

Northwestern Counseling & Support Services, Inc.

107 Fisher Pond Road, St. Albans, VT 05478

www.ncssinc.org / careers@ncssinc.org

CAMP RAINBOW VOLUNTEER PLACEMENT APPLICATION

Date: _____ Name: _____ Other Names Used: _____

Street Address: _____ Home Phone: _____

City, State, Zip Code: _____ Work Phone: _____

Email Address: _____

Education/ Special Training:	Names & Address of School	Course of Study	Years Completed	Graduated?		Degree or Diploma
Vocational				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
High School				<input type="checkbox"/> YES	<input type="checkbox"/> NO	

PLACEMENT REQUEST

What is your area of interest? Adults Children/Adolescents Elderly Administration

Is there a specific NCSS Program you were hoping to shadow? **CAMP RAINBOW**

What placement dates are you looking for?	Start		End	
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Availability	A.M.	P.M.	Special notes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Applicable Interests, Hobbies, Skills:

EMPLOYMENT/VOLUNTEER EXPERIENCE

Please give accurate & complete employment and volunteer record information, starting with your most recent experience.

Company Name	Telephone
Address	Employed (state month and year) From _____ To _____
State job title and describe your work	Reason for leaving:

Company Name	Telephone
Address	Employed (state month and year) From _____ To _____
State job title and describe your work	Reason for leaving:

Company Name	Telephone
Address	Employed (state month and year) From _____ To _____
State job title and describe your work	Reason for leaving:

REFERENCES

Name	Relationship	Phone

S I certify that all information provided in this application is true, accurate and complete. I understand that any false
I or misleading information, including omission, intentional or unintentional, may disqualify me from further
G consideration to be a volunteer and may result in my dismissal if subsequently discovered.
N I also understand that any offer to volunteer for NCSS is conditioned upon satisfactory results of criminal and
A motor vehicle background checks.
T I further understand that acceptance of an offer to volunteer with NCSS does not create a guarantee for a definite
U period of time or an obligation on NCSS' part to continue to use me as a volunteer in the future. I understand that
R if selected I have been selected at the will of NCSS and my services may be terminated at anytime, with or without
E cause and with or without notice.

Date

Signature

AUTHORIZATION TO CHECK REFERENCES

I hereby authorize Northwestern Counseling & Support Services, Inc. ("NCSS"), or its agents/employees, to perform a check on my references and credentials, including verification of experience, certification credentials, and any other background information, which may be requested in conjunction with my active candidacy for a placement/volunteer position with NCSS. This check will include, but is not limited to, verbal or written communications and/or discussions with my past and/or current employer and/or supervisor(s), co-workers, friends, business associates, past and/or current educational institutions, or other individuals that NCSS, at its sole discretion, believes may have relevant information regarding my suitability for a placement/volunteer position. I hereby agree to release and hold harmless NCSS, its agents and employees from any and all claims arising out of NCSS' investigation of my references and credentials and any candidacy decisions made about me on the basis of information revealed by such references.

I also authorize all persons, institutions, organizations, and companies to whom this Authorization to Check References is presented to release and furnish to NCSS, its employees or agents any and all employment, education, credentialing and/or any other information sought in connection with this check. I hereby release and hold harmless any person, institution, organization, or company contacted by NCSS from any and all claims arising out of the release of information to NCSS in connection with its investigation of my references and credentials.

Applicant Signature

Date

Northwestern Counseling & Support Services, Inc.		Policy & Procedure
Policy: 103	Confidentiality	Created: 7/6/98 Revised: 12/1/14

Policy: It is the policy of Northwestern Counseling & Support Services, Inc. that all volunteers must read and sign a written agreement requiring absolute confidentiality of records and information gathered. Breach of confidentiality will subject the employee to disciplinary action up to and including discharge.

Rules and regulations regarding confidentiality apply to all programs, services, and activities including but not limited to treatment, training, rehabilitation, administration, education, and finance. This also includes sharing private information about other volunteers. However, the policy is not intended to prohibit or preclude volunteers from discussing or disclosing their wages or any other terms or condition of employment.

It is the policy of the Agency that general internal business affairs should not be discussed with anyone outside the Agency except as may be required in the normal course of business. The obligation to maintain confidentiality of Agency information exists even after the employee leaves the employ of the Agency.

Volunteers shall refer all media inquiries and other inquiries of a general nature to the Executive Director or his designee. All press releases, publications, speeches, or other official declarations by designated personnel must be approved in advance by the Executive Director.

Volunteers are to refer inquiries seeking information concerning applicants for employment, current volunteers, or former volunteers to the Human Resource Department. The Human Resources Department will determine the purpose of the inquiry before considering the release of any information.

