



Birth To Three Volunteer & Intern Application Form

PLEASE PRINT LEGIBLY

Legal Name: _____ Today's Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail PLEASE WRITE CLEARLY: _____

Address: _____
Street Number City State Zip

STUDENTS: YOU MUST INCLUDE Permanent Address & Phone (if different from above):

Permanent Phone: _____

Permanent Address: _____
Street Number City State Zip Country

If you are a student, where do you go to school? _____ Year/Grade: _____

Education/Major/Training: _____ Expected graduation date: _____

Occupation: _____ Employer: _____

Languages spoken (other than English): _____ Interests, skills, hobbies: _____

Have you ever done volunteer work before? _____ What & where? _____

Where did you hear about us? _____ Why are you interested in volunteering with Birth To Three? _____

Were you in a Birth To Three group as a baby? Year: _____ As a parent? Year: _____

Convenient times for you to volunteer are: Mornings _____ Afternoons _____ Evenings _____

How many hours can you volunteer? Weekly _____ Monthly _____

I will be a (check one):

Volunteer: ---OR--- **Intern/Practicum Student:** From _____ term to _____ term, 200____ Dept: _____

If a Intern/Practicum Student, who is your UO supervisor? _____ Phone: _____

PLEASE COMPLETE OTHER SIDE

For Office Use					
Date Rec'd: _____	Orientation: _____	Criminal Record Ck: _____	DB: _____	Copy to: _____	Photo? _____



Birth To Three

Statement of Confidentiality, Criminal Conviction Policy & Criminal Background Check

All information about Birth To Three families is confidential. Staff and volunteers may have regular meetings to enable open discussion of any concerns or problems. These meetings as well as telephone conversations or one-on-one contacts with staff are the appropriate ways to share concerns of a confidential nature. Protection of the identity of group participants will be maintained within the group. All written files are strictly confidential and contents are not to be disclosed. Casual disclosures to friends or family members are not only potentially harmful, but are also illegal. Breach of confidentiality may result in dismissal. Birth to Three is required to report child abuse to the State Office of Services to Children and Families. Volunteers and staff members are responsible for privately discussing any out-of-the-ordinary behavior that they may observe, with Parent Educator or other site supervisor. Birth To Three will run criminal checks on volunteers working with children and families. I agree to a criminal background check per ORS 181.555 and ORS 181-560.

I understand and agree to comply with the above statement.

Signature of Volunteer

Date

Birth To Three will run criminal checks on volunteers working with children and families. Please answer the following:

- (1.) Have you ever been convicted of a crime involving offenses against children? Yes: ____ No: ____
- (2.) Have you ever been convicted of a crime involving harm to another person, or any other offenses against persons? Yes: ____ No: ____
- (3.) Have you ever been convicted of a crime involving dishonesty, theft or other offenses against property? Yes: ____ No: ____
- (4.) Within the past 10 years, have you been convicted of a crime involving possession of a controlled substance? Yes: ____ No: ____
- (5.) Have you ever been convicted of any other crime? Yes: ____ No: ____ If yes, please explain:
- (6.) Have you ever been involved with DHS Child Welfare? Yes: ____ No: ____
- (7.) Have you ever been involved with DHS Child Welfare & your case was considered "founded" or "unable to determine"? Yes: ____ No: ____
- (8.) Have you ever lost custody of your children to DHS or another agency? Yes: ____ No: ____

Please note: A criminal record will not necessarily disqualify an applicant but will be considered as it relates to specifics of the position.

Are you under 18 years of Age: Yes: ____ No: ____ How long have you lived in Oregon? _____

Previous states you have lived in/dates you lived there. Please include the COUNTY you lived in: _____

Date of Birth: _____ Soc. Security #: _____ Driver's License # AND State : _____

Alias/Maiden Name: _____

Please List two references who have knowledge of your qualifications (employer, instructor, etc, not personal friends/family/relatives)

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

.....**Below for office use**.....

