



Application for Volunteers

PERSONAL (Please Print Clearly)

First & Last Name	Home Phone
Address	Cell/Text Phone
City, State, Zip	Email Address

How did you learn about volunteering at DHHSC? (Please Circle)

Friend Walk-In Newspaper Ad Current Employee Website Other: _____

Have you ever volunteered for the Deaf and Hard of Hearing Service Center before? (Please Circle)

Yes No

If yes, When? _____

Do you have any friends or relatives who work for the Deaf and Hard of Hearing Service Center? (Please Circle)

Yes No

If yes, please list their name(s) and work location(s):

Schedule

What days are you available to volunteer at DHHSC?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Skills and Interests (Please fill out completely)

(Please Circle) I am.... Deaf Hard of Hearing Hearing

What area of volunteering interests you the most? (Please Circle)

Clerical Phone Special Events Newsletter Computer Deaf/Blind Children

Other: _____

Please list any education, training, skills, languages, or other abilities that you would like to put to use in volunteering for DHHSC.

Review of all policies

By initialing each item listed below, I certify that I have reviewed and understand all policies.

Volunteer Program guide _____

Job Safety policy _____

Confidentiality Agreement _____

Applicant's Certification and Agreement

I certify that the facts provided in the above volunteer application are true, accurate, and complete and I authorize the Deaf and Hard of Hearing Service Center to verify the accuracy of information provided and to obtain reference information on my work performance. I release the Deaf and Hard of Hearing Service Center from any and all. I understand, if allowed to volunteer, falsified statements, misrepresentations of any kind, or omission of facts on the application for volunteering will be cause to remove me from the volunteer roster. I understand that I am acting in the capacity of a volunteer, and as such, I am not entitled to any financial compensation, DHHSC benefits or worker's compensation. . I understand that I perform all volunteer duties at my own risk.

Signature of Applicant

Date



Volunteer Program

DHHSC has a unique Volunteer Program for interested individuals to participate in various activities within the Deaf Community. DHHSC staff aims to make the role of volunteering an exciting, challenging and enjoyable experience.

Standards and Commitment for Volunteers:

Volunteers are a reflection of community spirit which enables our agency to perform in a professional and an effective manner. Therefore, we have created the "Standards for Volunteers". Please read the Standards carefully. If you have any questions, please feel free to ask.

1. Communication:

- a) While communicating within DHHSC or at any DHHSC activities, it is your responsibility to sign your part of the conversation whenever a deaf or hard of hearing person is present, whether or not they are looking your way.
- b) To assist you in your communication education, it will be to your advantage to sign at all times.

2. Responsibilities:

- a) Please use common sense in dress while in our office setting. Business Casual is preferred in most cases; however, jeans, T-shirts, and sneakers in good condition are acceptable for many of our assignments and events. Clothing that is dirty, torn, skintight, revealing, traditionally considered nightwear, or see-through is never acceptable. Please check with the Volunteer Coordinator if you are unsure what to wear.

3. Assignments and Documentation:

- a) I will perform my scheduled volunteer duties with full cooperation by working on assigned days and by logging my time volunteered.
- b) I will inform the office 24 hours in advance if there are any changes in my schedule that affect my previously scheduled duties.
- c) I will notify the Volunteer Coordinator of any changes in my availability. I understand that if I do not fulfill the above, I may be excused from the DHHSC Volunteer Program.

4. Crises and Referrals:

- a) All requests for emergency assistance must be handled with sensitivity and immediately directed to a manager. Do not attempt to resolve the crisis by yourself.
- b) Do not offer instructions of any kind unless specifically requested to do so by a DHHSC employee.
- c) Do not give out personal information about staff, consumers, or Board of Directors without permission from the individuals themselves.

5. Training and Privileges:

- b) You will have access to the DHHSC Library which has a variety of videos and books.



Job Safety Policy

In compliance with Senate Bill 198 and as part of its Injury and Illness Prevention Program, DHHSC will provide employees with safe equipment, quality materials, established work procedures, and safety rules to create a safe place of employment. In addition to reviewing and agreeing to follow the job safety rules, every employee and volunteer is expected to use equipment and materials in a safe and acceptable manner, follow established procedures, and use common sense rules of safety.

DHHSC's objective is to complete all work without injury and loss to personnel or equipment and to eliminate or minimize all job hazards. Employees and volunteers are expected to cooperate to achieve these objectives. Any violation of these rules or procedures or unsafe activity will initiate appropriate disciplinary action.

All employees and volunteers should report any unsafe conditions so that they can be corrected as soon as possible. An employee or volunteer will not be discriminated against for bringing to attention any unsafe conditions or for participating in safety activities.

