



Volunteer Checklist

_____	_____
Volunteer Name	Start Date
_____	_____
Supervisor	Facility/Dept Volunteering

Below is a list of forms to be filled out and turned in immediately.

- Application
- Agreement
- Intern Data Form
- Confidentiality Statement
- Copy of Driver's License
- Copy of Auto Insurance
- Copy of ID (i.e., ss card, passport)
- Mandated Reporter Form
- Drug Testing Policy
- Drug Test
- Background Check Permission Form
- Affidavit
- State Police Background check
- Adult Background check
- Child Maltreatment Background check
- FBI Background check: Fingerprint card (if you have not lived in AR for the past 6 consecutive years.)
- Volunteer Evaluation Form
- 3 Intern Reference Forms
- Picture for Youth Bridge I.D. Badge



VOLUNTEER APPLICATION FORM

Name _____

Address _____ City _____ State _____ ZIP Code _____

Phone (Day) _____ (Evening) _____

E-Mail Address _____

Emergency Contact _____ Phone _____

Past Volunteer Experience (include organization/agency, position, supervisor phone/e-mail)

Employment (include most recent company, position, supervisor phone/e-mail)

Desired Schedule (check days and times available)

- | | | |
|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday | <input type="checkbox"/> Morning (9 a.m. to noon) |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Afternoon (noon to 4 p.m.) |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday | <input type="checkbox"/> Evening (4 to 8 p.m.) |
| <input type="checkbox"/> Thursday | | |

Frequency of volunteer availability (e.g., weekly, semiweekly, monthly) _____

Why do you want to volunteer with this organization? _____

How would you like to help this organization? _____

What are your hobbies, interests, and skills? _____

Education/Credentials (if over 18 years, start with high school)

SCHOOL	DATE	DEGREE	LOCATION

References: give the name, address, and phone/e-mail of three non-family members who can provide references on your ability to perform this volunteer position.

1. _____

2. _____

3. _____



VOLUNTEER AGREEMENT

The volunteer agreement is intended to ensure an understanding between the volunteer managers and volunteers of the volunteer position description and the organization's policies and procedures.

<h3>Volunteer Agreement</h3>	
Agency	
We, Youth Bridge, Inc., agree to accept the services of _____	
	<small>Volunteer name</small>
beginning _____.	
	<small>Date</small>
And we commit	
<ol style="list-style-type: none">1. To provide accurate information, training, and assistance2. To ensure supervision and provide job assessment and feedback3. To respect the skills and individual needs of the volunteer.	
VOLUNTEER	
I, _____, agree to serve as a	
	<small>Volunteer name</small>
volunteer and commit	
<ol style="list-style-type: none">1. To perform volunteer duties to the best of my ability2. To follow agency rules, policies, and procedures, including recordkeeping requirements and confidentiality of agency and client information3. To meet time and duty commitments or to provide adequate notice so that alternate arrangements can be made.	
AGREED TO:	
_____	_____
<small>Volunteer</small>	<small>Staff Representative</small>
_____	_____
<small>Date</small>	<small>Date</small>

ATTACHMENT A



Volunteer Data as of _____.

Name: _____

Date of Hire: _____

Address: _____

City/State/Zip: _____

Telephone #: _____ Birthdate: _____

Social Security #: _____

Spouse Name: _____

Employer: _____

Employer Telephone #: _____

WHO TO CONTACT IN CASE OF EMERGENCY

Name: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Telephone #: _____

Doctor's Name and Telephone #: _____



CONFIDENTIALITY STATEMENT

PURPOSE:

Youth Bridge, Inc. provides services to youth within a nine county area. Our local, state, and federal contracts require that the confidentiality of our clients and their families be strictly protected. For this reason, all persons working, volunteering, conducting workshops, or spending any period of time on premises of Youth Bridge properties for any reason will sign a statement of confidentiality upon request by the Human Resource Coordinator, Administrative Assistant, Program Administrator, or Executive Director.

STATEMENT:

I, _____, will ensure the confidentiality of any information regarding Youth Bridge, and its clients (including client's family members). This will include agency financial records, employee's personal information, name of clients, any client record information, medical records, etc.

