



**AbilityFirst volunteer application** (page 2)

Have you ever been convicted of any crime other than a minor traffic violation?

Yes       No

If yes, please explain in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Confidentiality/volunteer Agreement**

I understand that anything regarding names, condition, behavior, diagnosis and/or program history may NOT be discussed outside of AbilityFirst to protect the confidentiality of the consumers and/or family.

I further understand that I will be expected to actively participate as a volunteer, will need to comply with any and all established AbilityFirst policies and procedures and that this placement is an at-will situation and can be reviewed or changed at any time.

I affirm that I am currently in good health and know of no medical condition that will jeopardize the health of consumers, volunteers or staff. I acknowledge that I will need to obtain a Tuberculosis test before I can work in program.

\_\_\_\_\_  
Signature of volunteer or parent/guardian  
if volunteer is under 18 years of age

\_\_\_\_\_  
Date

Application completed/Driver's license verification      ( ) Date: \_\_\_\_\_

EEO/Sexual Harassment Form completed      ( ) Date: \_\_\_\_\_

Consent and Agreement form completed if under 18 yrs.      ( ) Date: \_\_\_\_\_

TB test results received      ( ) Date: \_\_\_\_\_

Job Description      ( ) Date: \_\_\_\_\_

Orientation completed by (please give staff name)      ( ) Date: \_\_\_\_\_

\_\_\_\_\_  
Staff Name

Other comments/notes: \_\_\_\_\_

\_\_\_\_\_

**PLEASE PRINT**

**AbilityFirst  
Volunteer Consent and Agreement Form**

**To be used in the event and need for emergency medical care:**

I, the undersigned volunteer, or parent/guardian of a volunteer under 18 years of age, do hereby authorize AbilityFirst, a non-profit charitable corporation, or its representatives to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered under general or special supervision and upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act, and to consent to any x-ray examination, anesthetic, dental, surgical diagnosis or treatment and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnostic treatment or hospital care being required. This authorization is given pursuant to the provisions of Section 25.8 and Section 34.6 of the Civil Code of California.

In an emergency, please notify:

1. \_\_\_\_\_  
Name Phone Relationship

\_\_\_\_\_  
Address/City/Zip

2. \_\_\_\_\_  
Name Phone Relationship

\_\_\_\_\_  
Address/City/Zip

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Please list any allergies, medications, special needs:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Volunteer (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature (Parent/Guardian must

**PLEASE PRINT**

Sign if volunteer is under 18 years of age)

<p style="text-align: center;"><b>ABILITYFIRST</b></p> <p style="text-align: center;"><b>VOLUNTEER CONSENT TO TRAVEL</b></p>
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**I hereby give consent to be taken in a vehicle arranged for or provided by AbilityFirst and understand that drivers will be staff members or qualified adult volunteers.**

\_\_\_\_\_  
Name of Volunteer (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature (Parent or Guardian must sign if volunteer is under 18 years of age)

**PLEASE PRINT**

**ABILITYFIRST  
EQUAL EMPLOYMENT OPPORTUNITY  
AND SEXUAL HARASSMENT**

It is the policy of AbilityFirst to practice equal employment opportunity without regard to an individual's race, color, religion, national origin, ancestry, marital status, sex, physicals disability, medical condition, age or any legally protected leave of absence, in application of any policy, practice, rule or regulation.

Any form of harassment, including sexual harassment, is absolutely prohibited. Any incident of possible harassment, including sexual harassment, should be brought immediately to the attention of the Vice President or the Director of Human Resources who will thoroughly investigate the matter. After reviewing all the evidence, AbilityFirst will make a determination concerning whether reasonable grounds exist to believe that harassment has occurred. Disciplinary action, up to and including discharge, will be taken against any individual who is found to have engaged in harassment.

Sexual harassment includes:

1. Unwanted sexual advances
2. Offering employment benefits in exchange for sexual favors
3. Making or threatening reprisals after a negative response to sexual advances
4. Offensive visual conduct, including leering, making sexual gestures, displaying sexually suggestive objects or picture, cartoons or posters
5. Offensive verbal conduct such as making or using derogatory comments, epithets, slurs and jokes
6. Verbal sexual advances or propositions
7. Verbal abuse of a sexual nature, graphic verbal commentary about an individual's body, sexually degrading words used to describe an individual, and suggestive or obscene letters, notes or invitations
8. Offensive physical conduct such as touching, assault and impeding or blocking movement.