1. Any unsafe conditions and/or potential hazards shall be reported immediately to a manager.
2. Smoking, burning candles, or holding any open flame is not allowed within the building.
3. Altering electrical outlets, overloading circuits with electrical appliances, or using hazardous electrical equipment is forbidden.
4. Water and other spills must be cleaned up immediately to avoid accidents.
5. If a consumer, visitor, volunteer, or staff member is involved in an accident, the person will first be removed to a safe location (unless moving the person would cause further injury). Medical treatment will be sought if necessary.
6. All accidents and injuries will be reported immediately to a DHHSC manager, or if not available, the Volunteer Coordinator, or Human Resources.
7. Use good body mechanics (i.e., use legs instead of back for lifting, maintain erect body posture, push instead of pull, and use a step ladder when reaching greater than an arm's length) to prevent undue strain or fatigue. The dolly will be used when lifting or moving heavy objects. When transporting items, several trips should be made instead of attempting to carry several items at once.
8. Do not attempt to hook up or set up devices or office equipment without prior training.
9. In the event of equipment malfunction, notify a staff member instead of trying to fix the equipment yourself.
10. If interpreting, typing, or using the computer for an extended period of time, it is recommended to take a short break every 20-30 minutes.
11. Be aware of Emergency Evacuation Plans posted in offices.
12. Be aware of locations and use of office fire extinguishers.



CONFIDENTIALITY AGREEMENT

I understand that while performing my official duties I may have access to information that is classified as either confidential or sensitive. Confidential information is information which identifies an individual or an employing unit. Sensitive information may be financial or operational information that requires the maintenance of its integrity and assurance of its accuracy and completeness.

Confidential and sensitive information is not available to the public. Special precautions are necessary to protect this type of information from unauthorized access, use, modification, disclosures, and/or destruction.

I agree to:

1. Access, use, or modify confidential and/or sensitive information only for the purpose of performing my official duties;
2. Never access or use confidential and/or sensitive information out of curiosity or for personal interest or advantage;
3. Never show, discuss, or disclose confidential and/or sensitive information to or with anyone who does not have legal authority or “need to know”.
4. Never remove confidential and/or sensitive information from the work area without authorization.
5. Dispose of confidential and/or sensitive information by utilizing an approved method of destruction which includes shredding or certified or witnessed destruction and never disposing of such information in the trashcans or recycle bins.

Penalties

Unauthorized access, use, modification, disclosure, or destruction is strictly prohibited by state and federal laws, including but not limited to: California Penal Code Section 502, California Civil Code Section 1798.53 or 1798.55. The penalties for unauthorized access, use, modification, disclosure, or destruction may include disciplinary action and/or criminal or civil action.

Computer activities may be monitored. Anyone using automated systems expressly consents to such monitoring.

I understand and agree to the terms of the confidentiality contract.

Print Name

Date

Signature



Volunteer Program Evaluation

Staff Member Overseeing Your Volunteering Activity _____

We appreciate your input about our volunteer program. Your ideas and comments will help us improve the program in the future.

1. Did you feel comfortable doing the jobs you were assigned?
Yes___No___If no, please explain. _____

2. Do you feel your skills were utilized effectively and efficiently? Yes___No ___

3. Did you benefit from your volunteer experience at DHHSC? Yes ___ No ___
If no, please explain: _____

4. How would you rate your relationship with the Volunteer Coordinator?
Outstanding ___Good___Satisfactory ___Improvement needed ___
Unsatisfactory_____

5. How would you rate your relationship with other DHHSC staff?
Outstanding___Good___Satisfactory___Improvement needed ___
Unsatisfactory _____

6. How would you rate your overall volunteer experience?
Outstanding___Good___Satisfactory___Improvement Needed___
Unsatisfactory_____

7. If you marked "Improvement Needed" or "Unsatisfactory" for any of the above #5-7, please provide comments or examples:

8. Additional comments and/or recommendations:

Signature of Volunteer: _____ Date: _____

DHHSC Staff Member: _____ Date: _____



Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20____, by

_____ (the "Volunteer") in favor of Deaf and Hard of Hearing Service Center. ("DHHSC"), a nonprofit corporation, and its directors, officers, employees, and agents.

The Volunteer desires to work as a volunteer for DHHSC and engage in the activities and events related to being a Volunteer for DHHSC. The Volunteer understands that the Activities may include driving to and from various locations, working with objects such as scissors or paper cutters, moving or stacking items of various sizes and weights, and other such activities related to volunteer work.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. Release and Waiver.

Volunteer does hereby release and forever discharge and hold harmless DHHSC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Volunteer's Activities with DHHSC.

VOLUNTEER UNDERSTANDS THAT THIS RELEASE DISCHARGES DHHSC FROM ANY LIABILITY OR CLAIM THAT THE VOLUNTEER MAY HAVE AGAINST DHHSC WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM VOLUNTEER'S ACTIVITIES WITH DHHSC, WHETHER CAUSED BY THE NEGLIGENCE OF DHHSC OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. VOLUNTEER ALSO UNDERSTANDS THAT DHHSC DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS.

2. Medical Treatment.

Volunteer does hereby release and forever discharge DHHSC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with DHHSC.

3. Assumption of the Risk

The Volunteer understands that the activities may involve work that might be hazardous to the Volunteer, including, but not limited to: _____,

and transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm incurred while volunteering and releases DHHSC of all liability for injury, illness, death, or property damage resulting from the activities.

4. Insurance

The Volunteer understands that, except as otherwise agreed to by DHHSC in writing; DHHSC does not carry or maintain health, medical, or disability insurance coverage for any volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health Insurance coverage.

5. Photographic Release.

Volunteer does hereby grant and convey unto DHHSC all right, title, and interest in any and all photographic images and video or audio recordings made by DHHSC during the Volunteer's Activities with DHHSC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other.

Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California, and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. Volunteer also agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written. Volunteer:

Witness:
