



Welcome to Villa! We are delighted that you are interested in volunteering here and helping to support our very special children, adults and seniors. In order to get started, please complete the following:

- VOLUNTEER APPLICATION AND VOLUNTEER SERVICE AGREEMENT
- VOLUNTEER CONFIDENTIALITY POLICY/AGREEMENT
- DEPENDENT ADULT AND CHILD ABUSE GUIDELINES/POLICY
- VOLUNTEER ORIENTATION
- PROVIDE DOCUMENTATION OF A TB TEST CURRENT WITHIN THE LAST 4 YEARS

Please contact us at the number below when you are ready to learn more or get started:

Margaret Morris
Volunteer and Special Events Coordinator
(626) 449-2919 ext 162
mmorris@VillaEsperanzaServices.org



VOLUNTEER APPLICATION

For Office Use Only

Orientation Date: - - -

T.B. Test: Data Entry:

NAME: _____ TODAY'S DATE: _____
(Please print clearly)

ADDRESS: _____
City Zip

PHONE: _____
HOME: () WORK: () CELL: ()

EMAIL: _____ DATE OF BIRTH: / /

CA DRIVERS LICENSE/ I.D. #: _____ SOCIAL SECURITY #: _____

HOW DID YOU LEARN ABOUT VILLA? INTERNET FRIEND
 SCHOOL/ORGANIZATION OTHER: _____
(Please explain)

EMERGENCY CONTACT: _____ PHONE ()

CONTACT RELATIONSHIP: _____ CELL: ()

PLEASE CHECK **ALL** YOUR AREAS OF INTEREST:

◆ **DIRECT SERVICES:** *Working with developmentally disabled individuals*

Children & Youth Programs Adult Day/Work Programs Care Management Outreach

◆ **INDIRECT SERVICES:**

Office/Clerical Fundraising

WHEN WOULD YOU LIKE TO VOLUNTEER?: *(i.e. how often, days of the week, time of day)*

SPECIAL SKILLS YOU CAN SHARE: *(piano, crafts, sports, hobbies, design, etc.)*

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO *IF YES, PLEASE EXPLAIN:*

DO YOU HAVE ANY DISABILITIES OR LIMITATIONS WHICH WOULD REQUIRE ACCOMODATIONS FOR THE POSITION OF INTEREST TO YOU? YES NO *IF YES, PLEASE EXPLAIN:*

PLEASE EXPLAIN HOW YOU BECAME INTERESTED IN VOLUNTEERING AT VILLA ESPERANZA SERVICES:

PLEASE DESCRIBE WHAT YOU ARE LOOKING TO GET OUT OF THIS EXPERIENCE:

VOLUNTEER SERVICE AGREEMENT

As a volunteer for Villa Esperanza Services, I agree to comply with the following procedures put forth by Villa Esperanza Services. I understand and agree to the following:

- ◆ I agree to adhere to the volunteer confidentiality Policy/Agreement and the Dependent Adult & Child Guidelines/Policy.
- ◆ I understand that, once accepted, Villa relies on me to fulfill my commitment. I agree to call the Volunteer Coordinator or my designated supervisor if I am unable to be present for my placement.
- ◆ I also understand that acceptance into the Villa volunteer program does not guarantee me an ongoing placement and that it is within Villa's discretion to continue or terminate my agreement.
- ◆ I agree that my services are donated to Villa without contemplation of compensation or future employment. I also understand that I will not be entitled to unemployment benefits upon termination of the agreement.
- ◆ I understand that as a Villa volunteer I will have the opportunity to evaluate my placement and Villa's volunteer program. I also understand that, as a volunteer, I may also be evaluated.
- ◆ I understand that I must adhere to Villa's policies including: volunteer guidelines & expectations, drug-free work place & non-smoking policy, safety guidelines including participation in safety drills.
- ◆ I understand and agree as a Villa volunteer to adhere to the Clients Rights and Denial of Rights protocol which states that an adult (age 18 and over) with developmental disabilities, is considered to have the same right and responsibilities as any other adult unless specific rights have been withdrawn by legal proceeding. Furthermore, I agree to treat all Villa participants with dignity and respect.
- ◆ I understand that if I am hurt or injured while volunteering at Villa, I will notify my immediate supervisor and complete a volunteer incident report.

My signature below verifies that I have read and agree with the content of this volunteer agreement and that I have received a copy for my records. My signature also certifies all information which I have given to Villa Esperanza Services to be true and accurate to the best of my knowledge. I herein give permission to Villa Esperanza Services to verify any information which it deems necessary to determine my qualifications for volunteering.

