

Welcome Potential Volunteer!

At The Arc Montgomery County, we have several paths potential volunteers can follow which allow them to engage with the people we support and which help us to fulfill our inclusion mission. Each path is outlined below, with check boxes to help keep you on track as you complete our process.

If you have questions as you complete our volunteer process, please reach out by email or phone to Deborah Mark, Director of Communications & Outreach, DeborahM@arcmontmd.org, 301.984.5777 x1245. We look forward to having you join The Arc Montgomery County as a volunteer!

Individual Volunteers (Age 13+)

Opportunities: Teen Program Support, Child Care Program Support, Next Chapter Book Club, and Urban Thrift Store Support; Best Buddies 1:1 for Adults

- ☐ Complete Volunteer Application packet and return by mail or bring to Volunteer Orientation
- ☐ Complete Pinkerton background check (if age 17+) and return by mail or bring to Volunteer Orientation
- ☐ Attend Volunteer Orientation; dates posted on website calendar
- ☐ Submit negative TB test results (if working directly with people receiving support services)
- ☐ Complete CJIS fingerprint process (if age 18+ AND working with children/working unsupervised with adults)
- ☐ Respond to email notification of clearance to volunteer
- ☐ Schedule your service online

Interns (College Student Receiving Course Credit, Age 18+)

- ☐ Submit resume and details of requested internship (dates, hours, other requirements)
- ☐ Complete phone interview with potential site supervisor
- ☐ Complete Volunteer Application packet and return by mail or bring to Volunteer Orientation
- ☐ Complete Pinkerton background check and return by mail or bring to Volunteer Orientation
- ☐ Attend Volunteer Orientation; dates posted on website calendar
- ☐ Submit negative TB test results (if working directly with people receiving support services)
- ☐ Complete CJIS fingerprint process (if working with children/working unsupervised with adults)
- ☐ Respond to email notification of clearance to volunteer
- ☐ Schedule appointment with site supervisor to set your schedule and review internship requirements

Special Event Volunteers (Age 13+)

Opportunities: Duck Splash Festival, Gala Fundraiser, KFICCC Events

- ☐ Complete **online** Volunteer Application (available approximately 6 weeks prior to event)
- ☐ Respond to email notification confirming service

Group Volunteers (Age 13+ depending on opportunity; requires one Group Leader)

- ☐ Submit inquiry for group opportunity (date, hours, number in group, type of group)
- ☐ Complete Group Volunteer Application packet
- ☐ Arrange group orientation (provided by The Arc staff or by Group Leader using information supplied by The Arc)
- ☐ Have each group member complete a Volunteer Confidentiality Agreement
- ☐ Return Group Volunteer Application and Volunteer Confidentiality Agreements
- ☐ Confirm your scheduled service



2016 VOLUNTEER APPLICATION

301.984.5777

11600 Nebel Street, Rockville, Maryland 20852

www.thearcmontgomerycounty.org

PERSONAL INFORMATION (Please Print)

Name _____
Last First Middle

Address _____

_____ Number Street City State Zip Code

Telephone _____ Date of Birth _____
Home Cell Volunteers must be age 13 or older

Email Address _____ Gender ☐ Female ☐ Male

If you are under age 18, provide the following information for a parent/guardian who will be copied on all communications.

_____ Parent/Guardian Name Mobile phone Email

Provide the following information for a person to be contacted in case of emergency.

_____ Name Relationship Mobile phone Home Phone

Do you have any medical conditions or disabilities, such as allergies, asthma, Autism Spectrum Disorder, etc. which could affect your ability to perform your volunteer duties, or that we should be aware of in order to assist you in an emergency?

☐ No ☐ Yes Please explain _____

Have you ever worked or volunteered with individuals with intellectual and/or developmental disabilities? ☐ Yes ☐ No

Have you ever been convicted of a crime (other than traffic violations)? ☐ No ☐ Yes Please explain _____

We do not accept volunteers who have a background that could be detrimental to our staff, offices, property or to the people we support. Volunteers completing court-ordered service may be accepted on occasion, but only for specially identified opportunities.

