

David & Margaret

Youth and Family Services

1350 Third Street, La Verne, CA 91750 (909) 596-5921 FAX (909) 596-7583 www.davidandmargaret.org

Dear Volunteer Applicant:

We appreciate your interest in becoming a volunteer for David & Margaret Youth and Family Services. In order to ensure that your application process goes as quickly and as smoothly as possible, please complete the following steps:

1. Fill out the **volunteer application** completely, including complete names & addresses of references. Please provide a copy of your **driver's license** (or current photo ID).
2. Please schedule your **Live Scan Fingerprinting and Tuberculosis Testing** appointments as soon as possible. Fingerprinting results normally take two to four weeks and are required for anyone to volunteer with direct interaction with clients.
3. If your volunteer assignment will involve you transporting any clients at any time, you are also required to provide a **5-year DMV driving record, and proof of auto insurance and registration.**
4. Once your clearances have been received, you will be given the name and phone number of the supervisor of the department for which you will be volunteering. You will be responsible to make initial contact so you can talk with your supervisor and be informed of department regulations, needs, and establish your volunteering schedule.

Please note that you will not be granted permission to begin your volunteer work here until the agency has received all of your clearances. You will be contacted once you have been approved to begin.

Thank you very much for applying. We look forward to welcoming you.

Sincerely,

Desiree Lewis

Human Resources Assistant

(contact re: volunteer clearance process, available M-F)

(909) 596-5921 ext. 3608

lewisd@davidandmargaret.org

LIVESCAN FINGERPRINTING AND TUBERCULOSIS SCREENING

LIVESCAN FINGERPRINTING OFFICES

Claremont Police Department

570 W. Bonita Avenue
Claremont, California 91711
(909) 399-5411

FEE: \$10.00/\$17.75 non resident
By Appointment only

Advanced LiveScan Fingerprinting

1407 Foothill Blvd. (inside Postmasters Plus)
La Verne, CA 91750
(909) 596-1913

FEE: \$ 10.00/\$12.00cc
Walk-Ins Accepted (Mon.- Sat.)

Citrus Community College District

1000 W. Foothill Blvd
Glendora, California 91741
1-877-477-4688

FEE: \$20.00
By Appointment only

Montclair Police Department

5060 Montclair Plaza Lane
Montclair, CA 91763
(909) 448-3600

FEE: \$ 12.00
Mon & Wed 8am-4:45pm

There are many offices that do **LIVESCAN** fingerprinting. If none of the above offices are close to you, check with staff for more listings.

********Be sure to bring your identification and the completed LIVESCAN form given to you by the Program Staff.********

TUBERCULOSIS SCREENING

If you have had a Tuberculosis Test administered **within the past 6 months from the date of application to be a volunteer**, David & Margaret will accept a copy of the results.

The Tuberculosis test is free of charge for potential volunteers at David & Margaret.

Please be aware that nursing staff is available on Monday and Tuesday mornings only to administer the test. You will be asked to return two days later to have the test read. You cannot come in on a Thursday or Friday to take the test, as the results need to be read two days later, and the Nurse is not available on weekends.

In order to avoid a schedule conflict, please call ahead of time to ensure the Nurse is available to administer the test. The phone number for the Nurse is (909) 596-5921 Ext. 3233.

Her office is located in the "Front Office", the first building on your left as you enter the front gate of the campus. Please tell the Nurse that you have applied to be a volunteer.

VOLUNTEER APPLICATION

Name: _____ Date: _____

Permanent Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ May we contact you at work? _____

Email Address: _____

Driver's License # _____ Social Security # _____-_____-_____

Date of Birth _____ Days & Times Available to Volunteer _____

Are you interested in serving in a particular program area? _____

Name, address, and telephone number of person to be notified in case of an emergency:

Name: _____

Relation: _____

Address: _____

Phone: _____

Past Employment History: (Include volunteer experience. Resume may be substituted.)

EMPLOYER	START DATE		END DATE		POSITION AND DUTIES
	_____ MONTH	_____ YEAR	_____ MONTH	_____ YEAR	
	_____ MONTH	_____ YEAR	_____ MONTH	_____ YEAR	
	_____ MONTH	_____ YEAR	_____ MONTH	_____ YEAR	
	_____ MONTH	_____ YEAR	_____ MONTH	_____ YEAR	
	_____ MONTH	_____ YEAR	_____ MONTH	_____ YEAR	
	_____ MONTH	_____ YEAR	_____ MONTH	_____ YEAR	
	_____ MONTH	_____ YEAR	_____ MONTH	_____ YEAR	

David & Margaret
Youth and Family Services

How did you hear of David & Margaret? _____

Why would you like to volunteer for David & Margaret? _____

List special skills, languages spoken, certifications, interests, & hobbies: _____

What experience have you had with children or teenagers?

In what capacity would you like to volunteer, i.e. mentor, recreation, foster agency, etc.?

Highest grade or level of education achieved? _____

Are you currently a student? _____ Your major? _____

References: We prefer one employer reference, however, the other two may be personal references. All references will be contacted via mail.

