



Volunteer Enrollment

Name: _____ Phone: (h) _____ (W) _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

I. Skills and Interests

Education Background: _____

Current Occupation: _____

Hobbies, Interests, Skills: _____

Previous Volunteer Experience: _____

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Teaching a class supported by OBI staff | <input type="checkbox"/> Working directly with individuals served by OBI |
| <input type="checkbox"/> Assisting with preparing programmatic materials | <input type="checkbox"/> Helping with general administration duties |
| <input type="checkbox"/> Volunteering on a committee | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Other _____ | |

Are there any areas you would not feel comfortable working in? No Yes _____

II. Availability

At what times are you interested in volunteering?

Am flexible Prefer mornings Prefer afternoons Other _____

There are times during the week I cannot do volunteer work _____

Do you have access to an automobile? Yes No Occasionally

III. References

How did you hear about us?

- | | |
|---|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> From client of OBI |
| <input type="checkbox"/> Referred by friend/volunteer | <input type="checkbox"/> Other _____ |

Last name and phone numbers of 2 personal references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please return this form to: _____



Agency/Volunteer Agreement

This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the agreement is to assure you both of our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

I. Agency

Opportunity Builders Inc. agree to accept the services of _____ beginning _____ and we commit to the following:

1. To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of their position.
2. To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
3. To respect the skills, dignity and individual needs of the volunteer, and to do our best to adjust to these individual requirements.
4. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
5. To treat the volunteer as an equal partner with agency staff, jointly responsible for completion of the agency mission.

II. Volunteer

I, _____, agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to agency rules and procedures, including record-keeping requirements and confidentiality of agency and client information.
3. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.

III. Agreed to:

Volunteer

Staff Representative

date

date

This agreement may be cancelled at any time at the discretion of either of the parties, but will expire automatically on _____ unless renewed by both parties.

Volunteer/Employee Fundamental Rights

1. You have the right to work in the least restrictive setting possible.
2. You have the right to participate fully in the development of your individual habilitation plan with respect and privacy. You have the right to work that is meaningful and appropriate to your individual needs.
3. Unless you have been declared incompetent by a court of law, and as an adult, you have the right to handle your personal affairs including making contract, the control of your money and personal possessions.
4. You have the right to be assisted in the assertion of your civil rights, to see a lawyer or advocate at any time and be represented by him/her. You also have the right to be visited by your clergy at any time while attending programming.
5. You have the right to receive and send unopened letters.
6. You have the right to freedom of thought, conscience, and religion.
7. You have the right to have access to telephones during breaks or with prior permission from your supervisor during work times.
8. You have the right to unrestricted private communications during breaks.
9. You have the right to make complaints and to have your unresolved concerns heard and resolved promptly.
10. You have the right not to be subjected to any harsh or unusual treatment and to be free from mental and physical abuse.
11. You have the right to not engage in labor that is forced or productive labor for which you are not legally compensated.
12. You have the right to be free of the forced wearing of distinguishing marks, clothing, or labeling that will subject you to prejudicial treatment.
13. You have the right to not be discriminated against in the area of employment because of race, creed, color, national origin, sex, age, mental or physical disability or sexual preference.
14. As an adult, your freedom of movement may not be involuntarily restricted without due process administered by a court of law.
15. You or your guardian have the right to give informed consent when receiving medications.
16. You or your guardian have the right to voluntarily agree to restriction of rights and privileges for a limited period and as a condition of your habilitation plan, provided you, your guardian, or a court of law feel such restrictions are in your best interest and are not in violation of your civil rights.
17. You have the right to be treated with courtesy, respect, and full recognition of human dignity and individuality.

If you feel that any of these rights are threatened, restricted, or violated, you should follow the steps outlined in OBI's grievance policy. If this does not resolve your concerns or if you feel that you were subjected to prejudicial treatment, you should contact one of the following: The Maryland Human Rights Commission, Legal Aid, Maryland Association of Retarded Citizens, The American Civil Liberties Union, Maryland Disability Law Center, Development Disabilities Administration.

I, _____, hereby acknowledge that a copy of the "Employee Fundamental Rights" for Opportunity Builders Inc. was read, explained and given to me.

Signed _____

Dated _____



Opportunity Builders Safety and Health Policy Review

The Employee Safety and Health policy can be found in the Employee Conduct
(Section VI-S – of the Staff Handbook)

Revised and approved by the Board of Directors on May 1, 2010

VI.S Safety and Health

OBI is committed to providing a safe and healthful working environment. In this connection, OBI makes every effort to comply with relevant federal and state occupational health and safety laws.

OBI's policy is aimed at minimizing the exposure of our employees, clients customers, and other visitors to our facility to health or safety risks. To accomplish this objective, all OBI employees are expected to work diligently to maintain safe and healthful working conditions and to adhere to proper operating practices and procedures designed to prevent injuries and illnesses.

As described in the Infectious Diseases and/or Life-Threatening Illnesses Policy of the Employment Policies Section, first aid kits are located at each facility of OBI for employees to use when administering first aid.

The responsibilities of all employees of OBI in regard to safety and health include:

1. Exercising maximum care and good judgment at all times to prevent accidents and injuries.
2. Reporting to supervisors and seeking first aid for all injuries, regardless of how minor. Employees administering first aid must use protective gloves provided in first aid kits to help prevent possible contact with bodily fluids (e.g., blood) that may contain infectious disease.
3. Reporting unsafe conditions, equipment, or practices to supervisory personnel.
4. Using safety equipment provided by OBI at all times.
5. Observing conscientiously all safety rules and regulations at all times.
6. Notifying their supervisors, before the beginning of the workday, of any medication they are taking that may cause drowsiness or other side effects that could lead to injury to them and their coworkers.

