



## Easter Seals Hawaii

# VOLUNTEER INFORMATION PACKET

Must be read, completed, signed and returned with required supporting documentation before start of volunteer assignment.

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## EASTER SEALS HAWAII **General Information**

Each year, Easter Seals Hawaii (hereinafter referred to as ESH) helps hundreds of children and adults with developmental delays and special needs in our community. You can help us to further the mission, vision, and values of ESH through meaningful and rewarding volunteer experiences, such as:

- Organizing fundraising events.
- Working with persons served in our evening respite program, summer day-camps and other enrichment programs.
- Working with adults in our Adult Day Services Program.
- Helping with housekeeping tasks such as building maintenance and administrative tasks, such as data entry and mailings.

ESH strives to provide volunteer opportunities to a diverse range of community members who are interested in supporting and enhancing the efforts of ESH. A lot of what ESH does would not be possible without the dedicated help of individuals like you.

We ask our volunteers to:

- Embrace, support and advocate for the mission, vision and values of ESH.
- Partner with staff ensuring Program satisfaction for persons served and families.
- Treat all individuals with disabilities, persons served and their families with dignity and respect.
- Honor the privacy and confidentiality of all persons served and their families.
- Adhere to ESH policies and procedures, samples of which are outlined in the volunteer information packet.
- Provide for the safety and well being of persons served and report all observed incidents or injuries to an ESH staff member.
- Ensure family and persons served rights are met, as outlined in the volunteer orientation packet.
- Provide feedback to ESH staff on the quality of the volunteer experience.

We ask our volunteers to abstain from:

- Providing first aid to persons served or staff.
- Giving out personal information (e.g. Facebook, email, cell phone) to persons served.
- Intervening when a person served exhibits negative behaviors.
- Providing physical support (transferring, personal care, etc.) to a person served.

All volunteers must be 18 years of age or older. If an individual is under 18 years of age, Human Resources will review and determine if the individual can volunteer. All volunteers must also complete a Volunteer Information Packet. If an individual would like to volunteer for more than 8 hours at any time with ESH, that individual is also required to successfully complete the TB Clearance and Drug Testing. If applicable, the individual must also provide a copy of their valid driver's license and proof of no fault insurance.



## EASTER SEALS HAWAII Program Descriptions

### **1. Early Intervention Programs**

Provides family centered, culturally sensitive, comprehensive services for families with infants and toddlers, aged birth to three, who have, or are at risk of having, developmental delays. The Program includes services such as: Developmental Evaluation; development of an Individualized Family Support Plan; Care Coordination of early intervention services including overall family support and education; Occupational, Physical and Speech Therapy, Special Education and Social Work services; Transition services as the child progresses to other services. ESH Early Intervention Programs are located in Central Honolulu, East Honolulu, Kailua, Kapolei, Kauai and the Big Island-Hilo and are funded by the State of Hawaii, Department of Health Early Intervention Section.

### **2. Youth Services**

Provides social-recreational opportunities in a safe and nurturing environment designed to support and encourage self-esteem, independence and social growth among school-aged youth with developmental disabilities and other special needs. Youth Services focuses on the development of life skills through participation in challenging and age-appropriate activities such as art, music, sports and computers. Various programs include: Extended School Day and Intersession, Sibling Workshops, Movie Nights, Sleepovers, Family Events, and Workshops and Dancing Palette (Maui only). ESH Youth Services are located on Oahu, Maui, Kauai, and the Big Island.

### **3. Home and Community Based Waiver Services**

Provides comprehensive services and care for adults and children with developmental disabilities and their families, which includes: Adult Day Programs, providing group activities and Personal Assistance services, which provide a one-to-one staff person served ratio, designed to increase life skills and socialization; Chore Services, assisting persons served with daily tasks; and Supported Employment, assisting with job placement and training for persons served. Self-determination, personal choice and independence are the principles upon which persons served initiate their individualized plan and are supported to achieve personal success. ESH Home and Community Based Programs are located statewide and funded by the State of Hawaii, Department of Health and Human Services Medicaid Waiver.

