



Summerhouse Houston
1424 Waseca St.
Houston, TX 77055
832-200-6158
info@summerhousehouston.org

VOLUNTEER APPLICATION

Primary Volunteering Interest(s)

Direct work with members Annual Gala/Special events

Other: _____

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Phone Home: _____ Cell Phone: _____

Email: _____

Date of Birth: _____

Do you have your own transportation? YES No

Do you have valid auto insurance in the state of Texas?

Yes No Liability Only Full Coverage

If hired, could you use your vehicle? Yes No

Employment History:

| <u>Name of Company</u> | <u>Position</u> | <u>Dates</u> |
|------------------------|-----------------|--------------|
| | | |
| | | |
| | | |

Volunteer History:

| <u>Name of Company</u> | <u>Position</u> | <u>Dates</u> |
|------------------------|-----------------|--------------|
| | | |
| | | |

Education:

High School graduate? YES NO
Some college YES NO
College Degree YES NO Degree: _____
Masters YES NO Degree: _____

What experiences have you had with persons with disabilities? _____

Please note any special interests/skills/training/abilities that you can offer: _____

Have you previously volunteered for Summerhouse? YES NO
When? _____
Position? _____

Availability:
Week Days _____ Evenings _____ Weekends _____
Other: _____

How did you hear about Summerhouse Houston?
Volunteer Houston Facebook Website School
School Name: _____
Referred by: _____

ALL OF THE INFORMATION ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT VOLUNTEERING WITH SUMMERHOUSE HOUSTON IS NOT IN ANY WAY AN EMPLOYMENT AGREEMENT, AND THAT I WILL NOT RECEIVE PAYMENT FOR MY TIME. I UNDERSTAND THAT IF I AM OVER 18, A CRIMININAL BACKGROUND CHECK WILL BE CONDUCTED PRIOR TO MY VOLUNTEER ASSISGNMENT.

Signature of Volunteer Date

VOLUNTEER—MEDICAL AND EMERGENCY INFORMATION

Name: _____ Date: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Home Phone: _____ Cell/Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell/Work Phone: _____

List of Allergies to Medications: _____

Other allergies: _____

Insurance Company: _____ Policy #: _____

Physician's Name: _____ Phone: _____

I understand that I must provide my own medical/accident insurance. I understand that Summerhouse Houston provides no such coverage.

Signature of Volunteer

Date

Authorization is hereby given to the staff of Summerhouse Houston to obtain medical treatment for in the event of an emergency.

Signature of Volunteer

Date

Policy on Confidentiality and Privacy

The success of direct member services as conducted by The Summerhouse Houston is often dependent upon access to and review of past and current demographic, personal and medical information. The trust between volunteers and members must be respected during direct communications and by adhering to professional codes of confidentiality. Volunteers working within a direct service program of Summerhouse Houston may have access to such information, are required to abide by this policy on confidentiality.

I have read and understand the above statement and agree to abide by Summerhouse Houston’s policy on confidentiality.

Signature of Volunteer

Date

Policy on ABUSE AND NEGLECT

Any person who believes that an individual is being abused, neglected, or exploited is required by law to report this information to the Texas Department of Protective and Regulatory Services Abuse Hotline, 1-800-252-5400 within 48 hours of the time one suspects the person has been or may be abused or neglected. Abuse and neglect include, but are not limited to, physical, emotional, or mental injury or failure to prevent such injury. If a volunteer witnesses what s/he considers to be abuse or neglect, s/he is required to inform the Program Director as soon as possible. The Program Director will then inform the Executive Director. An incident report must be turned in within 48 hours of any suspected abuse or neglect. If a volunteer is suspected/accused of abuse or neglect, s/he will be suspended from their position pending an investigation by the Program Director and until such final determination is made. Failure to comply with this policy is automatic grounds for dismissal.

Signature of Volunteer

Date

Media/Publicity Consent Form Volunteers

I give my consent for the release of any publicity pictures, films, or tapes by Summerhouse Houston that would assist in promoting and providing various services for persons with intellectual and other developmental disabilities.

Signature of Volunteer

Date

Volunteer Requirements and Participation Acknowledgement

Summerhouse Houston volunteers must meet the following requirements:

- 18 years or older
- Ability to pass a background check
- If working directly with members - commitment to at least 1 activity a week per semester (fall, spring, and/or summer)
- Must attend orientation and training
- Personal reliable transportation preferred; At minimum, volunteers need to be able to get to Summerhouse or the location of the activity independently. If the volunteer does not have own transportation and meets at Summerhouse, then he/she would need to participate in activities in which there is available space in Summerhouse vans/cars.
- Maintain regular communication via text or email with Summerhouse staff
- Compliance with Summerhouse policies and rules
- Creative, outgoing, respectful, flexible, and willing to work with young adults with varying abilities

I have read and understood the above requirements and certify that I meet each one. I acknowledge that if at anytime I am no longer able to meet any requirement or cannot attend a certain activity, I will notify Summerhouse staff immediately. I understand that my participation with Summerhouse is voluntary, and I will not receive monetary compensation for my time volunteered. If I no longer comply with Summerhouse policies and rules, I understand that I may be asked no longer volunteer with Summerhouse.

Signature of Volunteer

Date



DISCLOSURE AND AUTHORIZATION 2.2

DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application for employment/licensure (including contract or volunteer services) or application to rent a dwelling with _____, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired/licensed, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment/licensure, contract period or volunteer service.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment/licensure, contract or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the Consumer Reporting Agency: AmericanChecked Inc., 4870 South Lewis Avenue, Suite 120, Tulsa, OK 74105; telephone: 800-975-9876 ("Agency") upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: <http://americanchecked.com/privacy-policy>.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to the Company. By checking

the following box, I request a copy of all such reports be sent to me. Check here:



DISCLOSURE AND AUTHORIZATION 2.2

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CST) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington State Law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

In connection with my application for employment/licensure (including contract or volunteer services) or application to rent a dwelling, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted _____ / No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

First Name _____ Middle Name/MI _____ Last Name _____

Signature _____

Date _____

For identification purposes:

Address _____

Social Security No. _____ Date of Birth _____

Driver License No. _____ State of Issue _____