For DePelchin Staff Only:

Interview Date:	☐ KDS Member	☐ Friends Member	☐ Kezia's Kids Member	
Placement 1:		**Placement 2:**		
☐ D ☐ E ☐ W	Day(s) of the week:	☐ D ☐ E ☐ W	Day(s) of the week:	
Time(s):	Supervisor:	Time(s):	Supervisor:	
Inactive Date:	Category:	Inactive Date:	Category:	

DePelchin CHILDREN'S CENTER

Application Date: _____

VOLUNTEER APPLICATION

ARE YOU INTERESTED IN?

☐ Daytime ☐ Evening ☐ Weekend (Check all that apply) ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ SAT ☐ SUN

Time(s) available			

CONTACT INFORMATION:

Last name		First		Middle	
Address		City, State		Zip	
Primary Phone	☐ Cell ☐ Work ☐ Home				
Email		Date of Birth			
Emergency Contact Name		Emergency Contact Phone			

BUSINESS INFORMATION:

Current Occupation		Employer	
Business Address		City, State, Zip	
Work Experience			
Does your company offer a matching gift fund or company contribution for your volunteer service?	☐ Yes ☐ No		
If yes, who is the contact person?	Name		Phone

EDUCATIONAL BACKGROUND:

Level of Education	☐ less than H.S. ☐ H.S. ☐ College ☐ Graduate School ☐ Business/Tech		
College (if any)		Year Graduated	
Special hobby/skills			

VOLUNTEER INTEREST:

What attracted you to volunteer for DePelchin Children's Center?
What kind of volunteer work would be of interest to you at DePelchin Children's Center?
Do you have prior volunteer experience? ☐ No ☐ Yes If Yes, Please Explain:
What do you feel are the strengths you bring to this program?
Write a brief statement on why you have chosen to participate in a volunteer program:

SIGNATURE OF AGREEMENT

By my signature below, I hereby certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge and authorize DePelchin Children's Center (DePelchin) to verify their accuracy and to obtain reference information on my work performance. I hereby release DePelchin from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. I understand that should I be placed as a volunteer that I will fully adhere to the policies, rules and regulations of DePelchin. I also understand that neither the policies, rules, regulations of employment, nor anything said during the interview process shall be deemed to constitute the terms of an implied volunteer contract. I understand that my placement is for an indefinite duration and is at will, which permits either DePelchin or me to terminate my volunteer service at any time and with or without notice or cause. Additionally, I understand that my placement at DePelchin is contingent upon the results of a comprehensive background check initiated by DePelchin and the Texas Department of Family and Protective Services being acceptable to DePelchin. Background checks will include: Social Security Verification, Personal and Professional References, and Criminal History. Additional background searches such as: FBI Fingerprints may be required.

Signature: _____ Date: _____

DePelchin
CHILDREN'S CENTER

BACKGROUND DISCLOURE AND AUTHORIZATION FOR NON-EMPLOYEES

First Name	Middle Name	Last Name	
Other First Names	Other Middle Names	Other Last Names	
Address (Street, City, State, ZIP Code)			
County	Area Code and Telephone No.	Date of Birth	Gender ☐ Male ☐ Female
List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years.			
Ethnicity (must accompany race): ☐ Hispanic ☐ Non-Hispanic	Race ☐ Asian ☐ Black ☐ White ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native		
Social Security No.	Photo ID Type: ☐ Driver License No: State:		
	☐ State ID: State:		
	☐ Passport:		
	☐ Canadian SIN:		
	☐ Military ID:		
	☐ Permanent Resident Card:		
Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number. Preferred method of contact for scheduling fingerprint appointment: ☐ Email: ☐ Area Code/Phone No:			
Role at Operation: ☐ Contracted Service Provider ☐ Frequent/Regular Visitor ☐ Student Worker ☐ Volunteer			

By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as the Texas Health and Human Services, to the DePelchin Children's Center (the Agency) and its designated representatives and agents. I understand that if the Agency places me, my consent will apply, and the Agency may obtain reports, throughout my placement.

I also understand that information contained in my placement application or otherwise disclosed by me before or during my placement, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Agency.

Signature: _____ Date: _____

TEXAS
Health and Human Services

Form 2985
April 2018-E

Affidavit for Applicants for Employment with a Licensed Operation or Registered Child-Care Home

An applicant for temporary or permanent employment with a licensed child care facility, licensed child placing agency or registered child care home whose employment or potential employment with the facility, agency, or home involves direct interaction with, or the opportunity to interact and associate with, children must execute and submit the following affidavit with the application for employment:

STATE OF _____

COUNTY OF _____

I, _____ I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) [If none, write "None"]:

Signature

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

_____ Signature

_____ Printed Name

_____ Date Signed

Subscribed and sworn to (or affirmed) before me this _____ day of _____, _____.