Date: _____	Ref: _____	By: _____

Date: _____	Ref: _____	By: _____



Birth To Three

Volunteer & Intern Assignment , Agreements and Liability Waiver

Name: _____ Date: _____
(Please print legibly)

(1) Assignment(s) & Times: _____

(2) Performance Agreement

I agree to perform tasks to the best of my ability within the agreed-upon time period. I will notify the Children's Program Manager or Volunteer Coordinator if I am unable to complete the task(s) on time, am going to be absent or intend to resign. Initial: _____

(3) Confidentiality

I understand that written or spoken information I receive about children or families involved in Birth To Three programs and services must be kept strictly confidential and not discussed with anyone outside the organization. Initial: _____

(4) Mandatory Reporting

According to ORS 419B.010 I understand that if I have reasonable cause to believe that a child has suffered abuse, I am required to report it to the local office of the State Office of Services to Children and Families, or to a law enforcement agency. I also agree that I will inform/consult my Birth To Three supervisor about my concerns. Initial: _____

(5) Safety Agreement

I agree to minimize hazardous risks to reduce possible accident or injury exposure while working on Birth To Three projects/programs/events by adequately preparing, taking reasonable precautions, and ensuring responsible safeguards. I understand that I am not allowed to transport Birth To Three families and/or their children in any automobile. Initial: _____

(6) Consent to Release Rights to Photographic Images and Media

Birth To Three occasionally photographs or videotapes volunteers and families and uses the images in promotional materials such as brochures, etc. I hereby authorize Birth To Three to use any or all of my photographic or videotaped images in agency publications and/or the Birth To Three website. I further acknowledge that my authorization and permission is voluntary and that I will not be paid any royalties, fees or other form of remuneration.

Signature: _____ Date: _____

(7) Agreement to Seek Prior Approval for Photographing and/or Videotaping

I understand that if I have been asked to record images of Birth To Three program participants or events, I will obtain written permission from them to do so. Initial: _____

(8) Dress Code

To foster an atmosphere of professionalism, Birth To Three has a dress code that prohibits wearing clothes that could be distracting to others (e.g., provocative clothing, bare feet, adult slogans on t-shirts, extremely short skirts, low-cut tops, spaghetti straps, bare midriffs, etc.) or that limit your ability to perform your duties (e.g., platform shoes in the Children's Program.) I agree to adhere to this dress code. Initial: _____

FOR INTERNS ONLY

(9) Internship Agreement

- a) I agree to submit a 2-3 page paper summarizing my experiences and observations at the end of each quarter.
b) I agree to submit any forms or evaluations that need to be completed by staff directly to my site supervisor at least a week in advance of the due date.
c) I understand that I am here primarily to observe, learn and assist and that personal opinions contrary to the curriculum taught by Birth To Three may not be expressed to Birth To Three families, but are welcome and encouraged during private discussions with staff.
d) Birth To Three has my permission to use quotes from my paper in promotional materials and on its website. Initial: _____

Signature: _____ Date: _____

See reverse side for Liability Waiver



Birth To Three

Waiver of Liability

I, the undersigned, being a volunteer involved with Birth To Three, or being the parent or legal guardian of such a volunteer with Birth To Three, in consideration of my or another's participation with Birth To Three, hereby, for myself and any volunteer for whom I am a parent or legal guardian release, discharge, hold harmless, and forever acquit Birth To Three, their officers, agents, representatives and employees from any and all actions, causes of action, claims or any liabilities whatsoever, known or unknown now existing or which may arise in the future, on account of or in any way related to or arising out of my volunteer participation or my minor child's participation with Birth To Three.

I understand that I am a volunteer for all purposes, including workers compensation, and am not an employee of Birth To Three, and their officers, agents, representatives and employees, and as such they are not responsible for injury or death of myself and any volunteer for whom I am a parent or legal guardian which may occur while acting as a volunteer.

I, (*printed name*) _____

have read and understand all of the above on this date: _____

Signed: _____

