VOLUNTEER APPLICATION

CONFIDENTIAL

For Office Use Only

Date of Application:_____

Date of Orientation:_____

Contact Information:

_____ _____ _____ _____

First Name | Middle Initial | Last Name | Preferred Name

_____ _____ _____

Street Address Apt. # | City, State | Zip Code

_____ _____ _____ _____

Home Phone | Work Phone | Cell Number | Email Address

Business Information

Current Occupation_____ Employer_____

Business Address_____

City_____ State _____ Zip _____

Does your company offer a MATCHING GIFT FUND or COMPANY CONTRIBUTION for your volunteer service?

☐ Yes ☐ No

Educational Background:

Level of education:

- ☐ Less than High School
- ☐ Currently a High School Student
- ☐ High School Graduate
- ☐ G.E.D.
- ☐ Some College Work
- ☐ College Graduate
- ☐ Graduate School
- ☐ Business/Technical School
- ☐ Other_____

How did you hear about The Council?

_____

_____

_____

Do you have previous volunteer experience? If yes, please explain.

_____

_____

_____

Emergency Contact Information

_____	_____	_____
Emergency Contact	Phone Number	Relationship
_____	_____	_____
Emergency Contact	Phone Number	Relationship

Volunteer Interest

In what area would you like to volunteer at The Council? *
(check all that apply)

- ☐ Assessment & Counseling
- ☐ Grounds keeping
- ☐ Workshops & Events
- ☐ Workplace Services
- ☐ Triage Help-line
- ☐ Prevention Resources & Services
- ☐ Women's & Children's Services
- ☐ Center for Recovering Families
- ☐ Wellderly Program
- ☐ Accounting & Administrative Services

***Note: Volunteer positions do not typically have direct client contact due to licensing requirements.**

Special Skills

Please check all that apply:

Computer skills:

- ☐ Microsoft Word
- ☐ Microsoft Excel
- ☐ Microsoft PowerPoint
- ☐ Microsoft Access
- ☐ PageMaker
- ☐ In Design
- ☐ Other _____

General Office Skills:

- ☐ Typing wpm_____
- ☐ Answering phones
- ☐ Copier/Fax
- ☐ Filing Sorting
- ☐ Data Entry
- ☐ Other _____

Grounds-keeping skills:

- ☐ Mowing
- ☐ Edging
- ☐ Pruning
- ☐ Planting
- ☐ Weeding
- ☐ Other _____

What other skills or talents do you have that you can offer as a Volunteer?

_____
_____
_____

Do you speak any foreign languages?

_____	_____	_____
Language	Read?	Write?
_____	_____	_____
Language	Read?	Write?

Availability

Can you commit to a regular time each week? _____
Can you volunteer 2 – 5 hours per week? _____

Can you volunteer 3 – 5 days per month? _____
Can you commit to volunteering with The Council for 1 year? _____

Please indicate times and days of the week you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*

***Some Venue events take place on Saturday**

Are there any duties that you can***not*** perform? If there are, please explain.

_____

_____

Are you willing to sign a confidentiality agreement about information or people you might see within the scope of your volunteering duties? _☐_ Yes _☐_ No

Are you willing to allow The Council to do a background check and/or a drug test depending on the volunteer task? _☐_ Yes _☐_ No

I certify that the information contained in this application is correct to the best of my knowledge and understand that if I become a Volunteer of the agency, false statements, misstatements, or omissions on this application shall be considered sufficient for dismissal in accordance with The Council on Recovery's Volunteer Policies. I agree to conform to the rules and regulations of The Council on Recovery and understand that any failure to do so is cause for my termination as a Volunteer. You are herby authorized to make any investigation on the information contained on this application through any investigation method of your choice.

Printed Name _____ Date_____
Signature_____
Signature of Parent/Guardian (if Volunteer is a MINOR)_____

Email Address: volunteers@councilonrecovery.org
Direct Line: 281-200-9337

Physical address: 303 Jackson Hill Street | Houston, Texas 77007
Mailing address: P.O. Box 2768 | Houston, Texas 77252-2768
713-942-4100 | 713-400-6684 Fax

Date: _____

Texas Department of Public Safety
Crime Records Service
P.O. Box 15999
Austin, Texas 78761-5999

To Whom It May Concern:

I _____,
Last First Middle

Authorize The Council on Recovery as my legal representative to receive information electronically regarding my criminal history from the Criminal History Record Information (CHRI) and Sexual Offender Registry,

D.O.B. _____ Gender: _____ Race: _____

Other Name(s) Used: _____

_____

Please give this form to:

The Council on Recovery
303 Jackson Hill
Houston, Texas 77007

Sincerely,

_____ _____
Signature of Applicant or Date
Signature of Parent, if under 18 years old

VOLUNTEER

THE COUNCIL
ON RECOVERY

Confidentiality Agreement

STAFF, VOLUNTEERS, COUNSELOR INTERNS, /STUDENTS
& OUTSIDE PROFESSIONALS

I understand that while I am at The Council on Recovery in an official or unofficial capacity, I may be privileged to information that is protected under federal law. Such information is strictly confidential.

