

Northwestern Counseling & Support Services, Inc.

107 Fisher Pond Road, St. Albans, VT 05478

VOLUNTEER APPLICATION

Date: _____ Name: _____ Other Names Used: _____
 Street Address: _____ Home Phone: _____
 City, State, Zip Code: _____ Work Phone: _____
 In Case of Emergency, _____ Phone: _____
 Notify: _____

| Education/ Special Training: | Names & Address of School | Course of Study | Years Completed | Graduated? | | Degree or Diploma |
|---------------------------------|------------------------------|--------------------|--------------------|------------|----|-------------------|
| | | | | YES | NO | |
| College | | | | YES | NO | |
| Vocational | | | | YES | NO | |
| High School | | | | YES | NO | |
| Elementary | | | | YES | NO | |
| Other | | | | YES | NO | |

| Availability of Volunteer | A.M. | P.M. | Evening |
|---------------------------|------|------|---------|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |

Do you currently have a valid driver's license? Yes No

Have you been convicted of a crime? Yes No If yes, please describe in full: _____

Applicable Interests, Hobbies, Skills: _____

EMPLOYMENT/VOLUNTEER EXPERIENCE – Must be completed in full

Please give accurate, complete full-time and part-time employment and volunteer record. Start with present or most recent employer.

| | |
|--|--|
| 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 |

| | |
|--|--|
| 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 |
|------|--------------|-------|
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I certify that all information provided in this application is true, accurate and complete. I understand that any false or misleading information, including omission, intentional or unintentional, may disqualify me from further consideration to be a volunteer and may result in my dismissal if subsequently discovered.

I also understand that any offer to volunteer for NCSS is conditioned upon satisfactory results of criminal and motor vehicle background checks.

I further understand that acceptance of an offer to volunteer with NCSS does not create a guarantee for a definite period of time or an obligation on NCSS' part to continue to use me as a volunteer in the future. I understand that if selected I have been selected at the will of NCSS and my services may be terminated at anytime, with or without 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 degree(s), professional licenses, internship, residency, fellowship, experience, certification credentials, and any other background information, which may be requested in conjunction with my active candidacy for a 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 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 employment decisions made about me on the basis of information revealed by such investigation.

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.
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PARENTAL/GUARDIAN CONSENT FOR TEEN VOLUNTEERS

I permit my child _____ to be a volunteer for Northwestern Counseling & Support Services, Inc. I understand the volunteer responsibilities will be designated by a staff member of NCSS, Inc. and I will cooperate with my child to comply with the rules and regulations as assigned.

I grant permission for my child to undergo pre-volunteer background checks.

Parent/Legal Guardian Signature

Date

Print Name

VOLUNTEER AFFIRMATION OF CODE OF ETHICS

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

I will not discriminate against or refuse services or supports 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 respect the privacy of persons served and hold in confidence all information obtained in the course of volunteer services 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 maintain a professional attitude, which upholds confidentiality towards persons served, colleagues, applicants and Northwestern Counseling & Support Services.

I, upon conclusion of volunteer services, will maintain confidentiality of persons served, and I will hold any information concerning the Agency that I obtained while a volunteer as confidential.

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 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 believe that a colleague has violated ethical standards, I will report these violations confidentially to NCSS, Inc.

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

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

I am committed to providing the highest quality of service to those who seek my assistance.

I will act in accordance with standards of professional integrity.

I will seek assistance for any problem that impairs my performance.

Volunteer Signature

Date

Print Name

Parent/Legal Guardian Signature

Date

Print Name

CONFIDENTIALITY POLICY

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 volunteer to dismissal of the services they provide.

Rules and regulations regarding confidentiality apply to all programs, services, and activities including but not limited to treatment, training, rehabilitation, administration, education, finance and volunteering. This also includes sharing private information or making disparaging comments about employees or other volunteers.

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.

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.

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 must refer inquiries seeking information concerning applicants for employment, current employees, former employees and volunteers to the Human Resource Department, who will identify the reason for inquiry before releasing any information.

I have read the above statement and understand that while acting on behalf of the Northwestern Counseling and 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 volunteer service with the Northwestern Counseling and Support Services and for all time following termination of volunteer service with the agency.

Volunteer Signature

Date

Print Name

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

Print Name

Date



Department of Public Safety
Vermont Criminal Information Center
 103 South Main Street
 Waterbury, VT 05671-2101

**COMPLETE
THIS SECTION
ONLY**

PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

\$20 PER REQUEST

Reply will be mailed in 5 – 7 working days

NO PERSONAL CHECKS

SELF ADDRESSED, STAMPED, RETURN ENVELOPE IS REQUIRED TO FACILITATE RETURN OF YOUR REQUEST

WE ARE A VULNERABLE POPULATIONS AGENCY. OUR AGENCY CODE IS: 00042VP

NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY

 LAST NAME

 FIRST NAME

 MIDDLE INITIAL

____/____/____ MALE / FEMALE
 MO DAY YEAR (CIRCLE ONE)
 Date of Birth (REQUIRED)

____/____/____ - ____/____/____ - ____/____/____
 SOCIAL SECURITY NUMBER
 (OPTIONAL)

 ALIAS NAMES (IF APPLICABLE)

PURPOSE OF REQUEST: (CHECK ONE)

- PERSONAL REVIEW EMPLOYMENT LICENSING HOUSING MILITARY
- ADOPTION FOREIGN TRAVEL/IMMIGRATION PARDON
- CHILD CUSTODY CIVIL COURT PROCEEDING
- OTHER: _____

INDICATE REASON FOR REQUEST IF OTHER THAN OPTIONS ABOVE

ACCESS TO CRIMINAL CONVICTION INFORMATION TERMS AND CONDITIONS

The following information is REQUIRED in order to successfully process your request.

Requestor MUST initial each line, fill out requestor information and sign below.

In accordance with Title 20, Chapter 117, Section 2056(c), which governs the release of criminal conviction information to the public, I understand:

- ____ Alteration or modification of any report received as a result of this request is strictly prohibited by law.
- ____ Disclosure of the contents of this criminal conviction report to anyone other than the subject of the record or properly designated employees of any agency with a documented need to know the contents of the record is prohibited.
- ____ No person entitled to receive a criminal conviction record shall require an applicant to obtain, submit personally or pay for a copy of his or her criminal conviction record.

Name of Requestor: _____ Driver's License # _____ State: _____

Address: _____
 Street Address City State Zip

Telephone number: / ____ / _____ Date of Birth of Requestor: ____/____/____
 MO DAY YEAR

Signature of Requestor: _____ Date: ____/____/____