



Welcome!

Thank you for your interest in becoming part of the UCP Central PA family in the capacity of a volunteer. The individuals with disabilities that receive our supports and services are the heart of what we do, but the volunteers lend their hearts to enhance our services. Our volunteers are *people with extraordinary hearts*.

Once the paperwork process is complete, you will officially be part of a group of dedicated volunteers who donate their time and talents to help UCP Central PA fulfill its mission of *assisting infants, children, youth, and adults, with disabilities, and their families, achieve their goals of development, growth, independence, and full citizenship*.

### UCP Volunteer Classifications

UCP Central PA benefits from the support of two classifications of volunteers. **Please read the classification levels and complete the volunteer application as appropriate.**

**Class A:** Volunteers who are or may be in contact with children, youth, or adults who benefit from UCP programs and services. This includes specific program volunteers, board members, event committee members, non-board committee members, and/or volunteers who have access to funds or financial information of a consumer or the organization.

**Class B:** Single event or one day volunteers, or regular volunteers who will never be present when consumers are also on the premises and will not have access to substantial amounts of funds or financial information of a consumer or the organization.

### Orientation and Training

It is the responsibility of the Community Relations and Development Staff and/or the individual program staff to provide all volunteers with written or verbal information or instructions describing the general responsibilities of a UCP Central PA volunteer and policies relative to their position and individual behavior. It is the responsibility of the staff that will be directly involved with a **Class A** volunteer to provide additional orientation and training that is specific to the volunteer opportunity, part of which must be face to face and may include a screening of a relevant videotape.

### Volunteer Assurances

- As a **Class A** volunteer, I will be asked to submit an application for a Pennsylvania State Police Criminal Record Check, a Pennsylvania Child Abuse Clearance, and the Megan's Law website will be checked.
  - **UCP Central PA will incur costs of \$20 for the aforementioned clearances. A personal donation of up to \$20 will be used to offset these expenses.**
- As a **Class B** volunteer, I will always be in the presence of a UCP employee or a Class A volunteer when in the presence of UCP program participants.
- I realize that information that I have provided may be verified, and I give permission to UCP Central PA to make inquiry of others concerning my suitability to act as a volunteer;
- In the course of volunteering for UCP Central PA, I may come in contact with confidential information and I agree to keep this information in strictest confidence; and
- I agree that the relationship between UCP Central PA and its volunteers is an "At Will" arrangement and may be terminated at any time without cause by either the volunteer or UCP Central PA.

### Volunteer Responsibilities

1. Volunteers should dress and act at all times in a manner that will reflect positively on the image of UCP Central PA. Keep in mind you are serving as an extension of the supports and services that UCP provides in the community.
2. Any misconduct exhibited by a volunteer may result in immediate dismissal or more severe actions when appropriate.
3. *No tobacco products will be used in the presence of program participants during volunteer time with UCP Central PA.*

**UCP Central PA**

*Life Without Limits for People with Disabilities*

925 Linda Lane

Camp Hill, PA 17011

717-737-3477 or 1-800-998-4827 Fax: 717-975-3333

**Volunteer Application**

Thank you for taking the time to complete this application. This information will help us provide you with a fulfilling volunteer experience.

Type (see page 1 for definitions): \_\_\_\_ Class A                      \_\_\_\_ Class B

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer or School (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Group Affiliation (if applicable): \_\_\_\_\_

Education: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Approximately how many hours a week can you work at UCP? \_\_\_\_\_

How many days per week? \_\_\_\_\_ (mornings  afternoons  evenings)

UCP facility at which you would like to volunteer \_\_\_\_\_

Do you prefer to work with (check all that apply):

children  adults  administration  event

Please describe any previous volunteer experiences you may have had: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever worked with people with disabilities? \_\_\_\_\_ If yes, where?

\_\_\_\_\_

Please list hobbies, skills or special interests \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list 3 people who have known you for at least 2 years and are not related to you. They should be familiar with your character. Please do not include family members. All responses will be held confidential.

NAME	ADDRESS	PHONE	EMAIL
(1) _____			
(2) _____			
(3) _____			

*I hereby certify that there are no misrepresentations or omissions of fact in the foregoing statements and answers to questions. I understand that misrepresentation or omission of fact is cause for non-appointment or dismissal as a volunteer. I authorize UCP Central PA to contact listed references and to conduct a background investigation, which may include, but not be limited to, employment, child welfare, motor vehicle and/or criminal offense histories.*

*I affirm that I have read, understand, and will adhere to the volunteer assurances and responsibilities. I hereby submit my application for a volunteer position with UCP Central PA and agree to uphold and abide by the policies and procedures of the agency.*

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

**If a minor, a parent or guardian signature is necessary.**

**I, as the parent or guardian of the above applicant, have read and agree with all the provided information and hold UCP Central PA and/or its volunteers and employees harmless for any negligence resulting in injury, illness, or accident that may occur during my child's participation.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return your completed application to Janeen Latin at 717-975-0839 (fax) or CACC ,44 South 38<sup>th</sup> Street, Camp Hill, PA 17011 or to the program location in which you are interested in volunteering.*

**Thank you for your time.**



**For Staff Use Only**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Accepted as volunteer for Position \_\_\_\_\_

Supervisor \_\_\_\_\_

Location \_\_\_\_\_

Orientation to program provided on \_\_\_\_\_ By \_\_\_\_\_

Orientation to agency provided on \_\_\_\_\_ By \_\_\_\_\_

Training provided on \_\_\_\_\_ By \_\_\_\_\_

Follow-up Evaluation \_\_\_\_\_

**Form Checklist (date and initial next to each item):**

	<i>These items are maintained in each volunteer's folder</i>	<b>Date</b>	<b>Staff Init.</b>
	Volunteer Application		
	Civil Rights Non-Discrimination		
	Confidentiality Agreement		
	Sexual Harassment Policy		
	Conflict of Interest Agreement		
	Notice of Privacy Practices and Agreement		
	Photo Release form		
	Volunteer Activity Log		
	Volunteer Disclosure Statement		
	Reference Check		
	Criminal History Check		
	Child Abuse Clearance		
	Megan's Law Website Check		
	Abuse Video Screening Documentation		

**Supervisors: Please return copy of completed volunteer application form to Janeen Latin at the Capital Area Children's Center, 717- 975-0839 (fax)**