



Application Instructions for Volunteers

Thank you for your interest in volunteering. Alexander Youth Network is accredited by the Joint Commission, the same organization that accredits hospitals, and is one of only two children's behavioral health settings in North Carolina that have met this high standard. In order to maintain our high level of care and support our children's treatment we must be assured that our volunteers are of the highest quality.

The volunteer application and screening process may seem lengthy, but it should only take about 30 minutes or so on your part and is not nearly as difficult as it first appears. All information is kept confidential and under lock and key. Use the checklist below to make sure you have completed all the necessary paperwork and are on your way to becoming the bright spot in a child's day.

Volunteer Application- Direct Service

Supplemental Screening Questionnaire

Getting to Know You

Annual Tuberculosis (TB) Risk Assessment Screening

InfoMart- Criminal Background Form – please send this form to us, not to InfoMart, as the form says.

3 References

Please list 3 non-family members known at least one year: teachers, employers, friends, neighbors, etc.

Diana Screen

A Diana Screen is required as the last step of the screening process. This Screen has a number of uses, including identifying sexual predators or those with inappropriate boundaries around children. To learn more, visit <http://dianascreen.com/>. The Diana Screen is an online test which will be completed in the presence of our HR staff after all other screening and orientation is complete. The Director of Volunteer Services will notify the volunteer when he/she is due to take the test. It will include elements of the following.

1. Confidential identification in which the test taker's identity will be kept by an ID number and not their name.
2. A duration of approximately 30 minutes
3. Answers will remain **confidential** and not shared with any other organization
4. An opportunity to answer survey questions once the screen is completed.
5. **The test result will either be "pass" or "fail." All results will be shared with the Director of Volunteer Services. The Director of Volunteer Services would notify an applicant of a "fail" result.**

You may return all paperwork to our Volunteer Services team. After your application is received, someone will contact you in the next couple of weeks to review your application and invite you to one of the monthly orientation sessions.

E-mail: volunteer@alexanderyouthnetwork.org Fax: 704-944-6090
In person/ mail: 6220 Thermal Road, Charlotte, NC 28211



ALEXANDER
YOUTH NETWORK

Volunteer Application- Direct Service
(Confidential Information)

Today's Date _____

Circle: Mr./Ms./Mrs./Dr. Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Business Phone: _____ Cell: _____

E-Mail: _____

Place of Business: _____

Business Address: _____

Educational Background: _____

Occupational Background: _____

Previous Volunteer Experience:

Other (Hobbies, Interests, Special Training):

Memberships in Professional, Social, Fraternal, or Civic Organizations:

Experience Working With Children:

How did you hear about our volunteer program? _____

In what capacity are you interested in volunteering? (i.e., tutor, lunch buddy, classroom buddy, etc.)

Days and Times Available for Volunteer Work:

Have you ever been convicted of or plead guilty to a crime? YES ___ NO ___

If yes, please explain _____

Have you ever had a report of child abuse or neglect filed against you by a DSS agency? YES ___ NO ___

If yes, please explain _____

Do you have any physical health limitations? _____

Do you possess a valid NC driver's license? YES ___ NO ___ LICENSE # _____

Have you previously applied as an employee or volunteer at Alexander Youth Network?

YES ___ NO ___

If yes, please explain _____

Emergency Contact Information:

Name _____

Relationship: _____

Phone Number(s) _____

I verify that all information contained in this application is truthful and accurate.

Signature _____ Date: _____

SUPPLEMENTAL SCREENING QUESTIONNAIRE

Name of Applicant: _____

Date: _____

1. Please list all previous volunteer activities.

2. Please indicate the type of children (including age, physical characteristics, intellectual functioning, gender, etc.) with whom you
 - a. prefer to work

 - b. prefer not to work

3. Were you a victim of abuse or molestation while a minor?

_____ Yes

_____ No

If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with a member of the clinical staff. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant.

4. Have you ever been convicted or pled guilty to a crime?

_____ Yes

_____ No

Getting to Know You...

Please take a few minutes to answer the following questions to help us get to know you a little better. . .

Name _____

- What events in your life led you to pursue volunteer work?
- Describe the work that you do.
- How long have you lived in the Charlotte area?
- What types of activities would you provide for a child?
- What are your views on discipline, and how do you set limits with children?
- What kinds of things cause you stress?
- How would you describe your childhood?
- What are some things you hope to give and gain as a volunteer?
- What would you like to hear about during volunteer orientation?