This includes, <u>but is not limited to:</u>

- identities of individuals seeking or using our services
- information that is oral, written or faxed concerning our clients or others seeking our services

I understand that I may not reveal whether a specific individual <u>is or is not</u> receiving (has or has not received) services at The Council in any form. *Example: I can neither confirm nor deny that this person is or ever was a client of this agency.*

If I am asked to reveal any information regarding a client or a client's identity, I will bring this request to my supervisor or the manager of my department. In their absence, I will confer with the VOLUNTEER COORDINATOR.

This includes, <u>but is not limited to</u>, requests from:

lawyers, judges, EAP, Health Care professionals and mediators or their representatives
probation or parole officers or anyone in the criminal justice system
any family, friend, employer, minister, teacher, or acquaintance of the client

I understand that violation of confidentiality guidelines will be reported to the President/CEO of The Council, DSHS Ethics Investigators and the DSHS licensing boards, if applicable.

I (print name) _____ agree to hold confidential all information regarding clients, both while I am working or volunteering at The Council and after the termination of my duties at the agency, unless otherwise instructed by my supervisor and with a written and current informed consent release.

_____ _____
Signature – Acknowledges understanding and agreement Date

_____
Signature of Parent/Guardian (if Volunteer is a MINOR)

THE COUNCIL
ON RECOVERY

RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Executed by _____ ("Volunteer")

In consideration of Volunteer being permitted to engage in volunteer activities of any nature (the "Activities") for or on behalf of The Council on Recovery (the "Council") and/or The Foundation for The Council on Recovery (the "Foundation"), the undersigned Volunteer [(and any parent or guardian of Volunteer), if Volunteer is a minor] hereby:

1. **Releases, waives, discharges, and covenants not to sue The Council, The Foundation, its and/or their directors, officers, members, employees, agents, contractors, volunteers and insurers, their successors and assigns, and each of them (for all purposes referred to in this instrument collectively as ("Releasees") from and with respect to any and all claims, demands, causes of action, losses, damages, liabilities, costs and expenses (including, without limitation, attorneys' fees and disbursements, and any special, indirect, consequential, punitive or other damages in respect of any theory of liability), arising out of or related to the Activities, or any act, omission or event occurring in connection therewith, WHETHER SUCH CLAIM, DEMAND, CAUSE OF ACTION, LOSS, DAMAGE, LIABILITY, COST OR EXPENSE IS CAUSED BY THE NEGLIGENCE OF RELEASES (OR ANY OF THEM) OR OTHERWISE.**

2. **Agrees to indemnify, defend and hold harmless Releasees and each of them from and against any and all claims, demands, causes of action, losses, damages, liabilities, costs and expenses (including, without limitation, attorneys' fees and disbursements and any special, indirect, consequential, punitive or other damages in respect of any theory of liability), arising out of or related to the Activities, or any act, omission or event occurring in connection therewith, WHETHER SUCH CLAIM, DEMAND, CAUSE OF ACTION, LOSS, DAMAGE, LIABILITY, COST OR EXPENSE IS CAUSED BY THE NEGLIGENCE OF RELEASEES (OR ANY OF THEM) OR OTHERWISE.**

Volunteer (and any parent or guardian of Volunteer, if Volunteer is a minor) expressly agrees that the above agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Texas, and that if any portion of the agreement is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Volunteer (and any parent or guardian of Volunteer, if Volunteer is a minor) has carefully read, understands the contents of, and voluntarily signs this agreement, and further agrees that no oral representations, statements or inducements apart from the above written agreement have been made.

Volunteer Name Printed _____ Date _____

Volunteer Signature _____

Signature of Parent/Guardian (if Volunteer is a MINOR) _____

Physical address: 303 Jackson Hill Street | Houston, Texas 77007
Mailing address: P.O. Box 2768 | Houston, Texas 77252-2768
713-942-4100 | 713-400-6684 Fax

VOLUNTEER PROGRAM
COMPUTER SYSTEM POLICIES & PROCEDURES

The Council may provide certain supplies and equipment for the use of its volunteers in performing their duties. Such materials are the property of The Council and shall be treated as such, and should remain on the premises of The Council. In the event of a termination or separation of volunteer relationship with The Council, any and all materials, shall be returned to The Council. The computer network and individual workstations provide volunteers a means to do their job in the most efficient and productive manner possible. Therefore, it is the policy of The Council to make computers available as needed to approve volunteers as funding and equipment availability allow. To maintain efficient, effective equipment and to guard the integrity of all data, all users are asked to adhere to these procedures.

