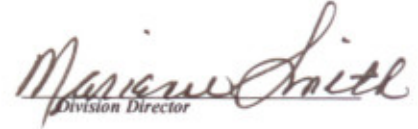


**Delaware Health and Social Services
Division of Developmental Disabilities Services**

Title: Volunteer Applicant Screening

Approved By:


Division Director

Written/Revised By: Policy & Records Committee

Date of Origin:

August 2008

Revision Date: _____

I. Purpose

To ensure that individuals volunteering with the Division of Developmental Disabilities Services (DDDS) are screened, in accordance with this policy.

II. Policy

The Division of Developmental Disabilities Services (DDDS) shall establish a process of required minimum screening for all volunteer applicants.

III. Application

DDDS Employees
DDDS Contracted Agencies
Volunteer Applicants

IV. Definitions

A. Volunteer Applicant: A person at least 14 years old who performs an assignment that enriches the quality of life for people served by the DDDS. A volunteer provides services within a DDDS program, as opposed to an individual relationship (sponsor).

V. Standards

- A. Individuals interested in volunteering in a DDDS operated program shall complete the approved, standardized Volunteer Enrollment form.
- B. The application process shall include the provision of two (2) personal references from non-relatives and an inquiry with the Adult Abuse Registry (AAR) and the Child Protection Registry (CPR).
- C. A volunteer applicant shall not begin providing service until two (2) acceptable personal references are received as well as a review of the AAR and CPR, with no adverse actions noted.
- D. Volunteer (applicants), to be assigned at Stockley Center, shall have PPD testing completed at the time of application and yearly thereafter.
- E. DDDS employees may serve as volunteers if their volunteer assignment is not during his/her regular work hours and the assignment is significantly different from his/her usual work responsibilities.
- F. Volunteers shall not be unsupervised with individuals receiving services unless the Volunteer Services Coordinator has a copy of the volunteer's State Criminal Background Check.

VI. Procedures

<u>Responsibility</u>	<u>Action</u>
Volunteer Services Coordinator (VSC)	1. Provides interested volunteer applicant with a Volunteer Enrollment Form. Requests that it be completed and returned to the VSC.
	2. Interviews applicant following established process.
	3. Completes Volunteer Interview Record and files in applicant's

- | | |
|---|---|
| Volunteer Applicant (for Stockley Center) | <ol style="list-style-type: none">4. Requests applicant to give written permission to check the Adult Abuse Registry and Child Protection Registry, as well as contact personal references.5. Requests applicant (for Stockley Center) to sign the PPD Authorization form.6. Contacts Stockley Center Nurse Supervisor to arrange a time/date for SC volunteer applicant to receive PPD testing.7. Reports for PPD testing as directed by the VSC and the Nurse Supervisor.8. Reports to Nurse Supervisor, as scheduled, to assess the PPD results. |
| Volunteer Services Coordinator (VSC) | <ol style="list-style-type: none">9. Contacts personal references and interviews following the Personal Reference Check form protocol.10. Contacts SC Nurse Supervisor to obtain the results of the applicant's PPD test.11. Faxes CPR and AAR authorization forms to the respective agencies.12. Determines if applicant is acceptable based on results of AAR/CPR checks, personal references and PPD, if applicable.13. Notifies applicant volunteer of the outcome of his/her application.14. Notifies the applicable SC Program Manager or CS Program Director, whenever an applicant has been approved to volunteer in his/her area. |

VI. Synopsis

This policy standardizes the process for screening people who apply to volunteer with individuals who live at Stockley Center or receive services within the Community Services/Adult Special Population program.

VII. Exhibit

- A. Volunteer Enrollment Form
- B. Volunteer Interview Record
- C. Personal Reference Check Form
- D. PPD Authorization Form



Delaware Health and Social Services
Division of Developmental Disabilities Services
Volunteer Enrollment Form

Name: _____ Date of Application: _____

Address: _____ Telephone: (Day) _____

_____ (Evening) _____

Previous Address if @ current address less than 5 years: _____

Background Information:

Education or Technical Training: _____

Current Occupation: _____

Hobbies, Skills, Interests: _____

Previous Volunteer Experience: _____

Preferences in Volunteering:

Is there a particular type of volunteer work that interests you? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Working one on one with a single person
with staff oversight | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Working with a staff person | <input type="checkbox"/> Working with a small group |
| <input type="checkbox"/> Other: _____ | |

Check the location where you prefer to volunteer:

- | | |
|--|--|
| <input type="checkbox"/> Stockley Center (Georgetown) | <input type="checkbox"/> Georgetown Center |
| <input type="checkbox"/> First State Senior Center (Milford) | <input type="checkbox"/> Woodside Center |
| <input type="checkbox"/> New Edge Center (Bear) | |

Volunteer Enrollment Form- Page 2 of 2

Availability:

What times of the day would you prefer to volunteer?

- I am flexible Weekdays Evenings
 Weekends Days

Do you have transportation to and from a volunteer site? Yes No

Background Check

Have you ever been convicted of a Felony or Class A misdemeanor? Yes No

If yes, please explain: _____

Have you ever been accused of abuse, neglect, mistreatment or financial exploitation?

Yes No If yes, please explain: _____

Has your driver's license ever been suspended or revoked in any state? Yes No

If yes, please explain: _____

Please list two non-family references for DDDS to contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Volunteer Statement

As a Division of Developmental Disabilities Services volunteer, I agree to abide by their rules and regulations. I understand that volunteering with DDDS is contingent upon the receipt of satisfactory background screening. I authorize the DDDS to contact my personal references, the Child Protection Registry and the Adult Abuse Registry.

Signature: _____ Date: _____

Required if Under 18 Years of Age

I certify that _____, my son/daughter is fully capable of
(Name)
participating as a volunteer and has my permission to participate as a volunteer with the
Division of Developmental Disabilities Services.

D.O.B.

Signature of parent or guardian

Date



Delaware Health and Social Services
Division of Developmental Disabilities Services
Volunteer Interview Record

Volunteer Applicant: _____ Date of Interview: _____

Interviewer: _____

Review and discuss information on Volunteer Enrollment Form. Explain various volunteer situations within the DDDS. Correct any misinformation on the enrollment form and document comments below:

1. What attracted you to the DDDS? Is there any aspect of DDDS that motivates you to volunteer here?

2. What would you like to get out of volunteering at DDDS?

3. What have you enjoyed the most about your previous volunteer work? Previous employment? _____

4. Discuss the volunteer applicant's comfort and preference for working (i.e., 1:1, with another volunteer or staff, in a group, ect.).

5. What do you have to contribute to a volunteer situation (i.e., special gifts, talents, skills, ect.)?

6. Is there anything that I can explain to you? _____

Can you perform volunteer services with our without accommodations? Please explain.

Discuss potential volunteer positions

1. _____
2. _____
3. _____

Recommended Action:

All screening background checks have been received and are acceptable (PPD, if required, 2 personal references, Child Protection Registry, Adult Abuse Registry). Yes No

Volunteer arrangement with: _____

Start date of volunteer service: _____

Not suitable for DDDS at this time. Explain. _____

Signature and Title

Date



Delaware Health and Social Services
Division of Developmental Disabilities Services
Personal Reference Check Form

Name of Applicant: _____

Name of Reference: _____ Phone #: _____

- How long have you known the applicant? _____
- In what capacity do you know him/her? _____

- Have you worked with the applicant in either a volunteer or professional capacity? _____
If yes to the question above, please explain the nature and quality of the applicant's work. Also, please explain who well he/she was able to get along with others. _____

- In your opinion, would the applicant be reliable and committed to working with persons with developmental disabilities? Please explain. _____

- Is there anything else that you can add that will help us to identify the best possible volunteer situation for the applicant (i.e., special qualities, abilities, ect.)? _____

- Is there any reason why you believe the applicant should not be considered for volunteer service with the DDDS? Please explain. _____

Signature and Title of Interviewer

Date of Interview



Delaware Health and Social Services
Division of Developmental Disabilities Services
PPD Authorization

I, _____, authorize a Stockley Center Nurse to perform a Tuberculin test, in accordance with the Stockley Center policy.

Print Name

Home Address

Signature

Date

Witness

Date

Parent or Legal Guardian of Person

Date

*** A parent or legal guardian must give written approval if the volunteer applicant is under the age of 18.