

# Northwestern Counseling & Support Services, Inc.

107 Fisher Pond Road, St. Albans, VT 05478

[www.ncssinc.org](http://www.ncssinc.org) / [careers@ncssinc.org](mailto: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
				YES	NO	
Vocational				<input type="checkbox"/>	<input type="checkbox"/>	
High School				<input type="checkbox"/>	<input type="checkbox"/>	

## 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 **6/24/2024** End **6/28/2024**

Availability	A.M.	P.M.	Special notes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Applicable Interests, Hobbies, Skills:



## **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.

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\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Date**

## PARENTAL/GUARDIAN CONSENT FOR TEEN VOLUNTEERS/SHADOWS

I acknowledge my child \_\_\_\_\_ is under the age of 18, a legal minor, and I permit them to be a volunteer or job shadow for Northwestern Counseling & Support Services, Inc. I understand the volunteer responsibilities will be designated by a staff member of NCSS, Inc. and that my child will not receive compensation for volunteering, but will receive a valuable experience.

I agree and understand that the minor must cooperate and comply with the rules and regulations as assigned by the volunteer supervisor, or they may be released from volunteer/job shadow experience.

In consideration of the opportunity afforded to my child, I agree to hold NCSS harmless from and against all claims, damages, losses and expenses that my minor child may sustain while participating in the volunteer activity.

I grant permission for my child to undergo background checks prior to volunteering.

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Parent/Legal Guardian Signature

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Date

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Print Name

<b>Northwestern Counseling &amp; Support Services, Inc.</b>		<b>Policy &amp; Procedure</b>
<b>Policy: 103</b> <i>CARF Rev: 1.1.5, 1.1.7</i>	<b>Confidentiality</b>	<b>Created: 7/6/98</b> <b>Revised: 12/1/14, 12/1/18</b>

**Policy:** It is the policy of Northwestern Counseling & Support Services, Inc. that all employees, as well as volunteers, interns, job shadows, work study, or any other form of observation placement, 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 employees. However, the policy is not intended to prohibit or preclude employees 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.

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

Employees are to refer inquiries seeking information concerning applicants for employment, current employees, or former employees 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 employees will be provided with training on confidentiality during the New Employee Orientation program. In addition, all existing employees 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 Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

<b>Northwestern Counseling &amp; Support Services, Inc.</b>		<b>Policy &amp; Procedure</b>
<b>Policy: 121</b> <i>Carf Ref: 1.A.6, 1.H.12, 1.I.5</i>	<b>Code of Ethics</b>	<b>Created: 7/6/98</b> <b>Revised: 12/09/03, 7/7/11, 6/4/19</b>

## **ETHICAL STANDARDS FOR EMPLOYEES OF NORTHWESTERN COUNSELING & SUPPORT SERVICES, INC.**

As employees of Northwestern Counseling and Support Services, Inc. (NCSS), we believe in the dignity of each individual we serve and commit ourselves to increasing each person's level of independence. As professionals, we assist in promoting the full development of each individual's potential. Employees include all full-time, part-time, temporary, and substitute employees. ***Any person who is uncertain as to the interpretation of this code should seek advice from their immediate supervisor or the Human Resources Department.***

### **I. RESPONSIBILITIES**

- A. We will facilitate services that effectively meet the individual needs of those served.
- B. We will demonstrate through our actions and involvement our unique skills to assist individuals with a healthy adjustment to life.
- C. We must always maintain professional objectivity and self-discipline so that each individual's needs remain our primary focus.
- D. We must be aware of the sensitivity of our work, its social impact and continually maintain appropriate boundaries.
- E. NCSS and its employees have an obligation to continually offer and participate in professional training.

### **II. COMPETENCE**

- A. It is essential that each employee maintain a high degree of competence through continuous training and higher education.
- B. Employees should always promote a respectful and therapeutic atmosphere through their actions conducive to the healthy development of all persons.
- C. It is essential that employees make themselves aware of cultural and ethnic differences, while respecting diversity and individuality.
- D. It is the responsibility of all employees to utilize guidance as necessary from staff and others to ensure the best services possible.