### **4. Assistive Technology**

Offers all ESH persons served new technologies designed to enhance the quality of life for individuals with disabilities. The program's main objectives are to increase learning while having fun and to show children and adults with disabilities how to use computers and assistive technology to enhance their lives. Touch screens, augmentative communication devices, i-devices, and alternative keyboards are just some of the technical hardware tools available. Computer access is offered to persons served to develop a variety of special skills.

## **Person served Rights**

To ensure that the rights of all individuals served are honored and upheld at all times, all ESH volunteers must ensure that all person served are:

- Treated with understanding, dignity and respect.
- Provided with care that is free from ill treatment, physical punishment, exploitation, neglect, abuse, humiliation, harassment, and/or threats.
- Fully informed, prior to or at the time of admission or service start date, of services to be provided by ESH and of the policies and procedures governing persons served conduct.
- Given advance notice of transfer or discharge, except where there is extenuating circumstances.
- Free from chemical and physical restraints unless ordered by a physician and specified in the persons served Individualized Service Plan.
- Treated with the utmost respect with regards to his/her privacy by following HIPAA rules, therefore keeping personal and medical records confidential, including privacy in treatment and in the care of the persons served personal needs, unless given consent to share information.
- Free from dietary restrictions by way of punishment.
- Free to choose services, supports, and providers.
- Given individually defined and appropriate services and supports.
- Encouraged and assisted throughout the period of participation to exercise rights as a person served as well as by civil and legal rights. To also be able to voice grievances and recommend changes in policies and services to staff and to outside representatives of the persons served choice and to be free from restraint, interference, coercion, discrimination or reprisal related to any such grievance.
- Provided with the right to a fair hearing.
- Provided the right to end participation in services at anytime.
- Given advance notice, whenever possible, to ensure due consideration is provided at discharge. A person served may be discharged for having achieved maximum benefit, lack of regular attendance, medical reasons, non-payment of services per fee agreement, or for the persons served welfare or that of other persons served. Such actions shall be documented in the person served's permanent record.

When a person served has been adjudged incompetent or is otherwise unable to participate in making decisions and to understand the rights as specified in the paragraphs above, the persons served legal guardian or designated representative shall be informed of the persons served rights.

## **Abuse and Neglect**

ESH respects the rights of persons served at all times and in all situations. This policy requires that all providers **MUST** report all allegations of person served abuse & neglect as well as injuries to a person served that is of unknown origins.

**Abuse:** Actual or imminent (reasonable cause to believe that abuse or injury occurred) physical injury, psychological abuse or neglect, sexual abuse, financial exploitation, maltreatment or neglect of persons served by an individual(s). Examples include, but are not limited to a burn, fracture, soft tissue swelling, malnutrition, placing a person served in a dark room, calling the person served demeaning or insulting names, humiliation, verbal suggestions with sexual connotations, giving illegal drugs to a person served by a family member, legal guardian, or a person responsible for that person's care, or the inappropriate use or transfer of money belonging to a persons served.

**Neglect:** The failure of an individual(s) to provide a person served in a timely manner food, clothing, shelter, psychological care, protection from abandonment, medical, dental, or inadequate care and supervision, and failure to carry out responsibilities as an assumed, legal, or contractual caregiver. Neglect also includes, but is not limited to the failure of an individual(s) to assist a person served with their personal hygiene; protect a person served from health and safety hazards; leaving a person served unattended in a car, home, or any other public or isolated setting; or protect a person served against acts of abuse by a third party. Self neglect can include failure to care for one's self thereby exposing one's self to a situation or condition which poses an imminent risk of death or risk of serious physical harm.

### **Confidentiality**

As a volunteer at ESH, you may handle very important personal and financial information about the organization, persons served, persons served families, customers, donors, employees, practicum students and fellow volunteers. It is absolutely essential that the organization protect the confidentiality of any such information entrusted to it as part of our business relationships. Accordingly, confidential information in any form or medium (written, spoken, electronic, etc.) must never be disclosed to any other organization or individual, including other volunteers, without proper authorization from your designated Supervisor, during your volunteer assignment, or at any time after your volunteer assignment ends, unless such disclosure is required by applicable law or regulation or is compelled by a court or other tribunal of competent jurisdiction. Any violation of confidentiality may result in disciplinary action in accordance with ESH policies and procedures and State and Federal laws, up to, and including, termination of your volunteer assignment. If you are unsure if something is confidential, or if you have any questions regarding your responsibilities in dealing with confidential materials, please ask your designated Supervisor.