Signature

Date

MANDATORY REPORTING OF CHILD MALTREATMENT

[Hot Line: (800)482-5964]

MANDATED REPORTERS: A.C.A. 12-12-502 through 12-12-516 provides that all employees, volunteers and contract workers of Youth Bridge, Inc., are mandated reporters and those failings to report suspected child abuse may be found guilty of a Class C Misdemeanor and may be subject to fines and/or incarceration. Therefore, if you learn of, or suspect an incident of abuse or neglect towards a child by any party, you are obligated by law to report it. Steps to follow are:

1. Make the report to Arkansas State Central Intake – (800)482-5964
2. Document in the clinical record when the report was made.
3. Inform your immediate supervisor of your action as soon as possible.
4. The supervisor will in turn inform the Program Director.

CATEGORIES OF CHILD MALTREATMENT:

PHYSICAL

Non-accidental physical injury

An injury which is at variance with the history given for it.

EMOTIONAL

Mental injury

Belittling or rejecting a child

Persistent lack of concern for child's welfare

SEXUAL

Sexual abuse

Sexual exploitation inflicted on a person less than 18 years of age.

Conduct defined by the criminal laws of Arkansas

NEGLECT

Lack of adequate clothing, hygiene, shelter, nutrition, education, medical or dental care.

Abandonment

Lack of supervision

REPORTING: All reporting of applicable incidents shall be made **within the hour of occurrence, or within an hour of the program becoming aware of the incident.** When making a report, you will need as much precise information as you can obtain, including:

Child's name and address

Child's date of birth, gender, and race

Parents or guardian's name and address

Physical and/or behavioral indicators observed

Description of incident

Extent of injury or damage

Place, time and date of incident

Names, addresses, and phone numbers of person involved.

I have read the above and foregoing, and I understand that I am a mandated reporter of abuse and neglect, as provided under Arkansas State Laws.

(Employee)

(Date)

**YOUTH BRIDGE, INC.
ADMINISTRATIVE POLICY AND PROCEDURE**

POLICY NUMBER: A-205

EFFECTIVE: September 2001

REVISED: August 2002

REVISED: February 2003

SUBJECT: DRUG TESTING

POLICY

Youth Bridge, Inc.'s intent and obligation is to provide a drug free, safe and secure work environment for all employees. The unlawful manufacture, consumption, distribution, dispensing, possession, state of being under the influence, or use of illegal drugs on Agency premises or while conducting Agency business off-premises is strictly prohibited. In addition, the use, consumption, distribution, state of being under the influence or possession of alcoholic beverages on Agency premises or in Agency vehicles is prohibited. Violations of the Drug Free Workplace Policy may result in corrective action, including termination, and may also have legal consequences. To further encourage a drug free workplace, Youth Bridge, Inc. requires all applicants, re-hires and reinstated employees to be confidentially tested for the use of illegal drugs on a post-offer, pre-employment basis. Current employees may also be asked to take a confidential drug test as a condition of continued employment under certain circumstances including, but not limited to, the following:

1. When an employee is injured on the job.
2. When an employee has an accident involving damage to Agency property or personal injury to a co-worker.
3. When management believes there is reasonable suspicion that an employee may be impaired or under the influence of alcohol or illegal drugs.
4. When management conducts random drug screening.
5. When management conducts drug screening of all employees.
6. When an employee is promoted into supervision.

Copies of the drug testing policy will be provided to all employees. Employees will be asked to sign an acknowledgement form indicating that they have received a copy of the drug testing policy. Questions concerning this policy, or its administration, should be directed to the Director of Personnel.

PROCEDURE

1. The urinalysis drug screen will be done by an organization hired by Youth Bridge, Inc. to do the testing. Youth Bridge, Inc. will pay for all tests that are negative. The staff member will be charged for any test that shows positive. If the test shows positive, the staff member will be automatically terminated.
2. The random testing will be done at least four (4) times a year on random dates. Each test will consist of at least 5% of the total number of staff members, but may include all staff members. If random testing is employed, the staff members to be tested will be randomly picked by rolling a 9 sided dice and using the last digit of an employees social security number.