### **III. ETHICAL AND LEGAL STANDARDS**

- A. In the practice of our profession we have a direct influence on the local community and, therefore, must ensure that appropriate ethical and legal standards are strictly adhered to.
- B. Employees must realize that any violation of ethical and legal standards damages relationships and tarnishes the reputation of the Agency.
- C. Employees will be aware and supportive of the ethical and legal standards of all other employees and professionals.
- D. When disseminating or sharing non-client information, employees must acknowledge and reference any sources of published information.

- E. Employees must not place themselves in a position where they are under obligation to any person who might benefit from special considerations or favors on their part; employees must not seek in any way to gain special treatment from other persons, which could prejudice the Agency.
- F. In general, gifts and personal favors for staff from Agency clientele need to be appropriately declined or returned. Any gift or personal favor needs to be reviewed with your supervisor. This is to ensure that the staff person, being in a position of authority and power, does not or is not perceived to be taking advantage of, or exploiting, the person served in any way as a result of having such authority. It is important that clear boundaries are established and adhered to so that the integrity of the therapeutic relationship remains intact.
- G. For the purpose of this code, the term gift includes goods, entertainment, services, loans, pleasure or vacation trips or accommodations, the use of property, and the like.
- H. No payment, gift or favor is to be made to any person in a position of trust in order to violate their duty or to obtain favorable treatment in negotiations or the award of contracts.
- I. Employees must avoid any situation or action that may create or appear to create a conflict of interest with Agency clients, consumers, vendors or the community in general;
- J. Upon termination of employment, for any reason whatsoever, employees shall immediately return to the Agency all property including, but not limited to, keys, pagers, telephones, computers, or other equipment in their possession as a result of their employment with the Agency.

#### **IV. CONFIDENTIALITY**

- A. All employees past or present are obligated to use professional judgment in safeguarding information regarding people served. Such information may only be shared with the individual's team members on a need-to-know basis or other professionals in cases of emergency.
- B. When information is shared it must be done in a respectful and discreet manner adhering to the individual's legal and human rights.
- C. In serving each individual, employees must follow proper protocols and policies relating to release of information.
- D. All employees must properly hold in trust all matters of a confidential and/or monetary nature that may exist between them and their clients.
- E. It is also 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.

#### **V. ADVOCACY OF CONSUMER'S RIGHTS**

- A. Each employee must work to ensure that the legal rights of each individual are not violated or denied in any way.
- B. Employees will respect family and community involvement.
- C. Employees will be dedicated to the development of each person's independence and integration into the community.
- D. We ensure that co-workers, fellow professionals, and the Agency, respect the rights of the persons served.

#### **VI. INTERPROFESSIONAL RELATIONS**

- A. We are to act in an ethical and professional manner when representing the Agency regardless of circumstances.
- B. Each employee must maintain a respectful relationship with all co-workers and promote a healthy working environment.

#### **VII. RESPONSIBILITY TOWARD ORGANIZATION**

- A. It is essential to realize the necessity of adhering to the policies, procedures, and ethical standards of the Agency.
- B. We have the responsibility to promote the most positive reputation possible through our relationships with individuals and the community.
- C. Given a professional affiliation, it is the employee's responsibility to promote and support the goals and purpose of their professional association.
- D. Employees are to accurately represent themselves, treatment techniques and the mental health and developmental services professions at all times.

