



The Haven
4405 Desoto Road, Sarasota, FL 34235
Telephone: 941-355-8808 Fax: 941-355-3898

Volunteer Application

Please Print

Today's Date: ____ / ____ / ____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: ____ / ____ / ____

Home Phone: _____ Cell Phone: _____ Email: _____

Have you ever worked with developmentally disabled children or adults? Yes No

If "Yes" please elaborate: _____

Do you have any health problems which will enter into your work with us? Yes No

If "Yes", please describe: _____

Do you have any special training or interest that could be used at our Agency? Yes No

If "Yes", please describe: _____

Have you done volunteer work before? Yes No

If "Yes", where? _____

How were you helpful? _____

Do you prefer to work in a specific program? _____

How did you learn about our Agency: _____

What days and time would you prefer to volunteer: _____



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Emergency Information

Please Print

Full Name: _____

Home Address: _____

Home Telephone Number: _____

Beginning Date of Volunteer Service: _____

Volunteer Service you are performing: _____

Person(s) to Contact in Case of Emergency:

1. Name: _____

Address: _____

Daytime Phone No: _____

2. Name: _____

Address: _____

Daytime Phone No: _____

I give The Haven permission to consult the noted physician below (or health resources) in an emergency, if the person(s) above cannot be reached.

Physician's Name: _____

Physician's Phone: _____

Preferred Hospital: _____

Volunteer's Signature

Date



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CLIENT CONFIDENTIALITY AGREEMENT

Community Haven for Adults and Children with Disabilities, Inc. DBA The Haven adheres to confidentiality as stated in F.S. 393.13 Personal Treatment of Persons Who are Developmentally Disabled and applies this to both persons with and without disabilities. The Haven's Personnel Policies Handbook states specific situations and conditions in which confidential information is released.

- I. **Purpose.** The purpose of this Confidentiality Agreement is to protect the identity and privacy of our clients. Staff and Volunteers at the Agency encounter personal and sensitive information about clients. Therefore, it is very important to refrain from disclosing any information to third parties about our clients to avoid causing them harm.
- II. **Confidential Information.** All information concerning persons receiving services from The Haven is considered confidential. This includes information in written verbal, audio or electronic formats. Confidential client information should never be discussed in the presence of third parties. Any files and/or documents containing confidential information should never be shared or released to third parties, without a signed release of authorization.

Confidential information includes, but is not limited to, the following:

1. Identifying information about the client, including name, address or phone number;
2. Information relating to the client's family;
3. Information about the abuse, trauma, and/or persecution experienced by the client; or
4. Any other information that would identify the client or potentially place the client and/or family members at risk.

- III. **Terms.** By signing this Confidentiality Agreement, you agree to the highest ethical standards and to abide by the following provisions:

1. All communications between Agency staff, volunteers, and clients are confidential.
2. The staff or volunteer shall not disclose confidential information to a third party without the client's express consent to release such information.
3. The staff or volunteer will not share and confidential client information, photos, audios, and videos on any personal social media platform, such as: Facebook, Instagram, snapchat, Twitter, Myspace, etc.
3. The staff or volunteer shall not disclose confidential information to a third party without Agency's knowledge and consent.
4. I understand that as a staff or volunteer, I have a duty to keep client information confidential throughout my term as a staff or volunteer as well as after my employment or volunteer status ends.
5. I understand that my failure to abide by the terms of this Confidentiality Agreement may result in the termination of my participation as a staff or volunteer at the Agency.

I, _____ (print name), have read the above the Agency's Confidentiality Agreement and understand its terms and my responsibilities as an employee and/or volunteer.

Signature of Staff: _____

Date: _____

Printed Name of Staff: _____



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PERSONAL REFERENCE FORM
(No family member accepted)

Name of Applicant _____

Reference Information:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Today's Date: ____ / ____ / ____

Home Phone: _____ Cell Phone: _____ Email: _____

Applicant: Do not complete below this line.

How long you have known the personal indicated above? _____

Your relationship: _____

Would you consider this person capable of caring for individuals who are unable to care for themselves?

Yes No Please explain: _____

To your knowledge, has this person ever been convicted of a crime?

Yes No Please explain: _____

Additional Comments: _____

Reference's Signature

Date



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Request for Local Law Enforcement Check for Volunteers

To:	Sheriff's Department
Attention:	Records Department

Pursuant to Chapter 85-54, Laws of Florida, COMMUNITY HAVEN FOR ADULTS AND CHILDREN WITH DISABILITIES, INC. requests local records check for the applicant listed below:

_____	_____	_____	_____
Last Name	Maiden/Prior Married Name	Middle Name	First Name
_____	_____	_____	_____
Date of Birth	Race	Sex	Social Security #

Please document the findings of this check and return the information to the above address or return to the employee who will bring this form to our Human Resources Dept.

I hereby authorize The Haven to check any and all records pertaining to criminal convictions and for any law enforcement agency to release to The Haven information regarding convictions under Florida Statutes or statutes of other jurisdictions.

_____	_____/_____/_____
Applicant's Signature	Date



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Volunteer Liability Release Waiver

I, _____, the undersigned, hereby release and agree to hold harmless The Haven, its members, affiliates, and employees or loaned executives of any and all liability that could possibly be incurred as a result of my negligence, intentional or unintentional, during the commission of my responsibilities as a volunteer for The Haven.

I further release and hold harmless The Haven, its members, affiliates, and employees or loaned executives of all liability with regard to any physical or emotional harm that I may sustain during the time I participate as a volunteer, or in any other activity sanctioned by The Haven.

Additionally I agree to the following:

- My role is as a volunteer, and, as such, I will receive no financial reimbursement for services rendered.
- I have completed the required training and have been made aware of the assigned duties.
- I will bring to the attention of The Haven staff any information or questions that arise of a legal nature.
- I recognize that any and all information shared with me as part of my duties as a volunteer is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations.
- I will not copy, transcribe, record, or memorize confidential information in any manner, nor disclose or use such information for any purpose other than for the limited purpose of providing the assigned services at The Haven.

THIS AGREEMENT shall be governed by and construed in accordance with the laws of the State of Florida. I have had the opportunity to read and understand the release and acknowledge that by signing the document, I am waiving certain legal rights in the event of injury. BY SIGNING BELOW, I accept and agree to the terms contained above.

Volunteer's Signature

_____/_____/_____
Date



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Affidavit of Volunteers



FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES
MYFLFAMILIES.COM

Under penalty of perjury, I attest my name is _____ and I serve as a volunteer in the child care facility known as **Selby Preschool**.

As a volunteer, I do not receive any form of payment or remuneration such as money, free or reduced childcare, or any other type of compensation for my time.

I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 40 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.3055, Florida Statutes, and complete the state mandated training requirements.

Under penalty of perjury, I declare that I have read the foregoing, and the facts alleged are true and correct.

_____/ /
Affiant's Signature Date

Form of identification presented _____

Sworn to and Subscribed before me this _____ day of _____, 20 _____

_____/ /
Notary's Signature Commission Expires