# Rev. 12/08

# VOLUNTEER APPLICATION FORM

**(CATEGORY 2)**

Date Received:

Name:

Address:

 *Street City State Zip Code*

Telephone Number:

 *Home* *Cell Work*

E-mail:

Emergency Contact:

 *Name Relationship Telephone No.*

Are you 18 years old or older? [ ] Yes [ ] No If no, what is your age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

By whom were you referred?

Special Interests / Hobbies:

 oHobbiesH

Availability: (Please list below times you are available.)

Mon. Tue. Wed. Thurs. Fri. Sat. Sun.

8am to 12pm

12pm to 6pm

after 6pm

Please check the season of the year that you are available: [ ]  Summer [ ]  Fall [ ]  Winter [ ]  Spring

Are you willing to transport clients? [ ] Yes [ ] No State Vehicle [ ]  Personal Vehicle [ ]

If yes, Driver’s License Number State:

If approved to transport clients, do you meet the minimum insurance requirement per General Letter 115 for use of personally-owned vehicle on official state business which is $50, 000/100,000 for third party liability and $5,000 for property damage liability? [ ]  Yes [ ]  No

If yes, Please attach a copy of your driver’s license and your insurance documentation.

(A public service license may be required to operate certain vehicles.)

**STATEMENT OF CONFIDENTIALITY**

As an approved volunteer for the Department of Developmental Services, I recognize my responsibility to maintain the total confidentiality of reports, records, all information received and discussed in the course of my activities in the region I volunteer. All such information regarding individuals with mental retardation and staff will be treated with dignity and respect for the person’s privacy. I understand that I may be subject to a criminal background check, Abuse & Neglect Registry check, motor vehicle record check, and Connecticut Sex Offender Registry check as a condition of my acceptance as a volunteer.

 Signature Date

***FOR OFFICE USE ONLY:***

Volunteer’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of program/individual assignment:

Name and phone number of supervisor:

### Approvals and Documentation Checklist:

***Program Volunteer Contact (PVC) Responsibilities:***

[ ]  Check references.

Is volunteer transporting individuals in their volunteer work? [ ]  Yes [ ]  No

If yes:

[ ]  Driver’s License Information. Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_

[ ]  Send Volunteer Application form to local Human Resources office with a copy of the driver’s license, auto insurance information, and copy of the approvals from the Regional Director (for CO volunteers, the Commissioner or designee), and request the local HR to obtain the DAS Fleet Operations Director’s approval, if applicable to the assignment. (**HR will send a copy to the local Business Office.)**

[ ]  Give pamphlet to Volunteer with DDS mission, Abuse & Neglect Policy, Client Confidentiality including HIPAA requirements, etc.

[ ]  Ensure “Log of Volunteer Hours” are collected on a monthly basis and give copy to your local HR.

[ ]  Tracking of Donation of Goods Form. Give copy to HR.

***Human Resources Responsibilities:***

***[ ]***  Received application of volunteer from Program Volunteer Contact (PVC)

Is volunteer providing direct services to clients? [ ]  Yes [ ]  No

If yes:

[ ]  Conduct Criminal History Background Verification

[ ]  Conduct DDS Abuse & Neglect Registry Verification

[ ]  Motor Vehicle License and Record Review

[ ]  CT Sex Offenders Registry Verification

[ ]  If applicable: Staff Development Training offered (if approved by the PVC and by the local HR office)

[ ]  If volunteer is transporting clients, give pertinent information to Business Office.

[ ]  Obtain permission to drive state own or rental vehicle from DAS Fleet Operations Director.

[ ]  Obtain “Log of Volunteer Hours” from PVC on a monthly basis and compiles on an annual basis to report to Central Office Human Resources.