VOLUNTEER EXPERIENCE, SKILLS, AVAILABILITY & INTERESTS

How did you learn about The Arc Montgomery County? _____

Please list any prior volunteer experience. _____

Please list any special interests/skills which you could contribute. _____

What do you hope to gain from volunteering with The Arc? _____

EDUCATION & EMPLOYMENT

Please list your secondary/post-secondary education, including school name, dates of attendance, diploma/degrees earned.

Please list your current occupation, employer's name, and location of work site.

Please list any other employment or educational experience which you feel might be relevant to volunteering with The Arc.

Please check all programs, activities or events which are of interest to you. Descriptions can be found on our website.

- | | |
|--|---|
| ☐ Administrative Support (Rockville) | ☐ Best Buddies 1:1 Match with Adult Receiving Services |
| ☐ Board of Directors Committee (specify _____) | ☐ Child Care Program Support (Silver Spring) |
| ☐ Duck Splash Festival Fundraiser (Silver Spring) | ☐ Gala Fundraiser (Rockville) |
| ☐ Internship (for college students receiving credit only) | ☐ Next Chapter Book Club (Bethesda) |
| ☐ Teen Program Support (Kensington) | ☐ Urban Thrift Store Support (Kensington) |
| ☐ Other _____ | |

REFERENCES

Please list the name and telephone number of two references, one personal and one professional, who are NOT related to you and who have known you longer than one year.

Name	Daytime telephone number	Relationship
	()	
	()	

IMPORTANT INFORMATION

- We do not accept volunteers who have been charged with offenses which reflect potential danger to the staff, offices or property of The Arc or to the people we support.
- All volunteers age 17 and older must allow The Arc to perform a background check.
- All volunteers age 18 and older volunteering in the Children & Youth Services division and/or volunteers who will have contact with adults supported by The Arc without staff present must complete and submit a CJIS Fingerprint Application.
- Volunteers completing court-ordered service may be accepted, but only for specially-identified opportunities.
- Volunteers for the Best Buddies 1:1 match program must complete additional paperwork and screening.

VOLUNTEER AGREEMENT

I certify the responses given herein are true and complete to the best of my knowledge. Understanding that The Arc Montgomery County has a real need for my services as a volunteer, I agree to:

- Conduct myself with dignity and courtesy at all times in order to uphold the good reputation of The Arc;
- Work together with others in a kind, cooperative manner;
- Treat all information about people receiving supports as confidential;
- Be dependable in punctuality, attendance and performance of duties;
- Follow all guidelines in the Volunteer Handbook (including revised editions);
- Complete all required orientation and training courses and provide completed copies of all required forms;
- Make sure I understand my assigned duties.

I understand The Arc may ask me to stop providing volunteer services at any time, for any reason, with or without notice. I understand I have no employment relationship with The Arc, I do not expect to receive any offer of employment as a result of my volunteer activities, and I will receive no financial reimbursement for services provided to The Arc.

Signature of Applicant

Date



VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that during my volunteer service with The Arc Montgomery County ("The Arc"), I will have access to confidential information, both verbal and written, relating to program participants, volunteers, staff and the organization. I understand that I must maintain the privacy and confidentiality of any and all such information and not share it with unauthorized individuals, agencies or organizations.

I recognize the value and sensitivity of confidential information and understand that it is protected by law (including the Health Insurance Portability & Accountability Act). I agree to maintain the privacy and confidentiality of any and all such information for an indefinite period of time, even after I am no longer volunteering with this organization.

I agree to maintain standards of confidentiality, as required in my role as a volunteer providing services with The Arc, by following these guidelines and any other directions provided by any staff member of The Arc as related to privacy and confidentiality.