At the end of the work day and on weekends, all confidential material must be placed in secure, locked files. All documents pertaining to persons served, persons served families; medical information; employees, volunteers, practicum students; donors; legal, financial, operational business plans; organization strategy and other information of a restricted or confidential nature relating to the business; operations or financial affairs of the organization; as well as documents containing personal information (name of a person - first name or first initial and last name - in combination with one or more of the following: (a) Social Security Number (b) Driver's License or Hawaii Identification Card Number or (c) Account number, credit or debit card number, access code, or password that would permit access to an individual's account number) must be kept in such a manner that there is limited access and disclosure is permitted only to employees and others on a "need to know" basis. These and any other confidential materials must be locked securely in file cabinets. Any missing confidential records, or any inadvertent disclosure of confidential records to an unauthorized individual, must be reported to your designated Supervisor immediately.

All confidential computer and electronic files should be protected using passwords or other security tools provided by the organization.

Volunteers must uphold the confidential and proprietary nature of the information handled by ESH. The organization reserves the right to take legal action against individuals who abuse this confidentiality or reveal proprietary or confidential information.

### **Criminal History Background Check**

ESH will not accept, as a volunteer, individuals with a criminal conviction or prior history of child or person served abuse, neglect, or mistreatment or any other crimes related to bona fide occupational qualifications. Any discovery of criminal convictions, as they relate to the provision of care or services for vulnerable individuals or any bona fide occupational qualifications will be addressed immediately and appropriately in accordance with applicable Federal and State laws, regulations and procedure, up to and including termination of volunteer assignment.

## **Code of Ethics**

Volunteers at ESH, in their activities related to ESH, must adhere to and advocate the following principles and responsibilities governing professional and ethical conduct:

1. To act with honesty and integrity, avoiding actual or apparent conflicts of interest.
2. To provide information that is accurate, complete, objective, relevant, timely and understandable.
3. To comply with the laws of Federal, State and local governments and the rules and regulations of other appropriate private and public regulatory agencies.
4. To act in good faith, responsibly, with due care, competence and diligence, without misrepresenting material facts or allowing independent judgments to be compromised.
5. To respect the confidentiality of information acquired in the course of ESH-related business except when authorized or otherwise legally obligated to disclose. Confidential information acquired in the course of a volunteer assignment is not to be used for personal gain or advantage.
6. To share knowledge and maintain skills important and relevant to ESH's needs.
7. To promote ethical behavior among peers.
8. To responsibly use and control all ESH assets and resources.

## **Conflict of Interest**

In order to safeguard ESH's activities and assets, and avoid the appearance of impropriety, volunteers should not have involvement in outside businesses which conflict or appear to conflict with their ability to act and make independent decisions in ESH's best interest. Examples of conflicts of interest include, but are not limited to: (1) outside activities which have a negative effect on your ability to satisfy job-related requirements of your volunteer assignment at the organization (2) outside jobs or business interests which are in competition with the organization's business (3) outside activities which involve the use of confidential information learned directly or indirectly through your volunteer experience at the organization.

You are requested to report all outside employment and business interests to management in order to determine if there is any possibility of a conflict of interest. You are also required to report any other activities which might be regarded as a conflict of interest. Failure to report potential conflicts of interest or refusal to resolve such conflicts may result in termination of your volunteer assignment.

## **Substance Abuse Policy**

ESH recognizes that substance abuse in the workplace is a threat to the safety, health and job performance of its employees, practicum students and volunteers. Our goal is to promote a safe, productive, and drug-free workplace. All applicants, volunteers, employees, and practicum students are prohibited from manufacturing, distributing, dispensing, selling, possessing or using alcohol, drugs and/or drug paraphernalia while on ESH property, in ESH vehicles, conducting business or volunteering for ESH.