SIGN: _____ ***DATE:*** _____

PRINT NAME: _____



VOLUNTEER CONFIDENTIALITY POLICY/AGREEMENT

Villa Esperanza Services strives to have an innovative and strong volunteer program. With the achievement of this goal in mind, Villa Esperanza Services has developed a strict confidentiality policy, which all volunteers must adhere to. The Volunteer Confidentiality Policy/Agreement is as follows:

- ◆ I understand that the Volunteer Opportunities at Villa Esperanza Services require that as a volunteer, I may often interact with clients, families, vendors, employees and others. I understand that during these interactions, I may be exposed to information, personal or otherwise about these parties.
- ◆ As a volunteer, I understand that the success of this program is based on the trust and respect developed between myself and those I work with.
- ◆ I understand that it is my responsibility as a volunteer to respect the privacy of the clients, families, vendors, employees and others.
- ◆ To ensure confidentiality, I understand that any information about a particular client can only be disclosed to my supervisor or other designated personnel of Villa Esperanza Services.
- ◆ I agree that, should any issues arise that are beyond my volunteer job scope or training, it is my responsibility to share such information with my supervisor or designated Villa Esperanza Services personnel.
- ◆ I understand that my failure to comply with the Villa Esperanza Services confidentiality policy will be considered grounds for immediate termination.
- ◆ I understand and agree that upon the completion or termination of my volunteer service with Villa Esperanza Services, I will maintain all information about the aforementioned parties in the strictest of confidence.
- ◆ I recognize and understand that any unauthorized release of confidential information is a misdemeanor and is punishable by law.

My signature below, verifies that I have read, understand and agree to the terms and conditions stated above.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

DEPENDENT ADULT AND CHILD ABUSE GUIDELINES/POLICY

Villa Esperanza Services recognizes that its children, adults and seniors are vulnerable to abuse and therefore has developed guidelines for you as a volunteer to utilize during your interaction with clients and families, and a strict mandated reporting policy.

Any situation in which volunteers and clients interact may give rise to issues concerning abuse. Both our clients and our volunteers are at risk, and we must protect our clients and their families from abuse and our volunteers from allegations of abuse. This is going to take some thought and reflection on your part. It is not something we like to think about, however it is essential that we do.

Abuse can and does occur everywhere. Employees and volunteers are not immune to suspicion if they conduct themselves in ways that could be interpreted as inappropriate with clients. Your responsibility is to provide a caring environment for those you serve as a volunteer and, at the same time, avoid situations which are, or may appear to be, compromising.

Definition of Abuse:

“Physical abuse” refers to any physical motion or action (e.g. hitting, slapping, punching, kicking, pinching) by which bodily harm or trauma may occur. It includes use of corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate behavior for purpose of punishment.

“Verbal abuse” refers to any use of oral, written or gestured language by which abuse occurs. This includes pejorative and derogatory terms to describe persons with disabilities.

“Psychological abuse” includes, but is not limited to, humiliation, harassment and threats of punishment or deprivation, sexual coercion, intimidation, whereby individuals suffer psychological harm or trauma.

The following guidelines are for your protection:

- ◆ Report to work only when you are assigned to volunteer, or have received authorization from your direct supervisor or the Volunteer Coordinator.
- ◆ Always record your full time (time of arrival AND time of departure).
- ◆ Always consider your actions within the frame-work of the client’s age and sex, and the circumstances.
- ◆ Physical contact with clients should be approached cautiously. Touching a client on the hair or shoulders is not likely to be mistaken as inappropriate behavior, however assisting a client with bathing, changing clothes, or with toilet needs could be misinterpreted, unless it is part of the job description.
- ◆ Visiting clients on your own time is discouraged. However, if there is a need for additional visits, other than what has been assigned, notification must be given to/and approved by the Volunteer Coordinator prior to your visit.

Our families need you. Your care and concern for them is exactly why we do not want you to place yourself in a compromising situation. We do not want to stifle the enjoyment or satisfaction you receive from volunteering, but want to help you to continue to enjoy helping others. If you have any concerns or questions, now or in the future, please contact your supervisor or the Volunteer Coordinator.

As a volunteer for Villa Esperanza Services you are required to report any knowledge or suspicions of any abuse to your supervisor immediately. The supervisor will then take the appropriate action as required by the law.

I have read the above Dependent Adult and Child Abuse Guidelines/Policy and understand my responsibility for both my behavior when interacting with clients, and my obligation to report any knowledge or suspicion of abuse. My signature below verifies that I fully understand and will adhere to the California State law and the Villa Esperanza Services policy.

SIGNATURE: _____ *DATE:* _____

PRINT NAME: _____