



**Volunteer Application**

Women's Recovery Center

6209 Storer Avenue

Cleveland, Ohio 44102

(216) 651-1450 Voice (216) 651-4351 Fax

eohara@womensctr.org

Name: \_\_\_\_\_  
Last First Middle Initial

Social Security No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number Apt. #

\_\_\_\_\_ City State Zip

Email address \_\_\_\_\_

Position applying for: \_\_\_\_\_ Date application completed: \_\_\_\_\_

Have you been convicted of any criminal offense? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide the date of the conviction and the circumstances \_\_\_\_\_

**Education/Credentials:** High School Diploma: Yes \_\_\_\_ No \_\_\_\_

College/Technical School Attended \_\_\_\_\_

College/Technical (Major): \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Special Studies/Skills (explain): \_\_\_\_\_

**Personal/Professional References (one of each):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Days available for volunteer work (insert time available between 8:30 AM to 9:00 P.M.):

Sunday: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Expected volunteer hours per week: \_\_\_\_\_

Prefer: Mornings      Afternoon      Night

Community service: Yes \_\_\_ No \_\_\_      Hours Needed: \_\_\_\_\_

If requested by the Women's Recovery Center, please submit a check with this application made out to the Women's Recovery Center for \$55. This is the cost of a Nationwide Criminal Background Check and SSN Trace. By signing below, I understand that the information in this application may be used to conduct the above listed checks before I am offered a volunteer position at the Women's Recovery Center.

In signing this application, I am certifying that to the best of my knowledge the information that is provided is correct. I agree to the terms of volunteering for the Women's Recovery Center in the attached exhibit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Disposition: \_\_\_\_\_

Reference: \_\_\_\_\_ Date: \_\_\_\_\_ Orientation Date: \_\_\_\_\_ Training Date: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

## **ATTACHMENT 1: Volunteer Program Guidelines**

### **Women's Recovery Center**

***Our Mission:*** The Women's Recovery Center provides comprehensive addiction treatment, prevention and education programs that are client-centered, family-based and recovery-focused. Our volunteers serve as a cost-efficient way to better serve our clients and their families.

For volunteers that are engaged in direct care such as rocking babies, reading to or tutoring children, or interacting with our clients in some capacity, we require agreement to confidentiality policies and of course criminal background checks.

***Placement/Supervision:*** Placement of the volunteer is a negotiated activity involving volunteers and the WRC staff working together. Flexibility is given for a volunteer to try out a placement and the Executive Director is responsible to dismiss or reassign a volunteer. A method for identifying volunteers such as a nametag, sign-in board, etc. must be in place. All volunteers or groups of volunteers will have a designated staff member who serves as the point of accountability.

***Confidentiality:*** Volunteer Coordinators should stress confidentiality to all volunteers. All information volunteers/interns have access to relating to specific individuals/families, including but not limited to the identities of applicants requesting assistance, amounts and types of services, and social background information pertaining to specific individuals or families, is to be held in strictest confidence and may not be used or released for any purpose not specifically authorized by the Women's Recovery Center. Even after the volunteer services with the Women's Recovery Center ends, they are to maintain confidentiality of this information. Any such breach of confidentiality may terminate the volunteer experience and is a violation of the law. A WRC staff member will go over confidentiality regulations specific to the work and have the volunteer sign the agreement found in HIPAA, confidentiality.

***Volunteer Eligibility:*** The Women's Recovery Center adheres to the definition of the US Department of Labor, that volunteers are individuals who perform hours of service for religious, charitable or similar nonprofit organizations without promise, expectation, or receipt of compensation. In addition, all of the following must also be true:

- The entity that benefits from the service is a nonprofit (or government agency)
- The activity is less than full time
- The services are not offered as a result of coercion
- The services are typically associated with volunteer work
- No regular employees have been displaced by the volunteer
- The volunteer does not expect to be compensated

The Women's Recovery Center adheres to The Volunteer Protection Act of 1997: "a volunteer is an individual performing services for a nonprofit organization or a governmental entity who does not receive compensation (other than reasonable reimbursement for expenses) or any other thing of value in lieu of compensation in excess of \$500 per year. This term includes those serving as a director, officer, trustee, or direct service volunteer."