ATTACHMENT A

3. If urinalysis testing shows positive, the staff member may, at their option, have a blood test done wherever Youth Bridge deems appropriate. The blood test must be done within 24 hours. The staff member will be responsible for paying for the blood test unless it is negative. In the case of a negative finding, the staff member will be reinstated as soon as possible and Youth Bridge, Inc. will pay for the test.
4. An employee refusing to take a drug screen or not abiding by the rules and regulations of the drug screen policy will be terminated immediately.
5. Any employee suspected of tampering with their drug screen is subject to immediate termination.
6. Any staff member that seeks re-employment after receiving drug or alcohol treatment may be considered for re-hire on a case by case basis after two years of separation. Determination for re-hire will be done exclusively by the Executive Director.



DRUG TESTING POLICY

All employees are asked to acknowledge that they have read the drug testing policy and agree to abide by it in all respects.

My signature below verifies that I have read Youth Bridge, Inc., drug testing policy that is located in the Youth Bridge, Inc., policy and procedure manual.

Employee Signature

Date

Witness

Date



I hereby allow Youth Bridge, Inc. to perform a check of my background, including:

- Criminal Records
- Driving Records
- Employment verification/volunteer history
- Credit Reports
- Educational/diploma verification
- Personal references and other persons or sources as appropriate for the volunteer job in which I have expressed an interest.

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for some types of volunteer positions and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the described volunteer work and other such information, as they deem appropriate.

Signed _____ Date _____

BACKGROUND CHECK PERMISSION FORM

EMPLOYEE AFFIDAVIT ON CHILD
MALTREATMENT BACKGROUND AND
CRIMINAL RECORD HISTORY CHECK

******* COMPLETE AT SAME TIME BACKGROUND CHECK REQUEST
FORMS ARE COMPLETED AND RETAIN IN EMPLOYEE FILE *******

I, _____, Social Security Number ____/____/____,
date of birth ____/____/____, certify that I have never been listed on a child
maltreatment central registry in any state as a perpetrator of child maltreatment, nor
have I ever been convicted of a felony and/or a misdemeanor, except as listed below:

Founded Child Maltreatment, Felony Conviction(s), or Misdemeanor Conviction(s):

The subject may challenge the accuracy and completeness of any information in any
such report and obtain prompt determination as to the validity of such challenge before
a final determination is made by the Child Welfare Agency Review Board with respect to
their employment status or licensing status.

Notification that the subject of the check may be denied a license or exemption to
operate a child welfare agency or may be denied unsupervised access to children in the
care of a child welfare agency due to information obtained by the check which indicates
that the subject of the check has been convicted of or is under pending indictment for, a
crime listed in the act.

Notification that any background check and the results thereof shall be handled in
accordance with the requirement of P.L. 92-544.

Signature of Employee

Date

STATE OF Arkansas COUNTY OF Washington

Subscribed and sworn to before me, a Notary Public in and for the County and

ATTACHMENT A

the _____ day of _____, 20__.

82001 Civil Record Check

Notary Public
 80000 FBI Record Check

**DEPARTMENT OF HUMAN SERVICES
AUTHORIZATION FOR ADULT MALTREATMENT CENTRAL REGISTRY**

Print all information in ink

Name	Date of Birth
Maiden and/or Any Names Formerly Used	Social Security Number
Current Address (Street, City, State, Zip)	
List all previous addresses for the past five years	Dates (From/To)

I authorize Department of Human Services/Adult Protective Services to release information from the Adult Maltreatment Central Registry in accordance with Arkansas Code [ACA 5-28-213] (a)(8)(A)] to **Youth Bridge, Inc., 4171 N. Crossover Road, Fayetteville, AR 72703, Attn: Jean Madden.**

I further certify that the information provided on this form is true and correct.

Signature _____ Date _____

Notarization Required
COUNTY OF WASHINGTON
STATE OF ARKANSAS

Acknowledged before me this _____ day of _____, 20__.