Volunteer References

Please list 3 non-family members you have known at least one year. References may include employers, neighbors, teachers, friends, etc.

1. Name (Mr. /Mrs. /Ms. /Dr.): _____

Relationship: _____

How long has this person known you? _____

Daytime Phone: _____

Address: _____

City: _____ State: _____ ZIP _____

E-mail: _____

2. Name (Mr. /Mrs. /Ms. /Dr.): _____

Relationship: _____

How long has this person known you? _____

Daytime Phone: _____

Address: _____

City: _____ State: _____ ZIP _____

E-mail: _____

3. Name (Mr. /Mrs. /Ms. /Dr.): _____

Relationship: _____

How long has this person known you? _____

Daytime Phone: _____

Address: _____

City: _____ State: _____ ZIP _____

E-mail: _____



ANNUAL TUBERCULOSIS (TB) RISK ASSESSMENT SCREENING for Direct Care Staff and Volunteers

The CDC classifies our healthcare setting as low risk setting for exposure to tuberculosis disease. Direct Care employees and volunteers must complete a TB Risk Assessment annually. All information regarding the results of your TB Risk Assessment Screening remains confidential. In the event it is necessary, Human Resources will provide further information and instructions to employees who require any additional TB assessment.

INSTRUCTIONS: Print this document. Complete the document by checking the answers that are most applicable to you. ALL COMPLETED DOCUMENTS MUST BE SUBMITTED TO VOLUNTEER SERVICES. To be considered complete all questions on both pages of this form must be answered and the document must include your signature.

Have you experienced any of the following symptoms of Tuberculosis?

(Mark the box indicating your answer)

	YES	NO
Unexplained elevation of temperature on and off for more than four weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained loss of appetite with weight loss?	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained night sweats that leave the bed cloths damp?	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained persistent chest discomfort with shortness of breath for more than 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained cough which occasionally produces bloody sputum?	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained fatigue or feel very tired for no reason?	<input type="checkbox"/>	<input type="checkbox"/>



ANNUAL TUBERCULOSIS (TB) RISK ASSESSMENT SCREENING for Direct Care Staff and Volunteers
(Continued)

Do you have any risk factors for increased exposure to Tuberculosis infection?

(Mark the box indicating your answer)

	YES	NO
Could you be considered 10% below an ideal body weight?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Resident or Employee in a congregate living setting besides Alexander Youth Network (nursing home, hospital, homeless shelter, detention center or correctional facility)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had close contact with any person known to be diagnosed with active tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed in the last 12 months with any medical condition which may also impact your immune system?	<input type="checkbox"/>	<input type="checkbox"/>

I understand the questions indicated in this assessment and have answered each question accurately. Knowingly falsifying information in this document can result in disciplinary action, up to and including termination of employment. I will be contacted by Human Resources if further screening is required as a result of my answers. I realize failure to comply with corporate compliance rules related to employee health is a risk to my continued employment at Alexander Youth Network.

Printed Name: _____ **Contact Phone:** _____

Department: _____ **Position:** _____

Signature: _____ **Date:** _____

ALEXANDER YOUTH NETWORK
Disclaimer for Employees / Foster Parents / Volunteers / Interns

- I have no criminal, social or medical history that would adversely affect my capacity to work with children and adults.
- I have not abused or neglected a child.
- I have not had child protective services involvement that resulted in a substantiation of child abuse or serious neglect.
- I have not had child protective services involvement that resulted in the removal of a child.
- I have not been a respondent in a juvenile court proceeding that resulted in the removal of a child.
- I have not abused, neglected or exploited a disabled adult.
- I have not been a domestic violence perpetrator.

I certify that the above statements are true and understand that my employment, or my relationship with the agency as an Employee / Foster Parent / Volunteer / Intern, may be terminated for making a false statement.

Print Name

Signature

Date



APPLICANT'S DISCLOSURE & AUTHORIZATION FOR BACKGROUND SCREENING

APPLICANT INFORMATION (Please Print)

Account Number: 101-104892

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: _____ State: _____ Zip: _____
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1)
Social Security No:*	City: _____ State: _____ Zip: _____
Driver's License No.: _____ State: _____	Former Address: (2)
Date of Birth: * _____ Place of Birth: (City, State, Country)	City: _____ State: _____ Zip: _____

* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

DISCLOSURE AND AUTHORIZATION

NOTICE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to you which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

APPLICANT:

Signature: _____

Date: ____ / ____ / ____

Print Name: _____



Fax to (770) 984-8997