Staff Signature

Date

Staff Printed Name

Witness Signature

Date

HR Witness Signature

Date



ABUSE / NEGLECT POLICY

If any staff member suspects that an individual has suffered from abuse or neglect (defined as any activity directed towards an individual that has a significant probability of causing that individual any physical, mental, or emotional harm), the Executive Director should be notified within twenty-four (24) hours of the incident. An internal investigation will be conducted by the Executive or Assistant Director. The Executive or Assistant Director is responsible for immediate follow-up to assure that the individual is protected from any possible further harm. Any form of abuse or neglect towards a client by a staff member or volunteer is strictly prohibited. If a client has allegedly suffered abuse or neglect by a staff member or volunteer, the Executive Director shall take disciplinary and/or legal action if warranted. An allegation of verbal/physical/sexual abuse and/or neglect will be treated very seriously. If any individual is suspected of verbal/physical/sexual abuse and/or neglect, that individual may be suspended without pay until the findings of the investigation have been determined. The investigations will include talking with all individuals involved to confirm the times, dates and events that were said to have occurred. When the investigation is completed, the Executive Director then reviews the information and takes whatever steps are necessary. Employment may be terminated on the suspicion of abuse; it is not dependent on a criminal charge being filed.

DEFINITIONS:

Verbal Abuse

– includes the following: swearing at and/or in any way degrading the client verbally.

Physical/Sexual Abuse

– includes the following: willfully harming or attempting to harm a client, i.e. hitting, kicking, slapping, pinching, inappropriate touching or sexual contact, etc.

Neglect

– is defined as willfully depriving a client of their personal rights and/or not providing the care and individual needs (i.e. not allowing a client to use the bathroom, depriving a client of their lunch, etc.)

If you observe any of the above happening to a client you must report the incident within 24 hours of occurrence to the Executive Director.

I have read and understand the abuse / neglect policy of Opportunity Builders, Inc.

Signed: _____

Date: _____

Think Safety



PROPER FOOTWEAR

While driving an agency vehicle and/or working as a direct care employee for Opportunity Builders, proper footwear will consist of closed toe/heel tennis shoe or boots. Proper footwear is required while loading and unloading vans as well. Please remember Opportunity Builders is looking out for your safety and the safety of the individuals we are supporting.

Please review and let's make Opportunity Builders a safer place to work.



UNITED STATES DEPARTMENT OF LABOR

OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION

Regulations (Standards - 29 CFR)

Occupational foot protection. - 1910.136

- **Part Number:** 1910
- **Part Title:** Occupational Safety and Health Standards
- **Subpart:** I
- **Subpart Title:** Personal Protective Equipment
- **Standard Number:** 1910.136
- **Title:** Occupational foot protection.

1910.136(a) General requirements. The employer shall ensure that each affected employee uses protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where such employee's feet are exposed to electrical hazards.

1910.136(b) Criteria for protective footwear.

1910.136(b)(1) Protective footwear purchased after July 5, 1994 shall comply with ANSI Z41-1991, "American National Standard for Personal Protection-Protective Footwear," which is incorporated by reference as specified in Sec. 1910.6, or shall be demonstrated by the employer to be equally effective.

1910.136(b)(2) Protective footwear purchased before July 5, 1994 shall comply with the ANSI standard "USA Standard for Men's Safety-Toe Footwear," Z41.1-1967, which is incorporated by reference as specified in Sec. 1910.6, or shall be demonstrated by the employer to be equally effective.

[59 FR 16360, April 6, 1994; 59 FR 33910, July 1, 1994; 61 FR 9227, March 7, 1996; 61 FR 19547, May 2, 1996; 61 FR 21228, May 9, 1996]

Signed: _____

Date: _____



EVACUATION PROCEDURES

In the event of a fire or emergency requiring the evacuation of Opportunity Builders, all employees will ensure the evacuation procedures listed below is properly implemented.

Department Responsibility

The employees in each department are responsible for assisting all individuals out of the building in a single file line through the exterior exit doors in that department. Avoid exiting the building by utilizing stairs

First Priority

During an evacuation the first priority for all employees is to assist those participants requiring the most help. Those participants requiring first priority are –

- One-on-one assigned participants
- Participants in wheelchairs who are unable to independently maneuver their wheelchairs.
- Participants requiring walkers
- Blind and legally blind participants
- Deaf and hearing impaired participants

First Priority for Administrative Staff

Administrative staff are responsible to go to the department they are closest to at the time of the evacuation. Administrative staff are to assist with the evacuation of all the first priority participants.

The **EVACUATION DRILL PROCEDURES** for Opportunity Builders Inc. was fully explained to me and I understand what is expected of me in the event of an emergency requiring the evacuation of the building.

Printed Name: _____

Signature: _____

Date: _____



EMPLOYEE EMERGENCY INFORMATION

Staff Member: _____ Payroll #: _____

Date of Hire: _____ Salary: _____

Position: _____ Department: _____

Supervisor: _____

SS #: _____ Birth date: _____

Address: _____

City/State/Zip

Phone #: _____ Cell #: _____ Fax #: _____

Email Address: _____

Driver's License #: _____

- 1) Emergency Contact Name: _____
Emergency contact phone #: _____
Relationship to Employee: _____

- 2) Emergency Contact Name: _____
Emergency contact phone #: _____
Relationship to Employee: _____

Employee Signature

Date