(Notary Public) (My Commission Expires)

The above listed applicant was _____/was not _____ found in the Adult Maltreatment Central Registry.

ATTACHMENT A

Mail Completed forms to: Adult Protective Services
Adult Maltreatment Central Registry
PO Box 1437 Slot S-540
Little Rock, AR 72203

APS 0001

CHILD MALTREATMENT BACKGROUND
CHECK REQUEST

SEND TO: CENTRAL REGISTRY
P.O. BOX 1437, SLOT S566
LITTLE ROCK, AR 72203

SEND TRUE REPORT TO: CHILD WELFARE LICENSING UNIT
398 EAST SECOND ST.
BOONEVILLE, AR 72927

LICENSING SPECIALIST: SHIRLEY PRESTON

PHONE: 479 675-3091

PROVIDE THE FOLLOWING INFORMATION FOR THE PERSON TO BE CHECKED:

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

MAIDEN NAME _____ ALIASES _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

RACE _____ SEX: MALE _____ FEMALE _____

ADDRESS: (STREET/APARTMENT) _____ (CITY) _____ (STATE) _____ (ZIP) _____

FULL NAMES OF OWN CHILDREN _____ DOB _____ SOCIAL SECURITY NO. _____

I hereby authorize the Arkansas Child Maltreatment Central Registry to release any information contained in their files concerning the undersigned and any birth/legal children ages 10 through 17 who now or have resided in my home to the Child Welfare Licensing Unit of the Arkansas Department of Health and Human Services. Also, I understand that the name of any confidential informants will not be released.

SIGNATURE OF PERSON TO BE CHECKED

DATE

YOUTH BRIDGE, INC.
CHILD WELFARE AGENCY REQUESTING REPORT

JEAN MADDEN
AGENCY REPRESENTATIVE TO RECEIVE REPORT

4171 N. CROSSOVER RD. FAYETTEVILLE AR 72703
STREET ADDRESS CITY STATE ZIP CODE

ATTACHMENT A

STATE OF ARKANSAS COUNTY OF WASHINGTON

ACKNOWLEDGED BEFORE ME ON THIS _____
DAY OF _____ MONTH _____ YEAR

MY COMMISSION EXPIRES ____ -- ____ -- ____
NOTARY PUBLIC

CFS/ 340 (R2/98)

ADDITIONAL ADDRESSES FOR PAST SIX YEARS: START WITH MOST RECENT OTHER THAN
PRESENT ADDRESS AND CONTINUE IN THE SAME ORDER

STREET ADDRESS/APT #	CITY	STATE	ZIP CODE
----------------------	------	-------	----------

1. _____

2. _____

3. _____

4. _____

5. _____



VOLUNTEER EVALUATION

NAME _____ DATE _____

The following evaluation is a tool for identifying areas of strengths and those areas needing further development.

1 = NEEDS FURTHER DEVELOPMENT

3 = MEETS EXPECTATIONS

5 = EXCEEDS EXPECTATIONS

**** This applies to the last 12 months.

1. COMMITMENT TO ASSIGNMENT

1. Is timely, punctual, dependable, reliable
2. Displays listening skills
3. Understands limitations/boundaries of volunteer

2. COMMUNICATION WITH OTHER TEAM MEMBERS AND HOME STAFF

1. Demonstrates ability for teamwork and being an ambassador
2. Informs coordinator of vacation/absences

3. PARTICIPATES IN APPROPRIATE MEETINGS

1. Completes and demonstrates understanding of reorientation

4. MAINTAINS RECORDS OF VOLUNTEER ACTIVITY

5. COMPLIES WITH POLICIES AND PROCEDURES OF THE PROGRAM

1. Follows "Code of Ethics Guidelines"
2. Keeps all client information confidential – as per HIPAA

VOLUNTEER COORDINATOR COMMENTS: _____

Volunteer comments: _____

ATTACHMENT A

Volunteer Coordinator Signature _____ Date _____

Volunteer Signature _____ Date _____

**YOUTH BRIDGE, INC.
VOLUNTEER REFERENCE QUESTIONNAIRE**

REFERENCE'S NAME: _____ DATE: _____

VOLUNTEER APPLICANT'S NAME: _____

Once completed, please fax to: (479) 575-9149 Attn: Development or mail to: Youth Bridge, Inc., 4171 N. Crossover Rd., Fayetteville, AR 72703, Attn: Development.