{SEAL, if any, of notarial officer}

_____ Signature of Notary Officer

_____ Commission expires

DePelchin Children's Center

CODE OF CONDUCT ACKNOWLEDGMENT

Employees of DePelchin and others associated with the organization are expected to maintain high standards of personal conduct that do not compromise the mission or integrity of DePelchin in serving client needs. This Code of Conduct ("the Code") offers a set of values, principles and standards to guide decisions and conduct when ethical issues arise. It does not provide a set of rules on how employees and others associated with the organization are expected to act in work related situations. It does not supersede the existing Conduct and Employee Ethics policy, HR.E 300. The following broad ethical principles are based on the organization's core values of service and respect for the clients we serve. It is, therefore, expected that all employees and others associated with DePelchin understand and accept the responsibilities and rules of conduct as set forth below:

Employees of DePelchin and others associated with the organization will be expected to …

A. General:
    1. Work consistently towards achieving the objectives of DePelchin to further its mission.
    2. Perform assigned duties at a high level of quality, accuracy, efficiency and in an ethical manner. Ethical manner is that the business information or circumstances will not be used for personal gain.
    3. Treat colleagues with respect and a positive attitude. Employees and others associated with the organization are not expected to practice, condone, facilitate or collaborate with any form of discrimination on the basis or race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, status as a veteran, religion or mental or physical disability.
    4. Report unethical behavior or violation of the code of conduct by others to the appropriate supervisor or to the Corporate Compliance Officer.

B. Client Service:
    1. Treat clients with respect and a positive attitude and promote the well-being of our clients.
    2. **Adhere to the Texas Family Code which requires that all persons must immediately report any suspected incident of child abuse, neglect, or exploitation to the Texas Department of Family and Protective Services Child Abuse Hotline (1-800-252-5400 or at their web site www.txabusehotline.org) and the organization's administrator or administrator's designee.**
    3. Avoid any physical or verbal abuse directed toward our clients.
    4. Avoid any sexual contact with current or former clients. Such abuse and/or contact will result in immediate termination of employment/affiliation and will be reported to the police and licensing authorities.
    5. Avoid any behavior or action that places employees and clients at-risk, possible harm, danger or false allegation.
    6. Adhere to Client Rights Policy CR.101, CR.700 and CR.800.

C. Confidentiality:
    1. Maintain client and business information strictly confidentially. Disclosure of client information is appropriate only with valid consent from the client or a person legally authorized to consent on behalf of a client. All other requests will be directed to your supervisor. Any breach of confidentiality will result in disciplinary action, up to and including termination of employment/affiliation.
    2. Adhere to federal law pertaining to Health Insurance Portability and Accountability Act ("HIPAA") regulations regarding a privacy act as documented in DePelchin's HIPAA Policies.
    3. Attest that I am the only individual with access to my personal password used to access DePelchin's electronic records and that my electronic signature in said records is legally binding.

D. Conflict of Interest:
    1. Avoid any and all circumstances that might in any way be interpreted as causing a conflict of interest, including preferential treatment between the employee and others associated with the organization, service providers and DePelchin. Staff members and others associated with the organization are to have no financial interest in or receive any compensation, fees, reimbursement or gratuities from any vendor, supplier or organization with which DePelchin does business with.
    2. Avoid engaging in private practice on the premises and refrain from steering or referring clients to a private practice in which staff or others associated with DePelchin or their immediate families are engaged.

I acknowledge that I have read, understand and will comply with the Code of Conduct as described above.

_____

Printed Name

_____ _____

Signature Date

DePelchin Children's Center

CONFIDENTIALITY AND PRIVACY AGREEMENT

1. Employees of DePelchin and others associated (those that observe, contract with or perform functions on behalf of DePelchin, i.e. students, interns, contractors, temporaries, volunteers, etc.) are expected to respect the privacy of clients and hold in confidence all information obtained in the course of professional service. All personally identifiable information provided by clients or regarding services provided to clients, in whichever form such information may exist, including oral, written, printed, photographic, and electronic formats is strictly confidential and is protected by federal and state laws and regulations that prohibit its unauthorized use or disclosure. In the course of employment or agency association, access to certain confidential information is inevitable. It is imperative to educate persons in the employee's or associate's home regarding Protected Health or Client Information (PHI or PCI).