**VIII. DISTRIBUTION AND ENFORCEMENT**

- A. Any person who is uncertain as to the interpretation of this code should seek advice from their immediate supervisor or the Human Resources Department.
- B. An employee who becomes aware of a violation of this code is responsible for reporting the matter promptly to the Human Resources Department.
- C. At the initial point of contact, each consumer will be advised that a Code of Ethics exists and is available for their review.
- D. When appropriate, employees might be periodically required to confirm their compliance with this code.
- E. The Human Resources Department may present any suspected violations to the Ad Hoc Ethics Committee for review. The Ethics Committee will assess compliance, and issue a written determination within five (5) business days to the Human Resources Department for final action. Violations of this code will be cause for prompt and appropriate disciplinary action, up to and including termination, in accordance with established Agency policies.
- F. The Ethics Committee will provide a forum to review various issues relating to ethical practices to assist in determining the appropriate response to issues arising through the interaction with the community and the Agency's employees.

**IX. MANAGEMENT PHILOSOPHY**

- A. The Agency meets the needs of its customers by providing high quality services, and considering the needs of the community and the individual when making decisions. The Agency has adopted this management philosophy through its mission statement and vision. All employees shall abide by its principals.
- B. All employees having managerial functions shall be responsible for the implementation of this code, including the distribution necessary to ensure employee knowledge and compliance.
- C. This code applies to the Agency, its subsidiaries and divisions. It may be appropriate that any division adapt this code to meet their specific needs. Any adaptation will be in conjunction with this code. In such circumstances, it would be the duty of the appropriate Division Director to alert the Executive Director and the Human Resources Department of such special circumstances.
- D. Any employee who chooses not to sign this code cannot thereafter claim that they are unaware of its contents and provisions.
- E. All legal documents and contracts with employees, agents, vendors, sales, and other outside contractors, will be witnessed upon signing.

We will not use our professional position in any manner that is inconsistent with these stated values.

**I HAVE READ THE ABOVE AND UNDERSTAND IT IS MY RESPONSIBILITY AS AN EMPLOYEE OF NORTHWESTERN COUNSELING AND SUPPORT SERVICES, INC. TO UPHOLD THESE ETHICAL STANDARDS.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



# 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

## Northwestern Counseling & Support Services, Inc.

confidentially to my supervisor, Division Director, or Human Resources Department.

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.

# Northwestern Counseling & Support Services, Inc.

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.

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. *(See Background Check Policy 109 for additional details)*

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.

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Signature of Employee

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Date

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Print Name

# Northwestern Counseling & Support Services, Inc.

## Ongoing Employability 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, 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 employees, contractors, and care providers must maintain a level of conduct, legal status, and qualifications at least equivalent to the standards necessary for hire and acceptable job performance (*see HR Policy 109, Background Checks and Changes Affecting Ongoing Employability for details*).

Employees of Northwestern Counseling & Support Services, Inc. are *required* to notify their Team Leader, 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. employees to notify their Team Leader, Division Director, or the Human Resources Director of a significant change in status, as illustrated above, may result in disciplinary action up to, and including termination.

Employees of Northwestern Counseling & Support Services, Inc. are encouraged to be pro-active in disclosing any change in status that might affect their ongoing employability. 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 an employee of NCSS, I will maintain a level of conduct, legal status, and qualifications at least equivalent to the standards necessary for hire and acceptable job performance and if I fail to do so I will be proactive, timely, and forthcoming in notifying the proper parties:**

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Signature of Employee

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Date

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Print Name



Agency of Human Services

Adult Protective Services, HC 2 South, 280 State Drive, Waterbury, VT 05671-2060
AND
Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

\*\*\*\* This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: LAST FIRST Middle Initial Gender:

Address:

Last four digits of social security number: XXX-XX

Phone number: Birth Date: Place of Birth: City, State, Country

Other FIRST names I have used, if any (i.e. Nicknames, Aliases): (Type or Print)

Other LAST names I have used, if any (i.e. Maiden Names, Aliases): (Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to:

Vermont Agency of Education
(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature Date

## DMV/VCIC 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.
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
Home Address			Place of Birth
City	State	Zip Code	
Social Security Number	Date of Birth		
Driver's License Number	State Issuing License		
Name as it appears on license			
Email Address	Cell Phone Number		
Signature	Today's Date		