1. In what respect have you known the applicant?
Professional___ Student___ Friend___ Relative___ Other___
2. How well do you know the applicant?
Very well___ Well___ Little___ Very Little___
3. Describe the applicant's ability to be flexible:
Excellent___ Good___ Fair___ Is not flexible___
4. How would you rate the applicant's dependability?
Excellent___ Good___ Fair___ Is not dependable___
5. How well does the applicant assume responsibility?
Excellent___ Good___ Fair___ Does not assume responsibility___
6. How well does the applicant handle stressful/crisis situations?
Excellent___ Good___ Fair___ Cannot handle crisis situations___
7. How well does the applicant work with youth?
Very well___ Well___ Average___
I cannot recommend this person to work with youth___

What would you identify as this applicant's personal/professional strengths?

Signature _____ Date _____

ATTACHMENT A

(If you have any additional comments, we would appreciate it if you would add them to the back of this form.)

3/98, 4/02, 7/08, 1/09

**YOUTH BRIDGE, INC.
VOLUNTEER REFERENCE QUESTIONNAIRE**

REFERENCE'S NAME: _____ DATE: _____

VOLUNTEER APPLICANT'S NAME: _____

Once completed, please fax to: (479) 575-9149 Attn: Development, or mail to: Youth Bridge, Inc., 4171 N. Crossover Rd., Fayetteville, AR 72703, Attn: Development.

1. In what respect have you known the applicant?

Professional___ Student___ Friend___ Relative___ Other___

2. How well do you know the applicant?

Very well___ Well___ Little___ Very Little___

3. Describe the applicant's ability to be flexible:

Excellent___ Good___ Fair___ Is not flexible___

4. How would you rate the applicant's dependability?

Excellent___ Good___ Fair___ Is not dependable___

5. How well does the applicant assume responsibility?

Excellent___ Good___ Fair___ Does not assume responsibility___

6. How well does the applicant handle stressful/crisis situations?

Excellent___ Good___ Fair___ Cannot handle crisis situations___

7. How well does the applicant work with youth?

Very well___ Well___ Average___
I cannot recommend this person to work with youth___

What would you identify as this applicant's personal/professional strengths?

Signature

Date

ATTACHMENT A

(If you have any additional comments, we would appreciate it if you would add them to the back of this form.)

3/98, 4/02, 7/08, 1/09

**YOUTH BRIDGE, INC.
VOLUNTEER REFERENCE QUESTIONNAIRE**

REFERENCE'S NAME: _____ DATE: _____

VOLUNTEER APPLICANT'S NAME: _____

Once completed, please fax to: (479) 575-9149 Attn: Development or mail to: Youth Bridge, Inc., 4171 N. Crossover Rd., Fayetteville, AR 72703, Attn: Development.

1. In what respect have you known the applicant?

Professional___ Student___ Friend___ Relative___ Other___

2. How well do you know the applicant?

Very well___ Well___ Little___ Very Little___

3. Describe the applicant's ability to be flexible:

Excellent___ Good___ Fair___ Is not flexible___

4. How would you rate the applicant's dependability?

Excellent___ Good___ Fair___ Is not dependable___

5. How well does the applicant assume responsibility?

Excellent___ Good___ Fair___ Does not assume responsibility___

6. How well does the applicant handle stressful/crisis situations?

Excellent___ Good___ Fair___ Cannot handle crisis situations___

7. How well does the applicant work with youth?

Very well___ Well___ Average___
I cannot recommend this person to work with youth___

What would you identify as this applicant's personal/professional strengths?

Signature

Date

ATTACHMENT A

(If you have any additional comments, we would appreciate it if you would add them to the back of this form.)

3/98, 4/02, 7/08, 1/09