

## Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Current school/job: \_\_\_\_\_

Area of Study and/or Interest: \_\_\_\_\_

Long Term Goal: \_\_\_\_\_

Previous/Present volunteer experience: \_\_\_\_\_

What interested you in Our Hope and the services we provide? \_\_\_\_\_

What type of volunteer work are you most interested in performing with us? \_\_\_\_\_

Any special skills, training or hobbies (crafts, music, drama, yoga, etc.) \_\_\_\_\_

What days and times do you have available for volunteer work? \_\_\_\_\_

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

Supervisor Signature: \_\_\_\_\_

## Our Hope Association

### Personnel Code of Ethics and Behavior Standards For Volunteers and Interns

It is the expectation that all personnel of Our Hope Association will provide quality services to its clients. It is essential that the organization be guided by professional responsibility. This Code of Ethics establishes standards for volunteers and interns by which these responsibilities can be fulfilled.

Any volunteer and/or intern who believes that his/her peers or superiors are encouraging or demanding any behavior that does not meet these standards shall refuse to engage in that behavior and know that they have the protection of the Board of Directors and the Executive Director.

I hereby affirm that;

- My primary goal is to respect the dignity and promote the recovery of each client and her family. I have total commitment to provide the highest quality of care for those who seek Our Hope Association's services.
- I shall present a genuine interest in all clients and families and do hereby dedicate myself to the best interest of the clients and to helping them help themselves.
- I shall maintain at all times an objective, non-possessive, professional relationship with all clients.
- I shall adhere to all professional rules of confidentiality and privacy of all maintenance and distribution of records, material, and knowledge concerning the client, as well as respect the integrity and protect the welfare of the person or group with whom I am working with.
- I shall not in any way discriminate between clients, families, or fellow professionals based on age, gender, color, race, religion, and/or spiritual beliefs, ethnic group, culture, sexual orientation, marital status, degree of disability, socioeconomic status, legal status, political beliefs, mental or physical disability, and/or the ability to pay for services.
- I shall maintain respect for Our Hope Association's policies and management functions, but will take the initiative toward improving such policies when it will better serve the interest of the clients.
- I shall not have any type of outside involvement, including sexual intimacies, with clients and I shall not counsel persons with whom I have a personal relationship.
- I shall be alert to and avoid conflicts of interest that interfere with the exercise of discretion and impartial judgment. I shall inform clients when a real or potential conflict of interest arise and take reasonable steps to resolve the issue in a manner that will protect the clients' interest.

- I shall respect clients' rights to privacy. I shall not solicit information unless it is essential to providing services. Once private information is shared, standards of confidentiality apply.
- I shall not use derogatory language in written or verbal communications to or about clients.
- When I act on behalf of clients who lack the capacity to make informed decisions, I shall take reasonable steps to safeguard the interests and rights for those clients.
- I shall respect confidential and private information shared by colleagues in the course of their professional relationships and transactions.
- I shall advocate for adequate resources to meet clients' needs.
- I shall be a diligent steward of resources of Our Hope Association, and I shall wisely conserve funds where appropriate and never misappropriate funds for unintended purposes.
- I shall not participate in, condone or be associated with dishonesty, fraud, deception, or conduct that could affect my client relationship or the relationship of Our Hope Association with the community, including marketing practices.
- I have a responsibility to myself, the clients, the community and associates to maintain my physical and mental well-being and shall take a personal and professional stance which promotes the well-being of all human beings.

I hereby agree to maintain all consumer (client) information in the strictest confidence in order to protect the basic rights of the consumer and to conform with HIPAA and all applicable federal, state, and local confidentiality laws as stated in 42 CFR Part 2 of the Public Health Federal Register.

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Name (print and sign)

Date

## **Our Hope Association**

**Section:** Human Resources

**Subject:** Volunteer and Intern Services

**Policy:**

Our Hope is committed to the appropriate use of volunteers and interns in the provision of service. There are benefits for the clients, the organization, the community, and the volunteer. There is a special commitment to appropriate professional training programs. It is Our Hope's desire to offer educational internships and opportunities for student learning projects. Interns are considered to be volunteers and must abide by all volunteer policies and student contractual agreements with the organization.

Volunteers and interns may be used for a number of purposes, including:

- Conducting didactics
- Case management and clinical services
- Administrative functions
- Clerical work
- Other volunteer services

All volunteers shall have the basic characteristics:

- An understanding of the purpose of the service(s) she/he shall provide:
- A willingness to volunteer for Our Hope Association
- The basic skills needed to perform the service(s)
- A willingness to receive training and to follow Our Hope's policies and procedures

Upon agreement of volunteer services provided for Our Hope, all volunteers will:

- Maintain confidentiality and protect the consumer's rights
- Understand personal liabilities and risks
- Honor position expectations and limits
- Report unusual events and incidents to staff

Effective: January 2018

Our Hope volunteers are under the direct supervision of the clinical and administrative staff. A volunteer may be terminated if she/he proves incapable of performing the duties of the service for any reason. Prior to termination, the Executive Director will interview the parties involved to determine if the problem is correctable. A non-correctable problem would include: inappropriate behavior, inappropriate language, unethical behavior and other behavior deemed inappropriate by the Director.

The volunteer services used to supplement the total treatment program shall be done only in collaboration with professional clinical staff members and after consideration of the consumer's needs. The volunteers have access to the Clinical Supervisor and/ or Executive Director to help them establish the most effective relationship with consumers.

I hereby agree to all policies as outlined in the volunteer services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

## Volunteer Driver Guidelines

Thank you for volunteering to drive the residents of Our Hope Association on occasions when we need some extra help with transportation. It is greatly appreciated.

Please find below the guidelines we expect to be followed when transporting any Our Hope resident(s).

1. You must possess a valid and current Driver's License.
2. All vehicles that transport our resident(s) are to be in good working condition with current, valid, and appropriate insurance and registration.
3. You will drive the resident(s) to the destination that has been agreed upon by staff prior to leaving Our Hope Association. No alternate plans are to be made once you have left Our Hope.
4. The resident(s) are not to smoke in your vehicle. Our Hope Association is a smoke-free facility meaning clients are not allowed to smoke on the premises or with staff/volunteers at any time.
5. You may not stop at any convenience store, grocery store, gas station, or any other type of establishment. We expect that you will only drive straight to and/or from the agreed upon destination by staff.
6. You and/or your insurance will be liable for any/all damages that may happen to the interior/exterior of your vehicle. You and/or your insurance will also be liable for any injury suffered by any resident(s) while you are transporting them.

I agree to the above guidelines, and confirm I have the proper and current licensure, registration, and insurance coverage.

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Name (print and sign) Date

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Designated Staff Signature Date