



Volunteer Application

As part of the volunteer program at New Hope, we require background and reference checks, in addition to 9 hours of orientation training prior to beginning at the Center. This extensive process is to insure a clear understanding of our mission as well as the safety and well being of clients and volunteers alike. If you have not already done so, please visit our website to learn more about New Hope before submitting this application www.blountkids.org. If you have any questions or concerns, please contact Danielle Reggio at 865-981-2000 or via email at dreggio@blountkids.org. We look forward to having you as a volunteer!

Name _____ Date _____

Phone _____

Address _____

How Long? _____ If less than 3 years, please complete:

Previous Address _____

Email Address _____

Emergency Contact _____
Name Relationship Phone Number

Marital Status _____ Name of Spouse _____

Name of Persons Living in Your Home (include date of birth and gender):

Availability:

How did you hear about our program?

Briefly explain why you wish to volunteer with us?

Is there anything you feel would be important for us to know about you before joining our volunteer program?

Highest Level of Education Completed:
High School: 1 2 3 4
College: 1 2 3 4 Degree, if any _____
Graduate School: 1 2 3 4 Degree, if any _____

Other Education, if any _____

Criminal History:

Have you ever been the subject of a child abuse investigation? Yes _____ No _____

If you answered yes, please explain:

Have you ever been arrested? Yes _____ No _____

If yes, please explain the circumstances:

Have you been charged with a crime or prosecuted for a crime? Yes _____ No _____

If yes, please explain:

Brief Employment History:

Employer: _____ Employer: _____

Dates: _____ Dates: _____

Employer: _____ Employer: _____

Dates: _____ Dates: _____

Please list any training/ activities which would be helpful in your role as a volunteer at the Center:

Date: _____

Date: _____

Date: _____

Date: _____

Do you drive? _____ Do you have liability insurance? _____

Please provide 3 references (include full addresses):

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Volunteer Consents:

Background Checks:

I understand and give my permission that the following background checks be conducted as a component of the application process:

1. Contact with personal and professional references
2. Criminal history law enforcement background check
3. Sex Offender Registry Search

I understand and agree to abide by the regulations of this program which specifies that for the protection of all, every person is prohibited from disclosing the content of any communication, record and/or file except for the purposes directly connected with the administration of this agency. I agree to keep any and all information (identities, addresses, dates, case histories, etc.) completely confidential. I understand that any breach of confidentiality will result in immediate termination of the volunteer opportunity.

Print Name _____

Sign Name _____

Date _____

SSN _____ - _____ - _____

DOB _____ / _____ / _____

Name and Photo Release:

Additionally, we request consent that your photo and name may be used in New Hope publications, such as Annual Reports, Newsletters, Fundraising Articles, and other sources of social media in conjunction with your volunteer efforts at the agency. Out of respect for your confidentiality, we will never release your personal contact information, date of birth, social security number or other private information that has been documented in this application or may be acquired during your volunteer time with New Hope outside of the scope of conducting criminal background checks.

I accept for my name and photo to be used in publications for New Hope.

Sign Name _____ Date _____

I decline to have my name and photo used in publication for New Hope:

Sign Name _____ Date _____

**BLOUNT COUNTY CHILDREN’S ADVOCACY CENTER
CONFIDENTIALITY ACKNOWLEDGMENT
For Staff, Board of Directors and Volunteers**

During the course of your activities at New Hope, you may have access to information that is confidential and may not be disclosed, except as permitted or required by law and by BCCAC policies and procedures. It is the policy of BCCAC that every staff member, Board Director, Volunteer and any other person associated with BCCAC has a fundamental obligation to protect the case records and personal information about clients, including the fact that he or she is/is not a client as strictly confidential.

Confidential information includes but is not limited to:

1. Medical and certain other personal information about the children New Hope serves.
2. Client records and team’s decisions made relative to specific cases.
3. To protect all client information, client records will be maintained in a secure and locked place at all times.

As a Board of Director, you additional, acknowledge that:

1. Information regarding Board activities is confidential. Such activities include, but are not limited to discussion at Board meetings, deliberations on various issues, and votes of Board members on particular matters.
2. Information for public dissemination is determined by the Board and such information may then be disclosed.
3. In view of the nature of the work of BCCAC, discretion regarding the distribution of information is necessary. The Board designates the Executive Director, Board President or Public Relations Committee Chair to make statements on behalf of BCCAC.

By signing this Confidentiality Acknowledgment, you acknowledge that:

1. You are obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner that is inconsistent with applicable policies and procedures of New Hope.
2. Your confidentiality obligation shall continue indefinitely, including at all times after your association with New Hope.
3. Impermissible disclosure of confidential information about a person may result in legal actions being taken against you, by or on behalf of that person.
4. You have read and understood this Confidentiality Acknowledgment.
5. All information regarding clients served in the programs and/or services of BCCAC shall be confidential and shall be shared only in these situations:
 - a. with the authorization of the client verified by a release of information signed by the client, or his/her representative; or,
 - b. by court order; or
 - c. as otherwise is required or permitted by law.
6. Violation of this policy may result in immediate termination from service with BCCAC.

If you are receiving training from New Hope, you also:

1. Will not duplicate any material without express written permission from New Hope or the author of the material.
2. Will not teach or present this material other than for court or your own agency’s internal use without specific written approval from New Hope.
3. Acknowledge that violation of any copyright may result in legal action.

If you have any questions concerning the confidentiality or disclosure of information, you should contact the BCCAC Executive Director or Board President.

Signature

Date

Print Name and Affiliation (Board, Staff, Volunteer)