2. Each client shall be fully informed about the limits of confidentiality, the purposes for which information is obtained, and how it may be used. No information will be released or obtained from another source regarding the client without the client's written consent, unless required by law. The client's legally authorized representative will be authorized to consent on behalf of minors. The forms "Authorization for DePelchin to Release Information" and "Authorization for DePelchin to Obtain Protected Information" are provided for that purpose. Should circumstances come to the attention of an employee or associate that a client is or has the potential to be harmful to himself/herself or others, the clients' right to confidentiality will be waived for the protection of the clients and others. Should a compelling situation such as child abuse and neglect, homicide, or suicide arise requiring the waiver of confidentiality, the employee or associate will be expected to immediately contact their supervisor and advise the supervisor of the current situation. Child abuse and neglect shall be immediately reported to Child Protective Services (CPS). Other legal authorities shall be contacted where appropriate.

3. The staff or associate at DePelchin should not share confidential information without written consent unless it is needed for treatment, payment, or operational purposes as defined by the Health Insurance Portability and Accountability Act (HIPAA). Access to client records is limited to professional staff and associates within the specific programs in which the client is receiving services or in the case of former clients, to the professional staff of the program from whom the client is requesting new or additional services. Certain information may be shared between programs when service is being provided in more than one program (i.e., maternity and adoption; foster care and adoption).

   Persons outside of DePelchin may access client records without consent if they are contractors with prior arrangement and agreement, monitors from the Texas Department of Protective and Regulatory Services, Licensing Division, Texas Department of Health, Accrediting Agencies, or others permitted by law.

4. A DePelchin employee or associate shall obtain informed consent information or written consent of clients before taping, recording or permitting observation of their activities. In the case of a minor child, parental consent must be obtained. Services will not be denied to any client who refuses to participate in observation or taping of their counseling sessions.

5. The staff or others associated with DePelchin should afford clients reasonable access to any official case record that specifically concerns them, without divulging or compromising the confidentiality of other clients in the agency. Due to client access to records, all documentation needs to be based on factual information to minimize misleading and misinterpretation of information. Judgment and discretion should be used when documenting a client's record. Unsupported opinions and conclusions should not be noted in a client's record.

6. Minors requesting to gain access to their records may do so only with a parent or legally authorized representative's consent and authorization. Information may be provided in summary form. If the children's parents are divorced the consent must come from the Managing Conservator (MC), Juvenile Managing Conservator (JMC) or legally authorized representative. A copy of the divorce decree or appropriate court order should be obtained and placed in the client's record.

7. Clients wishing to have material or other information added to the case record may do so. This information/material will be maintained in a specifically labeled section of the case record to be determined by each program.

8. Information considered to be harmful to the client (as determined by a qualified case manager or therapist) will be made available to the client after the client is informed verbally by the caseworker/therapist of its potential harmful nature and will be counseled regarding the consequences of the revelation of such information. (Client will sign the release form prior to the release of the information requested.) First obtain the parents consent if the client is a minor. Any refusal to share information on the basis of perceived harm to the client will be reviewed by the Vice President of the prospective service area. Written approval to withhold information must be obtained from the Vice President of the prospective service area.

9. Information obtained as a result of the home study process for adoptive and foster parent applicants are considered to be highly confidential and sensitive in nature. The center reserves the right to refuse to reveal to such applicants the results of reference checks and information supplied by sources other than the applicant. Applicants will be informed of this policy prior to the commencement of the social study.

10. Upon termination of employment or end of associate's working relationship or any other time upon request, employee or associate agrees to promptly return to DePelchin all copies of Confidential Information then in possession or control (including all printed and electronic copies).

11. I understand and acknowledge that the restrictions and obligations I have accepted in this statement are reasonable and necessary in order to protect the interests of clients and DePelchin; and my failure to comply with this statement in any respect could cause irreparable harm to clients; and DePelchin may prevent me from violating this statement by any legal means available.

I hereby acknowledge that I have read the above Confidentiality and Privacy Agreement and will adhere to the policies and procedures outlined.

_____

Printed Name

_____ _____

Signature Date

DePelchin Children's Center

VIDEO SURVEILLANCE NOTIFICATION AND ACKNOWLEDGMENT

I understand that for the security of employees of DePelchin, the clients of DePelchin, others associated and the public, my actions in the public areas, patient care areas, and any hallway ("Surveillance Areas") of DePelchin may be monitored through the use of video surveillance equipment. I understand and acknowledge that I do not have an expectation of privacy in Surveillance Areas.