- All information shared by a child, individual, family or staff member should be treated as personal and confidential. Your relationship with the child, individual or family, their situation and their personal affairs is privileged and confidential information.
- You should speak only in generalities about a child, individual or family who participates in any of The Arc's programs. Do not talk about their personal lives, use their names outside of your role as a volunteer, disclose information about where or how they live, or share any other biographical information.
- You may not photograph, copy, transcribe, record or memorize confidential information in any manner, nor use such information for any purpose other than the limited purpose of providing the assigned services at The Arc.
- You may not photograph any of our program participants, families or staff, unless they (or their parent/guardian if a minor child) have expressly given you permission to do so. If that permission is given, the photographs are solely for your personal use and may not be published in any way, including social networking sites like Facebook, Instagram, Snapchat, etc. and/or school or business newsletters, reports, etc.
- You are welcome to talk about The Arc's programs and benefits, and your pride in the service you are providing, but you may not talk about specific persons, their homes, their problems, etc.

I agree to complete any required training and make sure I understand my assigned duties. I understand that The Arc may ask me to stop providing volunteer services at any time, for any reason, with or without notice. I understand that I have no employment relationship with The Arc and do not expect to receive any offer of employment as a result of my volunteer activities. My role is only as a volunteer, and therefore I will receive no financial reimbursement for services provided to The Arc.

Individual's Signature: _____

Parent/Guardian Signature: _____

Required for children under age 18 or individuals subject to guardianship.

Individual's Printed Name: _____

Telephone: _____

Street Address: _____

City, State, Zip Code: _____

Date: _____



UNIVERSAL PRECAUTIONS

Universal precautions are the primary components of infectious disease control and should be used to prevent the spread of contagious infections. “Universal precautions” means treating certain body fluids of **ALL** program participants, staff and volunteers as potentially infectious and to routinely use appropriate barriers. These barriers include hand washing, gloves, gowns and face masks.

Universal precautions apply to all contagious human body fluids. The Arc Montgomery County’s policies state that blood, semen and vaginal secretions are considered contagious and universal precautions should be used. Body fluids to which universal precautions *do not* apply include urine, feces, tears, sweat, vomit, sputum, nasal secretions and saliva (except when any one of these contains blood).

Hand washing is the first line of defense against infectious diseases. Hands should be washed before and after assisting children or adults with personal needs or when tending to sickness or injury.

Gloves should be worn if there is likelihood of exposure to blood or other contagious fluids. Cuts, abrasions or other open areas on the skin should be covered, and gloves should be worn when dressing these areas.

Spills of blood should be cleaned promptly with a solution of household bleach, made daily with 1 part bleach to 9 parts water. This should be available at the volunteer site.

I have received and read the handout on universal precautions and infectious disease control. I understand the precautions and procedures outlined and will to the best of my ability follow these procedures while working as a volunteer with The Arc Montgomery County.

Individual’s Signature: _____

Parent/Guardian Signature: _____
Required for children under age 18 or individuals subject to guardianship.

Individual’s Printed Name: _____

Telephone: _____

Street Address: _____

City, State, Zip Code: _____

Date: _____



HIPAA POLICY & PROCEDURE ACKNOWLEDGEMENT For Volunteers

The Arc Montgomery County Summary of Notice of Privacy Practices

This notice describes how protected health information (PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully.

- The collection, use and disclosure of protected health information is protected by law. The Arc Montgomery County maintains physical, electronic, and procedural safeguards that comply with federal standards to protect personal health information.
- The Arc Montgomery County discloses protected health information for the purposes of treatment, payment, and health care operations, and, when required to do so, by law or regulation.
- Volunteers from The Arc Montgomery County have a right to request access to their records.
- Volunteers from The Arc Montgomery County have a right to know to whom their protected health information was disclosed.
- Volunteers from The Arc Montgomery County have a right to review a detailed copy of The Arc Montgomery County's Notice of Privacy Practices.
- Any questions regarding The Arc Montgomery County's privacy practices should be directed to the Director of Quality Assurance, who acts as The Arc Montgomery County's designated privacy officer. Any questions regarding the electronic storage and transmission of protected health information should be directed to the Director of Information Technology, who acts as The Arc Montgomery County's designated security officer.

I have received a copy of The Arc Montgomery County's Notice of Privacy Practices on HIPAA (Health Information Portability and Accountability Act) regulations, and I have read the summary notice above. I understand that I am fully responsible for complying with these policies, practices and regulations. I also understand that it is my responsibility to seek clarification should I require further explanation.

