (circle one)

Have you lived anywhere beside Washington State within the last five years? If so, please disclose:

Date _____

Applicant Name (printed) _____

Applicant Signature _____

Definitions from RCW 43.43.830

"Applicant" means:

(a) Any prospective employee who will or may have unsupervised access to children under sixteen years of age or developmentally disabled persons or vulnerable adults during the course of his or her employment or involvement with the business or organization;

(b) Any prospective volunteer who will have regularly scheduled unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults during the course of his or her employment or involvement with the business or organization under circumstances where such access will or may involve groups of (i) five or fewer children under twelve years of age, (ii) three or fewer children between twelve and sixteen years of age, (iii) developmentally disabled persons, or (iv) vulnerable adults;

"Business or organization" means a person, business, or organization licensed in this state, any agency of the state, or other governmental entity, that educates, trains, treats, supervises, houses, or provides recreation to developmentally disabled persons, vulnerable adults, or children under sixteen years of age, or that provides child day care, early learning, or early learning childhood education services, including but not limited to public housing authorities, school districts, and educational service districts.

CRIMINAL DISCLOSURE

“**Civil adjudication proceeding**” is a judicial or administrative adjudicative proceeding that results in a finding of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect, abandonment, violation of a professional licensing standard regarding a child or vulnerable adult, or exploitation or financial exploitation of a child or vulnerable adult under any provision of law, including but not limited to chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42RCW. "Civil adjudication proceeding" also includes judicial or administrative findings that become final due to the failure of the alleged perpetrator to timely exercise a legal right to administratively challenge such findings.

“**Vulnerable Population**” is defined as children, mentally ill persons, developmentally disabled persons, or other vulnerable adults listed under RCW 9.35.005.

Definitions from WAC 162-12-140

Preemployment Inquiries

Arrests & Convictions

Because statistical studies regarding arrests have shown a disparate impact on some racial and ethnic minorities, and an arrest by itself is not a reliable indication of criminal behavior, inquiries concerning arrests must include whether charges are still pending, have been dismissed, or led to conviction of a crime involving behavior that would adversely affect job performance, and the arrest occurred within the last ten years. **Exempt from this rule are law enforcement agencies and state agencies, school districts, businesses and other organizations that have a direct responsibility for the supervision, care, or treatment of children, mentally ill persons, developmentally disabled persons, or other vulnerable adults.**

VOLUNTEER CONFIDENTIALITY AGREEMENT

I shall respect the privacy concerns of the people we serve and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interactions. Therefore, I will not disclose an individual's confidences to anyone, except (1) as mandated by law, (2) to prevent a clear and immediate danger to a person or persons, (3) where I am compelled to do so by a court or pursuant to the rules of a court.

I shall store or dispose of professional records in ways that maintain confidentiality.

I shall possess a professional attitude that upholds confidentiality toward the people we serve, colleagues, applicants, and any sensitive situations arising within the nonprofit.

I, upon the end of my service, shall maintain client and coworker confidentiality and I shall hold in confidential any information about sensitive situations within the nonprofit.

I understand that violation of this confidentiality statement may be grounds for my immediate dismissal.

Signature: _____ Date: _____

VOLUNTEER DRUG-FREE WORKPLACE AND ALCOHOL USE POLICY

First Step Family Support Center is obligated to provide a drug-free workplace and safe environment. The agency is committed to the health and well-being of our community and of our organization. Our employees and volunteers are our resources and this policy seeks to provide a healthy and satisfying work environment.

While First Step is respectful and dedicated to individual rights to personal privacy in non-employment settings, the agency also recognizes that on and off work use of drugs and alcohol could adversely affect job performance and the work environment and may pose a hazard to the safety of employees, clients and the public. The goal of this policy is to recognize and avoid these risks.

First Step Family Support Center seeks:

- To provide efficient and safe services in a work environment free of any adverse effects on job performance caused by drugs, alcohol, or other job impairing substances.
- To provide a safe, secure and healthy working environment for all employees and volunteers, free of drug and alcohol use.
- To comply with state and federal laws and regulations regarding vehicle operations.

Accordingly, First Step employees and volunteers are strictly prohibited from possessing, selling, manufacturing, consuming or being under the influence of any drug (except as authorized by a physician) while on First Step property, in First Step vehicles, in personal vehicles used while engaging in First Step business, or while engaged in First Step work. If you are taking prescription drugs that may make you drowsy or impair mental functioning, you must inform your supervisor so that they can make sure such drugs will not affect your ability to perform your job safely and effectively. Alcohol use is prohibited during regular business hours. Any violation of this policy will result in discipline up to and including immediate end of service.

