



## VOLUNTEER INFORMATION PACKET

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

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

City: \_\_\_\_\_ State: TX Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Place Of Employment: \_\_\_\_\_

Does Place Of Employment Have Volunteer Grant Program:  Yes  No

School Attending: \_\_\_\_\_

Reason for Volunteering:  Community Service  Student  Other

If Community Service, How Many Hours Are Required: \_\_\_\_\_

If Community Service, What Were Hours Assigned For: \_\_\_\_\_

If Student, How Many Hours Are Required: \_\_\_\_\_

If Other, Please Describe Reason: \_\_\_\_\_

What Days Are You Available (Circle All That Apply): M T W Th F

*Note: Community service hours cannot be completed on Fridays, Saturdays, or Sundays*

What Hours Are You Available: \_\_\_\_\_

*Note: Community service hours must be completed between 8A and 5P.*

## **STUDENT/VOLUNTEER CONFIDENTIALITY STATEMENT**

**Legally, the information regarding clients is confidential. All violation's of confidentiality of client information either heard, or viewed in medical records is punishable in a court of law.**

**As a student/volunteer of Bay Area Rehabilitation Center, I am aware that confidentiality of client medical records and client information is an issue of major concern to clients and to Bay Area Rehabilitation Center.**

**Except for discussion as required in the course and scope of the performance of my duties, I agree not to disclose with anyone, anywhere, anytime, any information concerning Bay Area Rehabilitation Center's clients and/or treatment. I also understand that breech of these policies may result in immediate removal as a student/volunteer, or other legal action.**

**Furthermore, I understand that I may not enter unapproved client treatment areas of Bay Area Rehabilitation Center without prior approval of both the client and the staff of Bay Area Rehabilitation Center.**

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**Signature of Volunteer**

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**Date Signed**

## **EXPECTATIONS OF THOSE COMPLETING COMMUNITY SERVICE**

**Bay Area Rehabilitation Center is proud to serve as a community partner and allow you a location to complete your community service hours. It is important for you to understand that community service hours are a punishment of the courts, and you are expected to provide the same respect and dedication to completing your community service hours as if you had a court appointed officer as your supervisor. Bay Area Rehabilitation Center expects you to take your community service seriously.**

**The following standards of conduct are required by anyone completing community service at Bay Area Rehabilitation Center (please initial beside each standard of conduct):**

\_\_\_\_\_ **You are required to contact Bay Area Rehabilitation Center at least one day in advance of the day you expect to work. If you do not talk to the person in charge do not assume you are approved to work (leaving a phone message does not qualify as talking to the person in charge).**

\_\_\_\_\_ **You are expected to arrive as scheduled and work the entire shift.**

\_\_\_\_\_ **You must sign in and out in the Volunteer Log or your work will not be counted.**

\_\_\_\_\_ **You are expected to work diligently during your scheduled time to work.**

\_\_\_\_\_ **You must accurately report hours in the Volunteer Log or you will not be allowed to continue working at Bay Area Rehabilitation Center.**

\_\_\_\_\_ **You are expected to adhere to the same professional standards that we require from our employees.**

\_\_\_\_\_ **You are expected to treat our clients and staff with respect.**

\_\_\_\_\_ **You will not enter client treatment or staff office areas without prior approval.**

**Bay Area Rehabilitation Center reserves the right to discontinue allowing you to serve community service hours at any time for any reason. By signing below you acknowledge that you are aware of these expectations.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date Signed**

# CRIMINAL HISTORY CHECK FORM

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

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Agency Requesting Information: Bay Area Rehabilitation Center

Authorized Agency Official: \_\_\_\_\_

## Authorization and Release

In consideration of my desire to volunteer, I hereby authorize Bay Area Rehabilitation Center to obtain a criminal record history check from the Texas Department of Public Safety (DPS) using the data delineated above.

I hereby hold Bay Area Rehabilitation Center harmless in the obtaining of criminal record history pertaining to me. Furthermore, I hereby hold Bay Area Rehabilitation Center harmless for the subsequent use of the criminal record history obtained from the DPS in making decisions relating to my request to volunteer at Bay Area Rehabilitation Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Return Results To:

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

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

City, State, Zip: \_\_\_\_\_