



**Edgewood Center for Children and Families
Volunteer Application**

All volunteers must be 18 years or older, pass a background check, complete a TB test, sign a confidentiality agreement and waiver, and submit a volunteer application prior to volunteering

Name:	Date:
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Applicant Information:

Address:	Phone Number:
City:	Email:
State:	Employer:
Zip Code:	Position:

Education:

School	Major	Degree/Diploma	Date of Completion

Relevant Experience:

Please describe any past volunteer/work experience (include the agency/organization and summary of duties performed):

Volunteer Opportunities:

Please describe the volunteer opportunities you are interested in at Edgewood:



Availability:

Please indicate specific days and times you are available to volunteer:

References (please include at least one reference that has observed you working directly with youth):

Name	Relationship	Contact Information

Are you bi-lingual or do you have any foreign language skills?

Yes No

If so, please explain:

Have you ever been convicted of a crime?

Yes No

You do not need to identify convictions which have been sealed, expunged, dismissed, or otherwise eradicated by statute or court order, any marijuana-related convictions which are more than two years old, or information pertaining to referral to and participation in any pre-trial or post-trial diversion program.

If yes, please explain:

Acknowledgement Statement:

Edgewood Center for Children and Families does not discriminate according to race, religion, disability, sexual preference, gender identity, or economic status.

I hereby apply for a volunteer position at Edgewood. I understand that Edgewood will interview me about my background, motivation, expectations and other personal qualities which might have a bearing on my appropriateness for the program.

I further agree to be fingerprinted using LiveScan in order for Edgewood to request a criminal back ground check (all expenses to be paid by Edgewood), have a tuberculosis test before I start in a volunteer capacity. I understand that Edgewood will review references and will investigate any and all facts concerning my



qualifications for becoming a volunteer. I certify that all of the information provided by me in this application is complete, true, and accurate. I acknowledge that intentional falsification of information will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I also certify that I am 18 years of age or older.

I understand that the statements I make to the staff of the agency will be held confidential within the agency, unless disclosure is required by law. Specifically, I understand that incidents of child abuse or molestation, past or present, or threat of harm to oneself or others are issues that must be reported to the proper authorities.

I understand that my application will not be considered unless it is complete and signed, and until the required supplemental information is submitted and completed.

I agree to notify Edgewood immediately of any changes in the information provided in the application process including, but not limited to the following: legal status, driving record, job change, address change, telephone number change, or name change.

This application and any additional information gathered will remain the property of Edgewood Center for Children and Families.

Printed Name:	Date:
Signature:	

Confidentiality Agreement:

Confidentiality, or the protection of children’s rights, is a critical aspect of the treatment with regards to the youth and their families at Edgewood. Under no circumstances will names, particular problems, and personal or family backgrounds of children or their families be revealed to any individual who does not directly participate in the treatment process at Edgewood.

Confidential information revealed to any individual who does not directly participate in the treatment process with a child and family requires a specific release from the responsible party.

Therefore, I, the undersigned, hereby agree to divulge neither the identity nor identifying clinical information concerning any child or family in past or current treatment at Edgewood without proper authorization in accordance with California Welfare and Institutions Code, Section 5328, et seq.

I understand that the unauthorized release of confidential clinical information renders me liable to a civil action under provisions of the Welfare and Institutions code.



Printed Name:	Date:
Signature:	

Release of Liability:

I am voluntarily participating in a volunteer activity for Edgewood Center for Children and Families and assume the risk of any injury caused by participation in these activities. I hereby waive any claim for any injury caused by or resulting from my participation in the activity.

Printed Name:	Date:
Signature:	

I am interested in receiving Edgewood's Newsletter.

Yes No

Important: All Volunteers must be aged 18 & older, and must have a signed Waiver of Liability on file.

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!

ADULT RELEASE AND WAIVER OF LIABILITY & EMERGENCY CONTACTS

Edgewood Center for Children and Families (“Edgewood”) is the oldest continually operating children’s charity in the western United States. Edgewood serves thousands of children, youth and families that have experienced traumatic stress, which can lead to learning disabilities, mental illness, and debilitating behavioral issues. Edgewood intensive services programs address the unique needs of abused, neglected and troubled youth who require more comprehensive care than their family or school can provide. In its school-based and community- based programs, Edgewood provides a continuum of support to students, families and staff, including social, emotional and behavioral support.