It is against ESH policy for an applicant, employee, or volunteer to refuse to take a drug test. Refusal to take a drug test includes: failure to appear for any test; refusal to sign drug testing consent, authorization or release forms; refusal to remain at the collection site until the testing process is complete; failure or refusal to provide a sufficient urine specimen; dilution, substitution or adulteration of, or tampering with a specimen in any way; refusal or failure to cooperate with the collection site personnel or medical review officer. Volunteers or practicum students who violate any of these rules will not be permitted to volunteer or be assigned as a student practicum.

Drug testing for volunteers is required in the following situations: if an individual volunteers for more than 8 hours at anytime with ESH; reasonable suspicion; and post-accident. ESH management reserves the right to determine if and when volunteer applicants and volunteers will be drug tested.

Individuals subject to testing will be provided a Diagnostic Laboratory Services (hereinafter referred to as DLS) drug testing form and instructed to report to any DLS lab in the state, within 24 hours of receipt of said form. ESH will test for the following drugs as part of this substance abuse program: marijuana, phencyclidine

(PCP), cocaine, opiates, and amphetamines. Testing protocol and cutoff levels in screening and confirmatory testing is in accordance with applicable State regulations. ESH does not recognize medical marijuana because ESH follows federal law and federal law prohibits marijuana use. Therefore, if an individual receives a positive test result for marijuana, they will not be eligible to volunteer with ESH.

If you would like a copy of our complete Substance Abuse Policy, please contact Human Resources at 536-1015.

### **Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

ESH is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at ESH please contact:

ESH Privacy Officer (808) 529-9957

### **I. How ESH may Use or Disclose Your Health Information**

ESH collects health information about you and stores it in a file that is your record. We need this information to provide you with quality care and to create a record of the care and services you receive at ESH. ESH is committed to protecting the privacy of your health information. The law permits ESH to use or disclose your health information for the following purposes:

1. Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, psychologists, pharmacists, nurses, social workers, therapists, technicians, or other personnel involved in providing services to you. Different departments of ESH may also share medical information about you in order to coordinate the different services you need.
2. Payment. We may use and disclose medical information about you so that the treatment and services you receive at ESH or other providers from whom you receive treatment or services, may be billed to, and payment may be collected from you, an insurance company, a third party, Medicaid or other payer. To the extent possible, our staff and outside contractors or consultants will make reasonable efforts to ensure that the use and disclosure of your personal health information is conducted in a secure and confidential manner.
3. Regular Health Care Operations. ESH may use and disclose medical information about you for agency operations. These uses and disclosures are necessary to manage the operation and to monitor your quality of care. For example, we may use personal health information to evaluate our agency's services, including the performance of our staff. We may also use personal health information for training purposes or to develop new policies, procedures, or programs that may benefit you or other individuals we support. Your medical information may be shared with survey reviewers and other accreditation bodies in accordance with current and on-going operating procedures.
4. Information provided to you.
5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to do so prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.



6. Required by law. As required by law, we may use and disclose your health information as described below:
- a. Public health. We may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
  - b. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.
  - c. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding as required by a court order or subpoena.
  - d. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
  - e. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
  - f. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
  - g. Specialized government functions. We may disclose your health information for military, national security, and prisoner purposes.
  - h. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

**Only the minimum necessary health information will be disclosed to accomplish the above purposes.**

## **II. When ESH May Not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, ESH will not use or disclose your health information without your written authorization. If you do authorize ESH to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **III. Your Health Information Rights**

1. You have the right to request restrictions on certain uses and disclosures of your health information. ESH is not required to agree to the restriction that you requested. We ask that such requests be made in writing. Appropriate forms may be obtained from ESH's contact person listed below.
2. You have the right to inspect and copy your health information.
3. You have the right to request that ESH amend your health information that is incorrect or incomplete. ESH is not required to change your health information and will provide you with information about ESH's denial and how you request a review. We ask that such requests be made in writing. Appropriate forms may be obtained from ESH's contact person listed below.
4. You have a right to receive an accounting of disclosures of your health information made by ESH, except that ESH does not have to account for the disclosures described in Parts 1: Treatment, 2: Payment, 3: Health Care Operations, 4: Information provided to you and 5: Certain Government Functions of Section I of this Notice of Privacy Practices.

