



Communities
In Schools

Cameron County

VOLUNTEER / INTERN PREREQUISITES

First of all, thank you for your interest in Communities In Schools of Cameron County. As part of our commitment to our clients and community, we are obligated to ensure that all those interested to dedicate their time and effort to our program are committed to their well being as well. It is due to this commitment and our requirements per our licensing entity that the following are the prerequisites that must be in place prior to any service being provided by any volunteer and/or intern.

Volunteers must submit/complete:

- 1) Must be 21 yrs. or older
- 2) The Volunteer Application/Packet
- 3) Submit Copies of Driver's License or State I.D. and Social Security Card (for verification & submitting background check)
- 4) Tuberculosis Test (Volunteer responsible for & results must be neg.)

Upon completions of those items mentioned, a formal meeting will be held to further discuss our goal and services to be provided. Again, thank you for your interest & big heart.



Background Inquiry Agreement

I understand that this agreement is an authorization to any of my present or former employers or any education institution, governmental agency, or personal reference to release any information regarding my character, ability, reputation, past conduct, or job qualifications. This investigation may include, but is not limited to, the following areas: (1) Education; (2) Military History; (3) Employment History; (4) Driver's History; and/or (5) Court, Criminal, Police or FBI records.

I hereby agree that, as a condition of consideration for volunteering with Communities In Schools, I am hereby authorizing, without reservation, Communities In Schools, its representatives, employees or agents, to conduct an investigation of all statements contained in my application, any resume, or any other document or information that I have submitted. I hereby waive any and all rights and claims I may have against: (1) Communities In Schools of Cameron County, its representatives, employees or agents, for seeking, gathering, and using such information; and (2) all other persons, corporations or other entities for furnishing such information about me. I authorize all results from the background inquiry to be forwarded to any funding source of Communities In Schools.

I understand that any false statement or misrepresentation on this document may result in the denial of my application to volunteer with Communities In Schools or for immediate dismissal upon discovery regardless of when such falsification or misrepresentation is discovered.

Signature _____
Date

PLEASE PRINT CLEARLY

Full Legal Name: _____ Other Names Used/Maiden Name: _____ DOB: _____
SSN: _____ - _____ - _____ Driver's License Number: _____ State of Issue/Exp. Date: _____

Please provide the following information regarding all locations in which you have resided for the past seven years beginning with your present address. All periods of time must be accounted for and all residences must be listed. If you do not recall all of your addresses for the past seven years, please check this box and list each address that you can recall as well as each city and state you have lived in during the past seven years. Please attach another sheet if necessary.

From-To (mo. and yr.)	Street Address and City	County	Zip

Have you ever been convicted or pled guilty, no contest or nolo contendere, or received deferred adjudication, or probation for: (1) any felony, at any time; (2) any crime involving violence or bodily injury, at any time; and/or (3) any misdemeanor in the past ten (10) years? (Please do not include traffic violations.) Yes No If "yes", explain in detail below—failure to provide information regarding your conviction or deferred adjudication on this document may result in the denial of my application to volunteer with Communities In Schools or for immediate dismissal upon discovery regardless of when such falsification or misrepresentation is discovered. Please attach another sheet if necessary.

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 For Communities In Schools Personnel Use Only (to be completed before returning to Human Resources)

An MVR request is being requested, Applicant will be authorized to drive

An MVR request is not being requested, Applicant will not be authorized to drive

Name and Phone Number of Communities In Schools Personnel Requesting Background/MVR Check: _____

Copy of driver's license attached



CONFIDENTIALITY AGREEMENT FOR ALL EMPLOYEES

The files of Communities In Schools of Cameron County, contain confidential information that each volunteer and intern has a continuing obligation to protect. As a condition of volunteer and internship with Communities In Schools, I understand and agree to the following:

- I understand that in the course of my volunteer or internship with Communities In Schools, I may have authorized access to or inadvertently encounter confidential information. I agree to hold this confidential information in the strictest confidence and not to disclose or otherwise utilize this confidential information except as necessary for me to perform my customary and regular job duties. This means, among other things, that:
 - I will only access confidential information for which I have a legitimate need to know;
 - I will not in any way disclose, divulge, copy, release, sell, loan, review, alter or destroy any of the confidential information except as properly authorized within the scope of my internship with Communities In Schools; and
 - I will not otherwise misuse or misappropriate this confidential information.
- I recognize that electronic confidential information, such as information received via email and/or stored in Communities In Schools, database must be treated the same as hard copies of confidential information. I agree to maintain the security of these records through proper measures including, but not limited to taking the following steps:
 - I agree to log out of any program or file that contains confidential information when I am not using it.
 - I will not share my login or password to any program or file that contains confidential information, unless I am specifically authorized to do so by Communities In Schools.
 - I will ensure passwords to programs or files that contain confidential information are changed as needed to maintain the integrity of the information.
- Examples of confidential information include, but are not limited to, social security numbers, health records, employment records, and passwords, dates of birth, ethnicity and citizenship. Confidential information can be learned through written documentation as well as through word of mouth and generally relates to the private lives of staff, clients or other individuals.
- I agree not to remove any client record (including copies), or any other type of confidential information, from the office where it is kept, except in the performance of my regular and customary job duties, and with the prior consent of my supervisor.
- I acknowledge that my failure to comply with the obligations contained in this Agreement may result in disciplinary action, up to and including termination of my internship. Additionally, if I violate this Agreement, Communities In Schools may seek to enforce any legal rights it has against me to the fullest extent permitted by law.
- I agree that the obligations contained in this Confidentiality Agreement will continue after termination of my internship with Communities In Schools, whether I am terminated voluntarily or involuntarily.

Volunteer Name: _____ Volunteer Signature: _____ Date: _____



VOLUNTEER APPLICATION FORM

Name (first / middle / last):		Date:	
Street Address:		Home Phone:	
City/State/Zip:		Work or Cell Phone:	
State Driver's License Number:		Date of Birth:	Email:
Are you 18 years or older?		Social Security:	

PROGRAM NAME: _____

City: _____

State: _____

AVAILABILITY

Long-term

Short-term

Special Project

1. Check the box for the time period(s) in the day(s) you are available.
2. Indicate the number of hours per day you would be available to volunteer.

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	✓	# of hours	✓	# of hours	✓	# of hours	✓	# of hours	✓	# of hours	✓	# of hours
Morning												
Afternoon												
Evening												

EMERGENCY INFORMATION

In case of emergency contact:

Name:	Relationship:
Work Phone:	Home Phone:

Current Employment or Volunteer Position(s)

Employer or Volunteer Organization:	
Address:	
Position and brief description:	
Supervisor:	
Telephone:	

Employer or Volunteer Organization:	
Address:	
Position and brief description:	
Supervisor:	
Telephone:	

SKILLS AND INTEREST

Hobbies, interests, skills:	
Special training, certification:	
Who or what prompted you to volunteer?	

EDUCATION

Circle or provide the highest grade completed:

Grade School	6	7	8		High School	9	10	11	12	or	GED
College	1	2	3	4	5	Beyond:					

REFERENCES

List two personal references, other than family members, of persons who have known you for five years or more:

Name:	Phone:
Street Address:	City/State/Zip:
How do you know this person?	

Name:	Phone:
Street Address:	City/State/Zip:
How do you know this person?	

Do you have any criminal convictions (other than parking violations and/or juvenile offenses)? Yes No

If "Yes," please explain where, when, and disposition:

I understand that I am applying to be a volunteer or intern of Communities In Schools of Cameron County, and that any duties that I perform are as a volunteer and I will not receive compensation. I agree to abide by the procedures set forth by Communities In Schools, for my assigned work duties. I also understand that it is my responsibility to update any address, emergency or other changes to the information on this form.

By my signature, I authorize Communities In Schools of Cameron County, to conduct a background check of my driving record and my criminal record.

Signature:	Date:
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