Volunteer's Printed Name: _____

Volunteer's Signature: _____

Parent/Guardian Signature: _____

If applicable; required for children under age 18 or individuals subject to guardianship.

Telephone: _____

Street Address: _____

City, State, Zip Code: _____

Date: _____

Keep this for your records.

THE ARC MONTGOMERY COUNTY NOTICE OF PRIVACY PRACTICES For Volunteers

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED BY THE ARC MONTGOMERY COUNTY AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Guarding Protected Health Information for Volunteers

The Arc Montgomery County is committed to protecting the health information of volunteers. In order to provide treatment or pay for health care, or for other purposes listed below, The Arc Montgomery County may ask for certain health information and that health information will be put into the record of the volunteer. The record may contain symptoms, examination and health results, diagnoses, treatment, Individual Plans and Personal Assistance (behavior management) information for the person. That information, referred to as medical records for the person, and legally regulated as health information, may be used for a variety of purposes, as listed below.

The Arc Montgomery County is required to follow the practices described in this Notice of Privacy Practices, although The Arc Montgomery County reserves the right to change our privacy practices described in this Notice at any time. A copy of the new notice may be requested at any time from The Arc Montgomery County privacy officer, 11600 Nebel Street, Rockville, MD 20852, 301.984.5777 x1250.

How The Arc Montgomery County May Use and Disclose Protected Health Information for Volunteers

The Arc Montgomery County discloses protected health information (PHI) of volunteers for the purposes of treatment, payment, and health care operations, and when required to do so by law or regulation.

Treatment

The Arc Montgomery County shares PHI with members of the interdisciplinary team and medical services providers for the volunteer.

Payment

The Arc Montgomery County shares PHI with organizations that provide payment for services received by the volunteer, including insurance companies and state and county government.

Health Care Operations

The Arc Montgomery County shares PHI with state and county regulatory bodies, accrediting agencies, and other agencies necessary for the day to day operations of The Arc Montgomery County.

Regulation and Law Enforcement

The Arc Montgomery County shares PHI with public health agencies, courts, legal counsel to the agency, law enforcement agencies, the Maryland Disability Law Center, coroners, medical examiners, and funeral directors, and state, county, and federal government agencies.

Business Associates

The Arc Montgomery County will provide a copy of the agency's Notice of Privacy Practices to all its business associates. All of The Arc Montgomery County's business associates will be expected to comply with The Arc Montgomery County's Notice of Privacy Practices. All business associates will be required to sign a form stating that they have received The Arc Montgomery County's Notice of Privacy Practices and are willing to comply with these practices.

Training

Volunteers have the right to have their PHI treated as confidential by all the employees and business associates of the agency. Therefore, all employees of The Arc Montgomery County will receive the agency's Notice of Privacy Practices and will be trained on HIPAA regulations and The Arc Montgomery County's privacy policies. Agency employees will be required to sign a form stating they received a copy of The Arc Montgomery County's Notice of Privacy Practices, have received training on HIPAA, and the agency's privacy policies, and understand that they are required to comply with these regulations and policies. The employee training will include confidentiality and disclosure requirements of the law, specific requirements regarding electronic transmission of PHI, and all other aspects of HIPAA regulations.

Rights of Volunteers from The Arc Montgomery County

Volunteers have the right to request access to their files, as discussed in detail in The Arc Montgomery County's Policies and Procedures Manual, Section 2.1.4 (Individual Rights—Records Access).

Volunteers have the right to request and amendment to their file, as discussed in detail in The Arc Montgomery County's Policies and Procedures Manual, Section 2.1.4 (Individual Rights—Records Access).

Volunteers have the right to know with whom The Arc Montgomery County is sharing their PHI. Volunteers may also request a copy of the log of individuals/agencies with whom their PHI was shared *for purposes other than* treatment, payment, healthcare operations, and regulation and law enforcement. That log will be maintained in their permanent file. Volunteers have the right to request a restriction or limitation on the disclosure of PHI. The Arc Montgomery County will accommodate such a request, if possible, but is not legally required to agree to the requested restriction.