5. You have a right to a hard copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact:

Privacy Officer (808) 529-9957

#### **IV. Changes to this Notice of Privacy Practices**

ESH reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, ESH is required by law to comply with this Notice. Revised notices will be communicated via the ESH website, through local operations publications, meetings, or other distribution channels.

#### **V. Complaints**

Complaints about this Notice of Privacy Practices or how ESH handles your health information must be in writing and directed to:

ESH Privacy Officer  
Easter Seals Hawaii-Napuakea  
92-461 Makakilo Drive  
Kapolei, Hawaii 96707

For further information about this process, call 808-529-9957. This number is not to be used to register a complaint, as complaints must be submitted in writing as stated above.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You may also address your complaints to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>

#### **Separation from volunteer duties**

The following are grounds for immediate release that may include, but is not limited to:

- Breach of Confidentiality Agreement
- Gross misconduct or insubordination
- Being under the influence of alcohol or drugs while performing a volunteer duty
- Theft of property or misuse of funds, equipment or materials
- Falsification of records
- Abuse or mistreatment of participants, members of the public or staff
- Unwillingness or inability to support and further the mission and objectives of Easter Seals Hawaii.

Volunteers will be provided the opportunity to discuss the reasons for possible release with the HR Manager and may be released with or without cause.

# Volunteer Information Form

## Personal Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Fax: (\_\_\_\_) \_\_\_\_\_  
 E-mail: \_\_\_\_\_

*The information below is used for obtaining background checks*

Date of Birth: \_\_\_\_\_  
 Gender:  Male  Female

## Education

School: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Major: \_\_\_\_\_  
 Are you receiving academic credit for volunteer work?  
 Yes  No  
 If yes, what are your school requirements? \_\_\_\_\_  
 \_\_\_\_\_

## Availability

When would you be able to volunteer?  
 From: \_\_\_\_\_ to: \_\_\_\_\_  
 mm/dd/yyyy mm/dd/yyyy

Please indicate below the days & times you are available to volunteer.

TIME AVAILABLE	MON	TUES	WED	THUR	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

## Employment (Start with most recent first)

Employer: \_\_\_\_\_  
 Industry/Type of Business: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Company Website: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Duties: \_\_\_\_\_

Employer: \_\_\_\_\_  
 Industry/Type of Business: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Company Website: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Duties: \_\_\_\_\_

## Insurance

Do you currently have medical insurance?  
 Yes  No  
 If yes, who is your insurance carrier? \_\_\_\_\_

## Background Information

Please answer the following questions:

➤ Have you ever been convicted of a crime within the last 10 years which has a substantial relationship to the functions and responsibilities of this particular volunteer assignment?  
 Yes  No

➤ Have you ever charged with neglect, abuse or assault?  
 Yes  No  
 If yes to any question above, please explain. \_\_\_\_\_  
 \_\_\_\_\_

➤ Do you agree to disclose any future criminal convictions or violations?  Yes  No

## Emergency Contact

In case of an emergency, please contact:

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

➤ Are you fluent in any languages other than English?

Yes  No

What Languages? \_\_\_\_\_

➤ Do you have a current driver's license?  Yes  No

➤ Has your driver's license ever been suspended or revoked in this or any other state?  Yes  No

➤ Do you have access to a vehicle?  Yes  No

➤ Do you have auto insurance?  Yes  No

Is there any fact of circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of Easter Seals Hawai'i participants?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Special Skills

What are the skills/areas of expertise that you can bring to Easter Seals Hawai'i? (*Choose all that apply*)

Advertising  Accounting or Finance

Database Development

Direct service to children/adults with a disability

Event Planning  Fundraising

Information Technology  Photography

Web Development  Writing

Other: \_\_\_\_\_

City/area you would be most interested in volunteering for: \_\_\_\_\_

Please ✓ your area of interest

Youth Services  Medical

Adult Day Health  Volunteer Training

Early Intervention  Fundraising

Families  Special Events

Other: \_\_\_\_\_

## PLEASE READ BEFORE SIGNING

I agree to volunteer for Easter Seals Hawai'i (hereinafter referred to as ESH) without compensation and comply with all rules, regulations and agency policies and procedures. By signing below, I certify that the answers and information set out on these forms are accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not accurate or complete, I may not be eligible to be an ESH volunteer. I authorize ESH to investigate all statements contained in this application for my volunteer services, as well as my character and qualifications. I authorize my present and any past employers and volunteer organizations to release any information regarding my work, employment, volunteer history or character to ESH. I also release those employers, referees and others from all liability for providing this information in good faith and without malice.