I. System Users

1. Users will be issued a login identification name and a secure, confidential password by the computer Network.
2. Only approved volunteers may have access to a computer. Unapproved volunteers using any computer equipment will be reported to the Network Administrator, and this may be cause for termination of volunteer services.

II. Software

1. Only licensed software approved and purchased by the agency via the computer Network Administrator may be installed on any agency computer.
2. Software may not be copied for personal use, removed from the building, or removed from the computers at any time. Personal software purchases are not allowed and personal software may not be installed on any computer. Computer users may be held liable for any damage done by installing unapproved software.
3. Software Piracy Policy:

   It is the policy of The Council to utilize all commercially-purchased software in accordance with its individual licensing agreement. Unless otherwise provided in the license, any duplication of copyrighted software, except for backup and archival purposes, is a violation of the law and contrary to The Council's policies.

Physical address: 303 Jackson Hill Street I Houston, Texas 77007
Mailing address: P.O. Box 27681 Houston, Texas 77252-2768
713-942-4100 1713-400-6684 Fax

4. Virus protection software will be installed and updated regularly on all computers to protect against computer virus damage. Anyone knowingly infecting the computer system with a computer virus may be held liable for damages.

III. Hardware

1. All computer hardware purchased by the agency remains the property of the agency. All volunteers who use computers must use assigned equipment in a responsible manner.
2. Under no circumstances should any volunteer (other than those approved by Network Administrator) attempt to make any repairs to computer hardware by removing parts, covers, or placing foreign objects in any computer opening. Problems should be reported immediately to the supervising staff person.

IV. Documents

1. It is expected that all work done using agency computers is for the purpose of performing the tasks necessary to carry out volunteer assignments. Therefore, all work done using agency computers is the property of the agency and may be subject to review. No right of privacy attaches to work on company equipment of any kind.
2. All documents should be saved in public network directories where other staff may have access to those documents should the need arise. Files related to agency work should never be saved on a local hard drive or on flash drives.

V. Internet Usage

1. Internet access including internet email may be made available to volunteer's whose job duties would be fulfilled or enhanced by this service. Internet and email usage is subject to scrutiny and use of these facilities concedes any right to privacy.
2. It is expected that all volunteers who utilize internet and email services will do so in a responsible manner, keeping personal use to a minimum and not accessing web sites that may be considered socially objectionable, harmful or inappropriate (i.e. content contrary to ATOD position of The Council, pornography, violence, pro-drug/drinking messages) or in violation of any state, local or federal laws or regulations. This includes, without limitation, material protected by copyright, trademark, trade secret or other intellection property right used without proper authorization, and any material that is obscene, defamatory, constitutes an illegal threat or violates export control laws. Failure to do so may result in disciplinary action up to and including dismissal from volunteer assignment.
3. Messaging programs such as MSN Messenger, AOL Instant Messenger or other real-time communication programs are not acceptable for office use and must not be used.
4. Personal email programs such as Hotmail, Gmail, AOL Mail, Yahoo Mail, etc., are inappropriate for office use also. In addition, using the office computers for "Chat Rooms" of any kind is prohibited.

5. Internet access to Facebook, Twitter, YouTube, etc. is expressly prohibited by The Council for all volunteers.
6. File attachments that come with email should be opened with caution. Attachments should only be opened that are expected from the sender or that are sent by a known person. Unknown or unexpected attachments should not be opened under any circumstances. The Network Administrator or supervising staff should be notified of the file immediately for proper disposal. In addition, no email attachments with the *'.exe', '.com',* or '.bat' extensions are to be sent to anyone, anywhere, without specific consent from the Network Administrator. No such attachments received from outside The Council are to be opened at all. Should such an attachment unleash a virus into our network, it will be traceable to the source.

I acknowledge receipt of The Council's Volunteer Program Computer System Policies & Procedures. My signature below denotes that I fully understand and will be in compliance with these policies and procedures. I understand that violation of these Policies & Procedures may result in the termination of my volunteer services and that I may also be held liable for any damage done or caused by my misuse of The Council's property.

Printed Name_____ Date_____
Signature_____

Signature of Parent/Guardian (if under 18) _____