### **WRC VOLUNTEER WORKPLACE CONDUCT FORM**

**“We aspire to create a calm, quiet, productive atmosphere for all volunteers and staff to work together harmoniously.”**

**...WRC**

1. Phone calls for business use for the Women's Center. **No personal phone calls permitted, unless there is an emergency.**
2. Please maintain appropriate behavior in the workplace at all times (i.e. no profanity, inappropriate conversations etc.)
3. Please maintain a quiet tone while in the Women's Recovery Center.
4. No unauthorized visitors are allowed on the premises unless providing transportation for a volunteer.
5. Volunteers are not allowed to enter staff offices unless authorized by the supervisor or/designee.
6. Please notify supervisor/or designee when leaving for the day.
7. No smoking in the building or break rooms. Refer to designated areas.
8. Appropriate dress is required at all times (i.e., no midriff shirts, shorts, mini skirts, tank tops, or clothing advertising alcohol products etc.).
9. It is the volunteer's responsibility to call WCGC when unable to make scheduled hours. You must call prior to your start time. A no call/no show is a voluntary termination.

**PURPOSE:**

To promote healthy and safe work environment and to comply with the Drug-Free Workplace Act of 1988, CFR Part 76, Subpart F.

**POLICY:**

- A. The unlawful manufacture, distribution, dispensing, possession of use of a controlled substance is prohibited in any of the WCGC's facilities including temporary workplaces by anyone.

Covered by this policy are not employees, but all persons (board members, students, independent contractors and volunteers) involved with the operation of the WCGC. "Employees" refers to all five (5) groups when used in this policy.

- B. A drug-free awareness program be established and maintained to inform employees about:

1. The dangers of drug abuse in the workplace.
2. The WCGC's policy of maintaining a drug-free workplace.
3. Available drug counseling, rehabilitation and employee assistance programs.
4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

- C. Employees will be given a copy of this policy and procedure(s). A copy of the U.S. Department of Health and Human Services Certification will be posted.

- D. Employees, as a condition of WCGC involvement, will be expected to sign a statement that they are willing to:

1. Abide by the terms of the policy and procedures(s).
2. Notify the Executive Director of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

## VOLUNTEER SAFETY AND FIRST AID FORM

**“Safety first! When in doubt, ask!”**

----WRC

1. Make sure all cleaning supplies are placed in proper storage closets when not in use.
2. Always use protective plastic gloves when handling trash and cleaners.
3. Do not block exits with boxes, trash or cleaning equipment.
4. Turn off the vacuum cleaner when staff is using the phone in the area where you are working.
5. Make sure Wet Floor signs are visible if mopping.
6. Report any accidents immediately (i.e. toilet overflow, sink clogs, etc.).
7. Know where to access First Aid Kit.
8. Unless authorized, do not use any cleaning chemicals on the Childcare toys besides Clorox wipes.
- 9. The front door must remain closed at all times.** Do not prop open door.
10. Do not attempt to lift equipment weighing 50lbs. or more.
11. Be sure to keep cleaning equipment and cords free of aisles and walkways.
12. Clean up spills immediately!
13. Know where the fire exits are.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WOMEN'S RECOVERY CENTER**  
**Staff Information/Emergency Contact Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Medical History**

Any allergies to any medication: Yes \_\_\_ No \_\_\_

If yes, please indicate: \_\_\_\_\_

\_\_\_\_\_

Are you on any medications: Yes \_\_\_ No \_\_\_

If yes, please indicate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS**

Contact Person 1: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Daytime phone \_\_\_\_\_

\_\_\_\_\_ Evening phone \_\_\_\_\_

Contact person 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

\_\_\_\_\_ Evening phone \_\_\_\_\_

**SYSTEM PASSWORD INFORMATION**

**Voicemail:** \_\_\_\_\_ **Other** \_\_\_\_\_

**Computer User I.D.** \_\_\_\_\_ **Password:** \_\_\_\_\_

**Email User I.D.** \_\_\_\_\_ **Password:** \_\_\_\_\_

## **AUTHORIZATION**

In the event of an emergency, I grant permission for the Women's Recovery Center of Greater Cleveland to inform the above listed individuals of the situation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_