Volunteers have a right to review a detailed copy of The Arc Montgomery County's Notice of Privacy Practices. The Notice of Privacy Practices is maintained in the agency Policies and Procedures Manual. These manuals are maintained at all permanent program sites as well as the administrative offices. A summary of The Arc Montgomery County's Privacy Practices will be posted at all permanent program sites.

The Arc Montgomery County has designated a privacy officer and a security officer for the agency. The Director of Quality Assurance will act as the agency's privacy officer and may be reached at The Arc Montgomery County's administrative offices, 11600 Nebel Street, Rockville, MD 20852, 301.984.5777 x1250. The Director of Information Technology will act as the agency's security officer and may be reached at The Arc Montgomery County's administrative offices, 11600 Nebel Street, Rockville, MD 20852, 301.984.5777 x1264.

Featured Person's Printed Name: _____

Check appropriate box: ☐ Person Receiving Services ☐ Volunteer ☐ Staff ☐ Other _____

For good and valuable consideration, the receipt of which is acknowledged, I grant to The Arc Montgomery County ("The Arc") or its authorized representative, licensees, successors, and assigns, the right and license to record, film, photograph, tape and otherwise capture, reproduce, rebroadcast or redistribute in any manner my name, voice and likeness; furthermore, The Arc shall have the right and license to use any biographical material that I might furnish. All images and sound captured on tape, in print or otherwise shall be referred to in this Personal Agreement as the product (the "Product").

I agree that The Arc shall (i) own all rights in the Product; (ii) have the right to use the Products, in whole or in part, in any manner or media (whether now existing or created in the future), in perpetuity, and in all languages, throughout the universe, and (iii) be entitled to use the Product as The Arc deems appropriate, including, without limitation, for promotion and publicity purposes. The Arc is under no obligation to use or exhibit the Product in any manner. I waive (i) the right to inspect or approve of any use of the Product, (ii) any rights to injunctive relief I may have in connection with this Personal Release, (iii) the right to revoke this Personal Release; and (iv) any moral rights I have in the Product. I understand that once my name, voice and/or likeness has been published, The Arc may no longer have control over its dissemination, rebroadcast or redistribution.

I release and agree to hold harmless and indemnify The Arc, its authorized representatives, licensees, and assigns from all claims, demands, causes of action, damages, liabilities of any kind, and reasonable attorney's fees which may arise out of or in connection with the use of the Product, including rebroadcast and redistribution by any third party. I agree that no sum shall be due to me for execution of the Personal Release and The Arc shall not be obligated to pay me or any third party any sum whatsoever, regardless of the time or method of any future use of the Product.

This Personal Release shall be governed by the laws of the State of Maryland, regardless of the place of its physical execution and shall be binding on my legal representatives, heirs, and assigns and The Arc's representatives, licensees and assigns. I represent and warrant that I have the right, power, and authority to grant the rights set forth in this Personal Release; furthermore, if a minor or other person subject to guardianship by another party is depicted in the Product, I represent and warrant that I am either a parent or legal guardian of the minor or other person and that I have complete authority to grant this Personal Release on his or her behalf. This Personal Release represents the entire understanding in effect between the parties.

In summary, I agree to allow The Arc to use my name, voice and image in any printed or electronic materials, included but not limited to newsletters, website, flyers and posters, for informational, promotional and publicity purposes. I understand I may revise this Personal Release at any point, but that the newly-executed Personal Release will be effective only forward in time, from the date it is delivered to and accepted by The Arc.

☐ **I agree** to and accept the terms and conditions outlined herein.

☐ **I do not agree** to and do not accept to the terms and conditions outlined herein.

Featured Person's Signature: _____

Telephone: _____

Street Address: _____

City, State, Zip Code: _____

Date: _____

If applicable; required for children under age 18 and individuals subject to guardianship.

Parent/Guardian Printed Name: _____

Relationship to Featured Person: _____

Parent/Guardian Signature: _____

Questions should be directed to Deborah Mark, Director of Communications & Outreach, 301.984.5777 x1245.