I understand and acknowledge that if DePelchin determines that I have engaged in conduct that is not in the best interest of DePelchin or its clients, I may be subject to the termination of my employment or association.

_____

Printed Name

_____ _____

Signature Date

DePelchin Children's Center

VOLUNTEER DRUG AND ALCOHOL POLICY AND ACKNOWLEDGMENT

The purpose of DePelchin Children's Center's (DePelchin) drug and alcohol policy is to support a safe and healthy work place for all volunteers and employees, to provide a safe and healthy facility for all visitors and clients, and to prevent accidents.

DePelchin is committed to maintaining a workplace free from drugs and alcohol. This policy is to notify and remind all DePelchin volunteers that the unlawful or unauthorized use, abuse, solicitation, theft, manufacture, possession, transfer, purchase, sale or distribution of controlled substances, drugs, or alcohol by an individual anywhere on DePelchin premises, while operating any DePelchin vehicle or equipment, while conducting DePelchin business (whether or not on DePelchin premises), or while representing DePelchin is strictly prohibited. Possession or use of paraphernalia and equipment related to illegal or unauthorized drug use is also prohibited. Volunteers also are prohibited from reporting to work or working while they are using or under the influence of alcohol or any controlled substances, except when the use is pursuant to a licensed medical practitioner's instructions and the licensed medical practitioner authorized the volunteer to report to work.

Policy Violations:

All volunteers are reminded that the following actions are included, without limitation, as violations of this policy:

1. Use, abuse, solicitation, theft, manufacture, possession, transfer, purchase, sale or distribution of drugs on DePelchin premises, while operating any DePelchin vehicle or equipment, or while conducting DePelchin business;
2. Use, abuse, solicitation, theft, manufacture, possession, transfer, purchase, sale or distribution of alcohol on DePelchin premises, while operating any DePelchin vehicle or equipment, or while conducting DePelchin business, except that use and possession of alcohol during DePelchin-sponsored business or social functions, where the use of alcohol remains moderate, will not be considered a violation of this policy;
3. Use or possession of prescribed drugs that are not in the correct container or are not prescribed to the person using or in possession of them;
4. Use or possession of any correctly prescribed drug—or over-the-counter drug—that is unsafe to use while operating DePelchin vehicles or equipment, or otherwise engaging in DePelchin business, or is being used in a manner not consistent with the prescription or instructions on the label;
5. Possession, sale or distribution of paraphernalia and equipment related to illegal or unauthorized drug use;

This policy does not prohibit the use of lawfully prescribed and properly used prescription drugs or properly used over-the-counter drugs. However, each volunteer shall be responsible for notifying the HR department whenever the volunteer has information to indicate the use of a prescription or over-the-counter medication may adversely impact the safety of the volunteer at work or the safety of coworkers or other persons, or otherwise adversely impact the volunteer's ability to perform any of his or her job functions in a safe manner.

I acknowledge that I have read, understand and will comply with the Drug and Alcohol Policy as described above.
I am aware that as a condition of placement, I must notify DePelchin in writing of any criminal drug statute conviction for violation occurring in the workplace no later than five (5) calendar days after such conviction. I further understand that DePelchin will notify the appropriate Federal or State Agency of the conviction within ten (10) calendar days after receiving the notification from me. I also understand that failure to comply with this requirement will result in termination of my volunteer services with DePelchin.

_____
Printed Name

_____ _____
Signature Date

DePelchin Children's Center

No Photo and Video Acknowledgement

State regulations as well as DePelchin Children's Center internal policies places restrictions on the use of photos and videos of the children under our care. In an effort to secure the privacy, confidentiality, safety, and security of Youth-in-Care, DePelchin requires that the following "No Photo and Video Acknowledgement" be executed by volunteers and other approved individuals that interact with our Youth-in-Care.

I UNDERSTAND THAT FOR THE SECURITY AND SAFETY OF THE CLIENTS AND THE STAFF OF DEPELCHIN, I WILL NOT RECORD OR TAKE PHOTOS DURING ANY VIRTUAL VOLUNTEER OPPORTUNITIES I AM ATTENDING. I UNDERSTAND AND ACKNOWLEDGE THAT IF DEPELCHIN DETERMINES THAT I HAVE ATTEMPTED OR HAVE TOOK ANY PHOTOS OR VIDEO, ANY CURRENT AND FUTURE VOLUNTEER ROLES MAY BE SUBJECT TO TERMINATION.

_____

Print Name

_____

Signature

_____

Date