NAME	ADDRESS (including Zip Code)

VOLUNTEER AGREEMENT

I am aware that all records of David & Margaret Youth and Family Services are **confidential**. If I am accepted as a volunteer, I pledge to hold in confidence all personal and official information, which may come to my attention. I will not discuss this information with anyone except the appropriate agency staff members. I will not enter into the personal problems of any client, and will only discuss them with those in authority. I pledge that I will be dependable, responsible, and punctual in the performance of all duties I undertake, and will conduct myself at all times in an honorable manner, following the policies of David & Margaret. If volunteering as part of an internship program, I agree to intern at least 100 hours regardless of the number of hours required by my school.

I affirm that I am in good health and acknowledge that continued volunteer service for the agency is contingent on approval of the licensing agency. I agree to read, sign and abide by all of the agency policies. I understand that a **Tuberculosis skin test, and Live Scan fingerprints** are required before I can begin volunteer service. I understand that I will need to show **proof of car registration, insurance, and a 5-year DMV printout** if my volunteer work involves driving agency residents or staff.

Signature

Date

CHILD ABUSE REPORTING RESPONSIBILITY

As a volunteer of David & Margaret Youth and Family Services, you will be required by law to report any known incident of child abuse.

Section 11166 of the Penal Code requires any child care custodian "...who has knowledge of or observes a child in his or her employment whom he or she knows or reasonably suspects has been the victim of a child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident."

This report should be given **immediately** to the Director, Assistant Director, Therapist, Volunteer Coordinator or Shift Supervisor.

I HEREBY CERTIFY THAT I HAVE READ THIS FORM AND HAVE KNOWLEDGE OF THE REQUIREMENTS OF THE REPORTING LAW AND WILL COMPLY WITH ITS PROVISIONS.

Signature

Date

Volunteer Automobile Requirements Agreement

David & Margaret policies require that a signed agreement be maintained on file with the agency for those volunteers who might have occasion to transport the youth involved with David & Margaret, in privately owned vehicles. The volunteer will:

1. Have a valid driver's license;
2. Require all persons in the vehicle to wear seat belts;
3. Carry in the vehicle evidence of current liability automobile insurance for at least the minimum coverage levels prescribed by law;
4. Maintain the vehicle in safe mechanical condition as required by law;
5. Have current registration tags on the vehicle.

Volunteer Acknowledgement:

I acknowledge that I have read and understand the above stipulations, and that I agree to abide by the conditions set forth above, while serving as a volunteer with David & Margaret Youth and Family Services. I also understand that as a volunteer I am not to transport any of the agency residents or staff until I have given the Volunteer Services Coordinator a **5-year DMV printout, proof of registration, and proof of insurance** and received clearance. Signing this agreement does not constitute a clearance.

Signed by: _____

Date: _____

Printed Name: _____

HEALTH STATEMENT

I, _____ am in good health and capable of performing assigned tasks.

Signature

Date

Volunteer Waiver of Liability and Assumption of Risk Form

I, the undersigned, understand that I am wholly responsible for my actions and their consequences. I understand that as a volunteer I am responsible while on duty for representing this agency, and will conduct myself in an appropriate manner while doing so. I agree to perform assigned tasks in a responsible manner. I will hold neither David & Margaret Youth and Family Services, its staff, nor its clients responsible or liable for any injury to myself or damage to property. I also understand that as a volunteer it is my responsibility to always consider the emotional, physical, and psychological well-being of the clients and residents of David and Margaret before I take any course of action. Furthermore, I understand that my service as a volunteer can be terminated at any time without prior notice.

I acknowledge that I have carefully read this WAIVER OF LIABILITY AND ASSUMPTION OF RISK and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against David & Margaret Youth and Family Services in connection with my participation in this volunteer activity.

I accept the conditions printed above:

Participant Signature

Date

A parent or guardian signature is required if the participant is under 18 years of age. By signing this **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** on behalf of a minor, the undersigned parent or guardian is agreeing to be bound by the above conditions on behalf of him or herself and on behalf of the participant.

Parent or Guardian Signature

Date

Optional Photo Release

I give my permission to have photos and/or video and audio recordings taken of me for publicity purposes during David & Margaret Youth and Family Services' activities even though I will not receive compensation of any kind for appearing in such photos or video recordings. Furthermore, I grant and convey unto David & Margaret Youth and Family Services all right, title and interest in any and all photographic images and video or audio recordings made by David & Margaret Youth and Family Services including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Participant Signature (or Parent/Guardian Signature)

Date

VOLUNTEER INFORMATION SHEET
(This form is optional; used for statistics only.)

Date _____

Gender/Zip Code/School

(Please check male or female and fill in your current zip code and/or school name):

Male
Female
Zip Code (home) /School Name

Age/Ethnicity (Please check box with your age and ethnic background):

	0-5	6-12	13-17	18-55	56-64	64 +
African American						
Asian/Pacific Islander						
American Indian						
Hispanic/Latino						
White/Caucasian						
Other/Multi-racial						
Unknown						

David & Margaret Program Name: _____

Other David & Margaret Programs (if any) _____

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? YES NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? YES NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.			
FACILITY NAME David & Margaret Youth and Family Services		FACILITY NUMBER 191500192	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

I. Instructions to Respondents:

If you have been convicted of a crime in California or from another state or in federal court, provide the following information:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)

What was the offense? _____

In which state and city did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871) The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if some one in a licensed facility has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.