

Volunteer Policy

Volunteers are an important extension of the staffs of Johnson County Board of Services (JCBS) and Johnson County Sheltered Workshop (JCSW).

JCBS and JCSW support and appreciate the assistance of volunteers. The following policy is designed to promote volunteerism at JCBS/JCSW while ensuring the safety, security and well being of JCBS/JCSW staff, consumers and volunteers.

1. Volunteers must be 18 years of age unless a volunteer is participating as part of a school sanctioned volunteer program or volunteer program sponsored and supervised by an organization such as the Boy Scouts, Girls Scouts, a church, etc. The minimum age for a student volunteering through a sanctioned volunteer program is 16 years of age.
2. The volunteer programs for 16-18 year olds must be supervised by a person from the school, church, club, etc. who will make periodic site visits and communicate with the Unit Manager related to issues associated with the volunteer.
3. Volunteers will be under the supervision of a JCBS/JCSW staff member. Volunteers will be assigned to a staff member who is responsible for the volunteer. It is the staff member's responsibility to give the volunteer a clear understanding of the duties, procedure, expectations and any other knowledge needed for performance.
4. Volunteers will complete an orientation program prior to performing volunteer work.
5. Prospective volunteers must complete a volunteer application. Applications will be reviewed by a JCBS Director or JCSW Manager, and if a person is selected as a potential volunteer by the JCBS Director or JCSW Manager, the prospective volunteer must complete to the satisfaction of the JCBS Director or JCSW Manager all of the following before being allowed to volunteer:
 - Background screen utilizing the Missouri Family Care Safety Registry (18 and older).
 - *Highway Patrol Driving Record Check*
 - Reference check (waived for high school age volunteers).
 - Drug Screen.
 - Abuse and neglect training.
 - Client's rights training.
 - Confidentiality Training.
 - TB Tine Test.
6. Volunteers will sign in and sign out when entering and leaving the premises.
7. Volunteers must comply with all JCBS/JCSW policies, rules and regulations.
8. Volunteers shall not be permitted to access, review or disclose confidential information related to JCBS/JCSW staff, client employees or consumers.
9. Volunteers should report all safety concerns to their supervisor immediately.
10. JCBS/JCSW can, at its sole discretion, terminate the services of a volunteer at any time.

**Johnson County Board of Services
Johnson County Sheltered Workshop
Volunteer Application**

10/19/2010

*All spaces on this application must be completed, application must be signed and dated.

Volunteer Information		
Name: (Last)	(First)	(Middle)
Social Security Number:		Date of Birth:
Street Address:		City, State and Zip Code
Phone Numbers: (Home)	(Cell)	(Work)
Driver's License Number		
E-Mail Address		
Volunteer Area of Interest		
What would you like to volunteer for?		
List below any skills or experiences which may relate to your area of volunteer interest:		
Work Experience		
Name of Organization:		Address:
Dates of Employment:	Supervisor's Name	Telephone Number
Duties:		
Name of Organization:		Address:
Dates of Employment:	Supervisor's Name	Telephone Number
Duties:		
References		
Must provide three references, do not use relatives as references, please.		
Name:	Relationship:	
Address:	Phone Number:	
Name:	Relationship:	
Address:	Phone Number:	
Name:	Relationship:	
Address:	Phone Number:	

Emergency Contact Information

Please provide information for two emergency contacts.

Name: Relationship:

Phone Numbers: (Home) (Work) (Cell)

Name: Relationship:

Phone Numbers: (Home) (Work) (Cell)

Signature, Certification, Release of Information, and Photograph Release

I certify that the information on this application is true and complete. I understand that false statements, misrepresentations or omissions of information in this application may result in rejection of this application.

Johnson County Board of Services and/or Johnson County Sheltered Workshop is expressly authorized to investigate all statements contained in this application. I consent to the release of information about my ability and fitness for volunteer assignment by employers, schools, law enforcement agencies, agencies of the State of Missouri, and other individuals and organizations to individuals, supervisors, and other authorized employees.

I understand that I will not be allowed to perform as a volunteer until and unless I have cleared the Missouri Family Care Safety Registry to the satisfaction of Johnson County Board of Services/Johnson County Sheltered Workshop(JCBS/JCSW). Further, I understand that I must complete the following to the satisfaction of JCBS/JCSW prior to performing volunteer work: reference check, drug screen, abuse and neglect training, clients rights training, confidentiality training and TB tine test.

I agree that at any time JCBS/JCSW, at its sole discretion, can terminate my services as a volunteer to JCBS/JCSW.

In the event that I am selected to become a volunteer for JCBS/JCSW, I agree to comply with all of its policies, rules and regulations. I fully understand and agree to provide my services to JCBS/JCSW as a volunteer in a volunteer capacity, and that I will receive no compensation or benefits for services provided.

I understand that I am not insured by the JCBS/JCSW Worker's Compensation Insurance and not covered by any Accident Medical Insurance Policy while I am a volunteer with JCBS/JCSW.

I grant full permission to use any photographs, videotapes, recording or any other record of the JCBS/JCSW programs, containing my image, for any purposes.

BY SIGNING BELOW, I AGREE THAT I UNDERSTAND AND CONSENT TO THE ABOVE STATEMENTS.

X

Volunteer's Signature:

Date:

Thank you for your interest in Johnson County Board of Services and Johnson County Sheltered Workshop.