Release of information pertaining to alcohol or drug abuse treatment will be governed by Federal Regulations 42 CFR, Part 2, which permits disclosure of confidential information pertaining to substance abuse only when release of such information is specifically identified for disclosure. Additionally, disclosures pertaining to Treatment, Payment and Healthcare Operations (TPO) are governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

New volunteers will be provided with training on confidentiality during the New Employee Orientation program. In addition, all existing volunteers are required to review and attest to the *Ongoing Employability Affirmation* and the *Affirmation of Code of Ethics* documents as part of their annual Professional Development evaluations.

I have read the above statements and understand that while acting on behalf of the Northwestern Counseling & Support Services any client information obtained cannot be discussed without written consent to release confidential information. I further understand that these confidentiality regulations apply both during the term of service with the Northwestern Counseling & Support Services and for all time following termination of service with the agency.

Signature of Volunteer

Date

Print Name

Signature of Witness

Date

Northwestern Counseling & Support Services, Inc.

Affirmation of Code of Ethics

By signing this Code of Ethics I, as a staff member, volunteer, intern or contractor of Northwestern Counseling & Support Services, Inc. (NCSS), affirm that:

I will strive to support the mission and vision of the Agency.

I will not discriminate against or refuse professional services to anyone on the basis of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, socioeconomic status, real or perceived HIV disease, or any basis proscribed by law.

I will show a genuine interest in all persons served, and do hereby dedicate myself to their best interests and helping them help themselves.

I will strive to advocate for the persons served through my work and that of others.

I will respect the privacy of persons served and hold in confidence all information obtained in the course of my work except as required by law, (i.e., abuse reporting or duty to warn).

I will maintain confidentiality when storing or disposing of records of persons served or any other Agency records. I will produce, in a timely fashion, truthful and complete billing records that are supported by auditable clinical documentation.

I will maintain a professional attitude, which upholds confidentiality towards persons served, colleagues, applicants and Northwestern Counseling & Support Services, Inc.

I, upon termination; will maintain confidentiality of persons served and coworkers, and I will hold as confidential any information concerning the Agency that I obtained while a staff member, volunteer, contractor or intern.

I will respect the rights and views of my colleagues, and treat them with fairness, courtesy, good faith and respect.

I will not exploit the trust of the public or my co-workers. I will make every effort to avoid relationships that could impair my professional judgment.

I will not engage in or condone any form of harassment or discrimination.

I will not assume professional responsibility for the persons served of a colleague without appropriate consultation with that colleague, except in cases of clinical emergency when covering emergency services and consultation is not indicated or available.

If I have the responsibility for employing and evaluating staff performance, I will do so in a responsible, fair, considerate and equitable manner.

If I believe that a colleague has violated ethical standards, I will report these violations confidentially to my supervisor, Division Director, or Human Resources Department.

Northwestern Counseling & Support Services, Inc.

I will accurately represent my education, training, experience and competencies as they relate to my profession.

I will correct, when possible, misleading or inaccurate information and representations made by others concerning my qualifications or services.

If, while serving as a supervisor, I discover that the qualifications of persons I supervise have been misrepresented, I will immediately notify the Human Resource Department so that appropriate action can be taken.

I will strive to become and remain proficient in professional practice and the performance of professional functions through continued education and training.

I will act in accordance with standards of professional integrity and professional responsibilities.

I will accurately document my time and expense submissions for time worked, services provided, and expenses incurred.

I will adhere to the policies, procedures and practices of the Agency, specifically as they relate to the health and safety of persons served and employed.

I will strive to accurately reflect the work of the organization if and when I am called on to assist in marketing and public relations.

I will not enter into any conflicting contractual relationships with parties outside of the Agency.

I will not enter into outside employment directly related to the mission and services provided by the Agency without prior approval.

I will strive to support high quality service delivery by avoiding conflicts of interests related to the exchange of gifts, money, services, and gratuities or alike.

I will strive to set proper boundaries between community partners, persons served, and co-workers to ensure that I maintain a high level of objectiveness and professionalism.

I will not participate in any Fraud, Waste, Abuse, Neglect or other wrongdoing and I will report it when I discover it.

I will engage in and support a reprisal-free work environment for all issues that have been reported involving me or others.

I will act to provide thorough, accurate, and timely information before, during and after an investigation.

I will strive to enhance the services the Agency provides through corporate citizenship and community outreach.

I will respect the personal property of coworkers, persons served and any other persons I come in contact with during the course of my work.

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I will adhere to the policies and procedures of the Agency.

