



We at Sherwood Community Services greatly appreciate your interest in becoming a volunteer. Please take the time to fill in this form as thoroughly as possible to allow us to determine the most appropriate placement for you and to ensure the privacy and protection of the people who participate in Sherwood's programs.

Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Emergency Contact

Name: _____ Phone: _____

How did you hear about Sherwood?

Why are you interested in volunteering?

Skills and Interests:

Times and dates you are available for volunteer activities:



VOLUNTEER BACKGROUND INQUIRY POLICY

Background checks are requested on all volunteers, especially those who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons or vulnerable adults.

Sherwood Community Services completes a criminal history and background check through the Washington State Patrol on or before the first day of volunteer activity.

By signing below I acknowledge I have read and understand Sherwood's Volunteer Background Inquiry Policy.

Signature

Date

CONFIDENTIALITY POLICY

As a condition of engaging exchange of information for the improvement, understanding, evaluation, and service delivery to and for our mutual interests, it is necessary to agree that confidentiality must be observed at all times. Confidential information may be released for purposes essential to the administration of the Sherwood Community Services program. Requests for information shall be made in writing, specifying who is requesting the information and the reasons for the request.

The fact that certain information about a case situation or individual may properly be disclosed does not justify disclosure of other facts which are not related to the administration of programs at Sherwood Community Services. Individuals receiving confidential information assume the same legal responsibility for safe guarding which is required of the Department of Social and Health Services. The receiver is required under penalty of law to preserve its confidentiality.

I, the undersigned, agree not to divulge, publish or otherwise make known to unauthorized persons of the public, any information obtained in the course of providing our services, where release of such information may possibly make the person or persons receiving such services, identifiable. I recognize that unauthorized release of confidential information may subject me to civil liability under the provisions of Washington State Law.

By signing below I acknowledge I have read and understand Sherwood's Confidentiality Policy.

Signature

Date



NON-ABUSIVE TREATMENT OF CLIENT POLICY

All individuals participating in the activities of Sherwood Community Services shall abide by the following policy as established by the Sherwood Board of Directors:

Any and all clients of Sherwood Community Services are to be treated with respect, kindness, care and consideration at all times. Abuse, neglect or ill-treatment is not permitted under any circumstance.

Abuse is defined as inflicting, or causing to be inflicted, or inducing a client to inflict upon him/herself or another client, any pain or discomfort. This includes physical abuse such as hitting, blows, arm twisting, hair pulling, etc. or psychological abuse such as expressive or inappropriate teasing.

Any volunteer guilty of abuse, neglect, mishandling or ill-treatment of Sherwood Community Services clients is subject to immediate dismissal and possible prosecution pursuant to law.

Any volunteer of Sherwood Community Services, if attacked by a client so that life or limb is in jeopardy may protect him/herself. However, the employee should summon assistance of another staff person so the client may be controlled with the element of personal struggle removed.

The Program Manager or his/her designated representative shall be responsible for noting any incidents involving abuse to Sherwood Community Services clients and promoting appropriate response to the episode, e.g. confer with volunteer; if appropriate, review same with the Sherwood Board of Directors; describe the episode in writing with the report filed in the volunteer file.

By signing below I acknowledge I have read and understand Sherwood's Non-Abusive Treatment of Clients Policy.

Signature

Date

DRUG FREE ENVIRONMENT

As a condition of my employment with Sherwood Community Services I agree to abide by all of the terms of the following statement:

The use or possession of alcohol, or the manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in this agency's workplace. This rule does not apply to persons taking prescription drugs and narcotics as directed by a physician or dentist provided such use shall not endanger the worker or others. It is the employee's responsibility to check with his/her physician, dentist, or pharmacist as to whether or not a prescription or over-the-counter drug will impair performance and to notify his/her supervisor of the impairment and the period of time medication will be used.



Employees will be terminated for violation of any of the prohibitions listed above. In lieu of termination for use or possession of alcohol or a controlled substance, an employee may undertake an approved substance abuse rehabilitation program. Any employee who completes such a rehabilitation program and is found to be in further violation of the terms of the above statement will be subject to immediate termination.

Any employee who is convicted of any violation of any criminal drug statute (when such violation occurs in the workplace) must notify this agency within five days of such conviction.

Signature

Date