Vehicles owned by First Step may not be operated if the employee or volunteer has consumed any amount of alcoholic beverages or is under the influence of any drug which may impair one's ability to operate the vehicle safely. It is the responsibility of the employee to notify his supervisor of any possible impairment.

First Step employees and volunteers have the primary individual responsibility for managing their own behavior, and if an impairment issue exists, to successfully resolve that issue. First Step encourages employees and volunteers with drug or alcohol problems to come forward and seek help. If you have a drug or alcohol problem, and discuss it with First Step Management before it affects your performance, the agency

FIRST STEP FAMILY SUPPORT CENTER

will assist you to receive assistance or referrals to appropriate resources in the community. As part of First Step's dedication to your health and well-being, First Step employees will not have job security or promotional opportunities jeopardized solely because of a request for help.

Within thirty days of notification of criminal drug statute conviction for a violation occurring in the workplace, the agency will commence personnel action. Violations of First Step's Drug-Free Workplace and Alcohol Use Policy may lead to disciplinary action up to and including immediate termination of service, and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences.

EMPLOYEE REVIEW

I have reviewed the First Step Drug-Free Workplace and Alcohol Use Policy. I have been given an opportunity to ask questions and have had my questions answered about the First Step Drug-Free Workplace and Alcohol Use Policy. I understand that I may ask questions at any time regarding the First Step Drug-Free Workplace and Alcohol Use Policy and that a copy is always available for my review.

As part of my statement, I understand that possessing, selling, manufacturing, consuming, or being under the influence of any drug (except as authorized by a physician) while on First Step property, in First Step vehicles, or while engaged in First Step work is prohibited. Further, I understand that alcohol use is prohibited during regular business hours. As a condition of my service, I:

- Agree to abide by the First Step Drug-Free Workplace and Alcohol Use Policy.
- Will notify First Step Management of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such a conviction.
- Understand that if I feel I have a problem with alcohol or other drugs and it has not adversely affected my performance, I may voluntarily seek rehabilitation counseling without negative consequences from First Step.

Volunteer Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

VOLUNTEER MANDATED CPS REPORTING PROTOCOL

“REASONABLE SUSPICION BASED ON OBJECTIVE EVIDENCE.”

1. If a child is in imminent danger, call the police or CPS right away.
2. If the child is not in imminent danger, you have 48 hours to report the suspected abuse. Consult with the Executive Director before contacting CPS.
3. If you are unsure if the situation is reportable, first discuss with your supervisor before contacting CPS and tell them the scenario without using names of those involved to get their opinion if situation should be reported.
4. If it is deemed reportable, make official report using First Step’s report form. Be sure to include the intake worker’s name (from CPS or CWS) on the report.
5. Give the original of the report form to the Executive Director.
6. Fax copy of report to CPS.

IMPORTANT THINGS TO REMEMBER:

- CPS workers are the people assigned to investigate the reports that are made.
- CWS workers work with families after they have gone to court and work on either reunification of family or terminating parental rights.
- CFS has no legal access to medical records (First Steps records are medical records) without a court order.

CPS VIDEO REVIEW

CPS Video Link - <https://www.youtube.com/watch?v=wVwOmtWNSXk>

I have viewed the CPS video on child abuse reporting on:

Date: _____

Signature: _____

I have read and understand the Mandated CPS Protocol for reporting child abuse and neglect.

Date: _____

Signature: _____

First Step Family Support Center

General Rules of Conduct

- No smoking within 25 feet of building and not within view of children.
- Make sure you are locking doors, closing windows and turning off lights behind you (always assume you are the last person to leave the building) – the Admin building, Carriage House, garages and the Bennett house.
- Where to park: Street, designated First Step parking lot, parking lot behind building. No parking at the community garden gravel spots.
- When entering from the back of the Admin building **always** remember to lock the door behind you. The back Admin door DOES NOT lock automatically.
- You are responsible for your own dishes – please clean up after yourself.
- Make sure personal heaters in offices are turned off.
- Always restart your computer when you leave (so updates can take place overnight).
- If you use the last of something (toilet paper, paper towels, batteries, etc.) either replace them or let someone know. If you don't know where they are, please ask.
- If copier is low on toner, tell someone in Admin. If you replace it, let Admin know so that a replacement can be ordered.
- Make sure garage doors are fully closed if you opened them.
- Always remember your keys to get back in the building.