I will hold confidential any documents or information regarding persons served that I gain through the course of my work.

I will hold confidential Agency information.

I will uphold Agency Corporate Compliance efforts by following established procedures.

I will share with Agency Administration any change in status that might affect my ongoing relationship with NCSS, contractors or other care providers, including but not limited to changes in professional credentials, licensing, insurance; criminal offenses; vehicle registration, inspection, insurance or driver licensing.

I will notify the appropriate staff of any change in my status affecting my possible suitability to carry out my duties and responsibilities.

I am committed to providing the highest quality of service to those who seek my professional assistance and will seek assistance for any problem that impairs my performance.

Signature

Date

Witness

Date

Northwestern Counseling & Support Services, Inc.
Ongoing Volunteer AFFIRMATION

Policy: It is the policy of Northwestern Counseling & Support Services, Inc. to provide for the optimal safety, well being, and protection of persons served. To this end, the Agency asserts the right and responsibility, in accordance with Vermont state law, to verify on an ongoing basis the continued suitability of employees, contractors, volunteers, and care providers as resources permit. Verification may include, but not be limited to, reference reviews, abuse registry reviews, criminal background checks, motor vehicle checks, credential verification, proof of licensure renewal, proof of insurance, use of a suitable motor vehicle, proof of valid driver's license, vehicle registration, and automobile liability insurance. All volunteers must maintain a level of conduct, legal status, and qualifications at least equivalent to the standards necessary for selection combined with ongoing acceptable volunteer position performance.

Volunteers of Northwestern Counseling & Support Services, Inc. are *required* to notify their Mentor, Division Director, or the Human Resources Director of any change in status affecting their possible suitability to carry out their duties and responsibilities.

This change in status may include, but not be limited to, being charged with DUI, other criminal offenses or professional misconduct, the loss of professional credentials, professional insurance, driver's license, automobile liability insurance, registration, inspection, or the use of an automobile, or any other change that might reduce their professional effectiveness or jeopardize persons served.

Failure of Northwestern Counseling & Support Services, Inc. volunteers to notify their Mentor, Division Director, or the Human Resources Director of a significant change in status, as illustrated above, may result in termination of the volunteer relationship.

Volunteers of Northwestern Counseling & Support Services, Inc. are encouraged to be proactive in disclosing any change in status that might affect their ongoing suitability. Based on case-by-case circumstances, such disclosure will be viewed as a positive step toward possible resolution, and efforts for accommodations, as reasonable and practicable, will be made.

By signing this affirmation, I acknowledge that as a Volunteer of NCSS, I will maintain a level of conduct, legal status, and qualifications at least equivalent to the standards necessary for selection and acceptable volunteer position performance and if I fail to do so I will be proactive, timely, and forthcoming in notifying the proper parties:

Volunteer Signature

Date

Print Name

Witness Signature

Date

Northwestern Counseling & Support Services, Inc.

Background/Release Authorization

Applicant Complete the Following

1. In connection with my application for employment, I understand that reference checks will be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by Agency policy and consistent with the job described, you may be requesting information from public and private sources about my: driving record, criminal record, court record, education, credentials, and references.
2. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
3. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or Insurance Company contacted by **Northwestern Counseling & Support Services, Inc.** or its agent, to furnish the information described in Section 1.
4. I understand that NCSS, Inc. will be requesting driving records and criminal background checks on an annual basis, to which this release authorizes. The authorization will remain valid for the term of employment or until rescinded by either party.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release NCSS, Inc. and agents, and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address Place of Birth

City State Zip Code

Social Security Number Date of Birth

College(s) / University(ies) Name & Address Degree(s) Earned Date(s) Earned

Professional Licensure(s) and/or Designations

Some states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, VT, WI

Sex: Male Female Race: Asian African American Native American Hispanic White Other

Driver's License Number State Issuing License

Name as it appears on license

Signature Today's Date

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My Commission Expires

Northwestern Counseling & Support Services, Inc.

**Disclosure to Employment Applicant
Regarding Procurement of a Background Check(s)**

In connection with your employment NCSS authorizes ADP to procure background checks such as, but not limited to, driving record and criminal record reports, as they pertain to you.

Please be advised that you have the right to request, in writing, within a reasonable time, that ADP make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date in which ADP receives the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights in the "Summary of Your Rights under the Fair Credit Reporting Act" document.

By your signature below, you hereby authorize NCSS and ADP to obtain background checks and/or criminal reports about you as a condition of employment.

This report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
800-367-5933

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

A COPY OF THE "SUMMARY OF RIGHTS" IS AVAILABLE TO APPLICANT UPON REQUEST.