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Name of Volunteer (Please print)

Date \_\_\_\_\_

Signature of Volunteer or parent/guardian if volunteer is under 18 years of age.

Date \_\_\_\_\_

Signature of Supervisor

**PLEASE PRINT**

**ABILITYFIRST  
VOLUNTEER SAFETY**

The safety and well being of consumers, volunteers and staff are high priorities at AbilityFirst. You will receive a safety orientation regarding the location of emergency exits, fire extinguishers etc. In case of an emergency, volunteers will be given instruction by a supervisor. It is essential, however, that volunteers follow common sense to keep themselves and others safe on a daily basis. If, at any time, you have a question about safety procedures or issues, please ask your supervisor or the Volunteer Coordinator.

Volunteer must observe safety and fire regulation; must not be under the influence of or in possession of alcoholic beverages or illegal drugs on AbilityFirst premises or while on AbilityFirst business; or make unauthorized entrance into AbilityFirst facilities. AbilityFirst is a no-smoking facility.

**Universal Precautions**

It is the policy of AbilityFirst to provide appropriate safeguards against exposure to infection and to assure safe and healthful working and living conditions for both staff and consumers. All AbilityFirst staff, volunteers and consumers will be encouraged to practice Universal Precautions - the safe handling of blood and body fluids through practices that include:

1. Maintaining a state of personal and environmental cleanliness
2. Using disposable gloves
3. Regular and thorough handwashing
4. Proper cleaning and/or disposal of any item or any area that may have come into contact with blood or body fluids.

=====

I have read and understand the policy and procedures on communicable diseases and the Universal Precautions.

I understand that in the course of my volunteer service with AbilityFirst, I may at time be exposed to an individual with a communicable disease without my knowledge.

I understand under the law of the State of California that confidentiality regarding HIV positivity is protected under anti-discrimination laws.

\_\_\_\_\_  
Name of Volunteer (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer or Parent/Guardian  
if volunteer is under 18 years of age

**PLEASE PRINT**

**AbilityFirst**  
(FORMERLY CRIPPLED CHILDREN'S SOCIETY)  
**JOB DESCRIPTION**

**POSITION TITLE:** Center/Program Volunteer  
**IMMEDIATE SUPERVISOR:** Volunteer Coordinator/Assigned Staff

**SUMMARY:**

An AbilityFirst volunteer is an unpaid member of a team whose goal is to provide service to persons with disabilities. Under direction of paid staff, the volunteer assists with a variety of program activities. A volunteer gives unselfishly because of concern for others and a desire to help.

**EXAMPLE OF DUTIES:** (Examples listed may not cover all duties that may be performed.) Under staff direction, volunteers will work as part of an AbilityFirst team so that consumers can benefit from the talents and skills of each staff and volunteer. This team may include the Center Director, Program Supervisor, Activity Coordinator and Activity Leaders and Volunteer Coordinator.

- Assist staff and consumers with activities such as cooking, arts and crafts, sports, games, music, etc. with staff direction.
- Assist staff with setting up and cleaning up activity areas.
- Attend training sessions and meetings as scheduled.
- Assist with maintaining the health and safety of consumers, staff and other volunteers.
- Sign-in and sign-out daily and record your hours in Volunteer Notebook.
- Other duties as assigned.

**VOLUNTEER GUIDELINES:**

No special knowledge and skills are required. A genuine interest in helping others and a willingness to give time unselfishly are the basic requirements.

**QUALIFICATIONS:**

- TB clearance (within last 12 months)
- Commitment to AbilityFirst Mission
- Willingness to commit to hours assigned
- Willingness to follow staff directives
- Adherence to all AbilityFirst policies and procedures, including but not limited to, infection control, illness and injury prevention, sexual harassment, safety, dress code.
- Experience working with children or adults with special needs preferred.

Note: AbilityFirst management reserves the right to change these duties at any time.

\_\_\_\_\_  
*Signature of Volunteer*

\_\_\_\_\_  
*Date*

**PLEASE PRINT**