I, the undersigned volunteer, desire to participate as a volunteer at Edgewood, and engage in activities related to being a volunteer. I understand that these activities may include, but are not limited to, standing, lifting, walking or driving, being transported to and from event site locations, participating in sports, consuming food, engaging in a range of activities at various Edgewood facilities, interacting with Edgewood clients and their families, and other volunteer activities.

I understand and acknowledge that Edgewood clients, due to their behavioral problems and other emotional issues, may be unpredictable and may engage in dangerous or other unsafe behavior. I understand and acknowledge that the volunteer activities and functions in which I participate could potentially result in injury, damage to personal property or death. I am voluntarily participating in these volunteer activities with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks.

I HEREBY FREELY AND VOLUNTARILY, WITHOUT DURESS, EXECUTE THIS RELEASE AND WAIVER OF LIABILITY UNDER THE FOLLOWING TERMS:

1. I hereby waive and release, indemnify, hold harmless and forever discharge Edgewood, and its agents, employees, officers, directors, clients, contractors, affiliates, successors and assigns, of and from any and all claims, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or in equity, that I ever had or may have, arising from or in any way related to events or activities conducted by, on the premises of, or for the benefit of Edgewood.
2. As consideration for volunteering at Edgewood, I hereby agree that I, and my assignees, heirs, guardians and legal representatives, will not make a claim against or sue Edgewood or its agents, employees, officers, directors, clients, contractors, affiliates, successors and assigns for injury or damage resulting from the negligence, whether active or passive, or other acts or omissions, however caused, by any of its agents, employees, officers, directors, clients, contractors, affiliates, successors and assigns as a result of my volunteering or participation at Edgewood. I HEREBY RELEASE AND DISCHARGE EDGEWOOD AND ITS AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, CLIENTS, CONTRACTORS, AFFILIATES, SUCCESSORS AND ASSIGNS FROM ALL ACTIONS, CLAIMS OR DEMANDS, KNOWN OR UNKNOWN, INCLUDING PROPERTY DAMAGE, PERSONAL INJURY OR DEATH, THAT I, MY ASSIGNEES, HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, RELATED TO MY VOLUNTEER ACTIVITIES OR PARTICIPATION AT EDGEWOOD.
3. I understand that Edgewood does not assume any responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to worker’s compensation, medical, health or disability insurance, in the event of injury, illness, death or property damage. I understand that Edgewood may, in its sole discretion, elect to provide group accident insurance and make it available to volunteers. Any coverage so provided will be governed by the policy language. Except to the extent that it may make available to volunteers such group accident insurance, Edgewood does not carry or maintain, and expressly disclaims responsibility for providing any worker’s compensation, health, medical or disability insurance coverage for volunteers.
4. I hereby release and forever discharge Edgewood from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my participation as a volunteer with Edgewood, including charges incurred for ambulance services.
5. I agree to hold harmless and indemnify Edgewood, its agents, employees, officers, directors, clients, contractors, affiliates, successors and assigns from any costs or attorney’s fees that may be incurred as a result of any challenge to this Release and Waiver of Liability, or any legal action brought in contravention of this Agreement, in litigation resulting from injury, death or property damage, or otherwise connected with my volunteer activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THE CONTENTS. I AM AWARE THAT THIS IS A WAIVER WHICH RELEASES EDGEWOOD FROM LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Date: _____

Volunteer Name (Please Print Legibly): _____

Volunteer Signature: _____

Agency/Group/School Affiliation: _____

EMERGENCY CONTACT INFORMATION

Volunteer's Name: ____

Address: _____

Telephone Number: _____

Email Address: _____

In case of emergency, please contact:

Relationship: _____ 1. Name: _____

Phone (home) () _____ (work) () _____

2. Name: ____

Relationship: _____

Phone (home) (_____) _____ (work) (_____) _____

3. Name: ____

Relationship: _____

Phone (home) (_____) _____ (work) (_____) _____



OATH OF CONFIDENTIALITY

I, the undersigned, hereby agree not to divulge any information or records concerning any client/ patient without proper authorization in accordance with California Welfare and Institutions Code, Section 5328, et seq.

