



Villa Esperanza Services Volunteer Application

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 8 page application form.

Included in this packet are 6 forms which need to be read thoroughly, signed and dated: **Volunteer Service Agreement, Confidentiality Policy/Agreement, Dependent Adult and Child Abuse Guidelines/Policy, Volunteer Acknowledgement and Waiver Form, and Photography Policy and Photo Release Form.** If you are under age 18, forms need to be signed by a parent or guardian as well as the volunteer.

If you will be volunteering in a program where you will be working directly with our children or adults, you will need to provide documentation of a TB test current within the last 4 years of your volunteer start date.

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

Katherine Evans
Volunteer and Special Events Coordinator
(626) 449-2919 Ext. 162
kevans@VillaEsperanzaServices.org

Please fill out your name and date, but do not fill out the rest of this page; it is for office use only.

Name: _____ Date: _____

For Office Use Only (You do not have to fill out.)

- Volunteer Application & Volunteer Service Agreement
- Volunteer Confidentiality Policy/Agreement Tour
- Dependent Adult & Child Abuse Guidelines/Policy
- Volunteer Acknowledgement & Waiver Form Photography Policy & Photo Release Form
- TB test current within the last 4 years TB test not required
- Volunteer Orientation: Date: _____ Data Entry

Placement: _____

Schedule: M _____ Tu _____ W _____ Th _____ F _____ Other _____

Start Date: _____

Program/Dept. notified: _____

Notes: _____



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Name: _____ Date: _____

(Please print clearly)

Address: _____

City Zip

Phone: _____

Home:() Work:() Cell:()

Email: _____ Date of Birth: / /

CA Drivers License/I.D. #: _____ Social Security #: _____

If you are crediting these hours to a specific school or organization (i.e. Loyola High School, USC, Boy Scouts, etc.), please list it here:

How did you learn about Villa? Internet Friend School/Organization Other: _____

(Please explain)

Emergency Contact: _____ Contact Relationship: _____

Emergency Contact Phone: _____ Cell Phone: _____

Please check ALL of your areas of interest:

Direct Services: Working with developmentally disabled individuals

Children & Youth Programs Adult Day/Work Programs

Indirect Services:

Office/Clerical Fundraising

When would you like to volunteer? (i.e. how often, days of the week, time of day, etc.)



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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:

Please explain how you became interested in volunteering at Villa Esperanza Services:

Please describe what you are looking to get out of this experience: _____

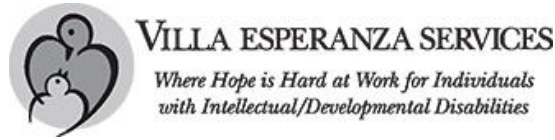
Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: _____ Date: _____

(If volunteer is under 18)

Parent/Guardian Print Name: _____



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 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 17 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.

Signature: _____ Date: _____

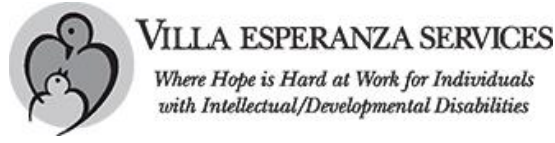
Print Name: _____

Parent/Guardian Signature: _____ Date: _____

(If volunteer is under 18)

Parent/Guardian Print Name: _____

Providing Love, Care, and Hope for Individuals with Disabilities and their Families since 1961
2060 East Villa Street • Pasadena, California 91107 • Tel: (626) 449-2919 • Fax: (626) 449-2850
www.VillaEsperanzaServices.org



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.
- Information in documents or other sources is also considered confidential and is subject to this confidentiality policy.
- 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: _____

Parent/Guardian Signature: _____ Date: _____

(If volunteer is under 18)

Parent/Guardian 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/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: _____

Parent/Guardian Signature: _____ Date: _____
(If volunteer is under 18)

Parent/Guardian Print Name: _____



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Villa Esperanza Services Volunteer Acknowledgement and Waiver Form

I certify that I am offering my services to Villa Esperanza Services on a volunteer basis. I understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I further understand that I am not eligible for unemployment compensation benefits when my volunteer assignment ends, and I am not eligible for worker's compensation benefits if I am injured or become ill as a result of my volunteer assignment.

I certify that I am not employed by Villa Esperanza Services, and I am performing the volunteer assignment for civic, charitable or humanitarian reasons.

Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: _____ Date: _____

(If volunteer is under 18)

Parent/Guardian Print Name: _____



Villa Esperanza Services Photography Policy

Volunteers are not permitted to take any types of photographs or video of Villa Esperanza facilities and/or staff or clients without written permission from specific program director, the volunteer coordinator or designated development department staff member or other officer at VP Level or above.

Villa Esperanza Services Photo Release Form

Occasionally, Villa Esperanza Services publishes photographs or video taken from our adult and children’s programs in our “Public Relations” work for fundraising, special events, and general information to our parents, staff and community friends. Video may also be used for educational purposes re: modeling of appropriate social skills, etc. for our children/adults. Media outlets include but are not limited to public media such as newspaper, TV, social networking sites as well as in-house publications and presentations.

Please indicate below if you will allow your or your child’s photograph or video to be taken and used for this purpose.

This photo release will remain in effect until revoked in writing. Thank you.

Yes, I give permission to use my photograph or video (or my child’s photograph or video if under age 18) and allow Villa Esperanza Services to retain possession of data.

No, I do not give permission to use my photograph/video (or my child’s photograph/video if under age 18.)

My signature below verifies that I have read and agree with the content of both the Villa Esperanza Services Photography Policy and Photo Release Form.

Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: _____ Date: _____
(If volunteer is under 18)

Parent/Guardian Print Name: _____