I acknowledge that the unauthorized release of confidential information may subject me to a civil action under provisions of the Welfare and Institutions Code or other statutory provisions.

Penalties for Violations

(Welfare and Institutions Code section 5330)

Any individual who has willfully and knowingly released confidential information or records about a mental health patient in violation of Welfare and Institutions Code sections 5328 through 5328.9 may be liable for the greater of ten thousand dollars or three times the amount of actual damages, if any, sustained by the patient.

An individual who has negligently released confidential information or records about a mental health patient in violation of Welfare and Institutions Code sections 5328 through 5328.9 may be liable for one thousand dollars and the amount of actual damages, if any, sustained by the patient. The patient may also recover attorney’s fees and costs.

Any person may, in accordance with the provisions of Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure, bring an action to enjoin the release of confidential information or records in violation of the provisions of this chapter, and may in the same action seek damages as provided in this section.

It is not a prerequisite to an action under this section that the plaintiff suffers or be threatened with actual damages.

 Name (Please Print)

 Position Title

 Place of Employment

 Address

 Signature

 Date



OATH OF CONFIDENTIALITY

Confidentiality, or the protection of children’s rights is a critical aspect of the treatment of emotionally disturbed children and their families at Edgewood. Under no circumstances will the names, particular problems and personal or family backgrounds of children and families be revealed to any individual who does not directly participate in the treatment process at Edgewood Center for Children and Families.

Confidential information revealed to any individual who does not directly participate in the treatment process with a child and family requires a specific release from the responsible party.

Therefore, I, the undersigned, hereby agree to divulge neither the identity nor identifying clinical information concerning any child or family in past or current treatment at Edgewood Center for Children and Families without proper authorization in accordance with California Welfare and Institution Code, Section 5328, et seq.

I recognize that unauthorized release of confidential clinical information render me liable to a civil action under provisions of the Welfare and Institutions Code.

Signature _____ Date _____

Name: _____

Sexual Harassment Policy

Policy

Edgewood does not tolerate sexual harassment of our students or staff.

Definition of Sexual Harassment

According to Section 212.5 of the California Education Code:

"Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and other verbal, visual, or physical conduct of a sexual nature, made by someone from or in the work or educational setting, under any of the following conditions:

- Submission to the conduct is explicitly or implicitly made a term or a condition of an individual's employment, academic status, or progress.
- Submission to, or rejection of, the conduct by the individual is used as the basis of employment or academic decisions affecting the individual.
- The conduct has the purpose or effect of having a negative impact upon the individual's work or academic performance, or of creating an intimidating, hostile, or offensive work or educational environment.
- Submission to, or rejection of, the conduct by the individual is used as the basis for any decision affecting the individual regarding benefits and services, honors, programs, or activities available at or through the educational institution.

Examples of sexual harassment include:

- Unwelcome sexual advances, flirtations, leering, whistling, touching, pinching, assault, blocking normal movement
- Requests for sexual favors or demands for sexual favors in exchange for favorable treatment
- Obscene or vulgar gestures, displays or comments
- Sexual jokes or comments about a person's body or sexual behavior
- Propositions, suggestive or insulting comments of a sexual nature
- Visual harassment such as derogatory cartoons, displays and drawings
- Sexually explicit letters, email, or voicemail
- Uninvited touching of a sexual nature
- Unwelcome sexually related comments
- Conversation about one's own or someone else's sex life
- Conduct or comments consistently targeted at only one gender, even if the content is not sexual
- Teasing or other conduct directed toward a person because of his or her gender

Reporting

Students should immediately report any incident of sexual harassment, whether by another student or a staff member, to any staff member with whom the student feels comfortable. Every report of perceived sexual harassment will be fully investigated and all necessary steps will be taken to ensure the safety of students and staff. If a student has reported sexual harassment, and has not received a follow-up response within 5 school days, please inform the school Principal immediately.

Consequences for students engaging in sexual harassment will be determined on a case by case basis, but could include suspension and/or separation from peers. Consequences for staff engaging in sexual harassment will be determined by agency managers and Human Resources in accordance with personnel procedures.

Acknowledgement

I have received a copy of, and understand the, Sexual Harassment policy.

Printed Name	Signature	Date
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