I understand that ESH may (depending on my volunteer duties) conduct a background check, which may include a criminal conviction check and drug test. I waive any right that I may have to inspect any information provided about me from any person or organization identified by me on this application.

I understand that as a volunteer I must conform to all of ESH's policies and procedures pertinent to ESH employees, including those in this volunteer packet. I understand that failure to comply is grounds for immediate dismissal and volunteers may be dismissed with or without cause. I understand and agree to adhere to ESH standards and requirements, including Participant Rights, Abuse and Neglect, and Code of Ethics.

### Photo Release for Volunteers

I hereby grant my permission for ESH to take pictures, films, slides and/or videotapes of me, or my child if applicable, either individually or as a member of a group, understanding that such may be used in preparing brochures or publications for promoting ESH and ESH Programs.

Please initial here if you do not extend permission for photos to be taken of you: \_\_\_\_\_

### Waiver to Participate/Medical Release

In consideration of your acceptance of my participation, I hereby, for myself, my heirs, executors and administrators, waive any and all rights and claims for damages I may now or hereafter have against individuals associated with this program and event(s), their agencies, representatives, successors and assigns, for any and all injuries suffered by me in said program event(s). I certify that I have full knowledge of any risks involved; I am physically fit and satisfactorily trained to participate; and I have no medical or physical conditions that prevent my participation. Further, if either me or my child, if applicable, sustains an injury or becomes ill while on premises of, or while engaged in an activity associated with ESH, I do hereby give my permission and/or consent to the personnel of ESH to secure and authorize such emergency medical/dental and/or treatment as either I or my child, if applicable, might require. I agree to pay all of the costs and fees authorized under this consent.

I have read and understand the information contained on this form.

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

All volunteers must be 18 years of age or older. If applicant is under 18 years of age, signature of parent or guardian is required, and Human Resources approval is needed to approve a volunteer under age 18.

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

Relationship to volunteer:  Parent  Legal guardian  Other: \_\_\_\_\_



## EASTER SEALS HAWAII Request for References

Please supply the contact information for three personal or professional references.

**No immediate family members please.**

***Reference 1***

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***Reference 2***

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***Reference 3***

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**If you were referred by an Easter Seals Hawaii employee, please list their name and job title (if known) below:**

Name of Employee: \_\_\_\_\_ Title: \_\_\_\_\_

**RETURN TO:           EASTER SEALS HAWAII  
                           ATTN: HUMAN RESOURCES  
                           710 GREEN STREET  
                           HONOLULU, HI 96813**



## EASTER SEALS HAWAII Confidentiality Agreement

Easter Seals Hawaii (hereinafter referred to as ESH) recognizes its responsibility to collect, manage, use and disclose information regarding persons served, its employees, proprietary information and information unique to ESH in the course of their work. ESH require staff members, volunteers, practicum students or contractors not to use or disclose any personal or confidential information to a third party without specific authority, unless use or disclosure is in the course of business. All information is the property of ESH and will be maintained to serve the best interest of the person served in accordance with accrediting, certification, and regulatory requirements.

I \_\_\_\_\_ agree to protect and preserve the confidentiality of all information that I may come across regarding persons served in any of ESH programs, any information regarding employees who work for ESH, and any proprietary information about ESH as a business or any of its projects, events or other information unique to ESH.

I agree that under NO CIRCUMSTANCES will any material read, heard, or discussed be shared with unauthorized persons.

I agree to report any breach of confidentiality to my supervisor immediately.

I understand that failure to abide by this agreement may result in disciplinary action in accordance with ESH policies and procedures and State and Federal laws, up to, and including, termination of my volunteer assignment.

**Definitions**

**Personal Information:** Information that refers to an individual specifically and is recorded in any form – written document, electronic or otherwise. Personal information includes, but is not limited to such data as age, income, date of birth, ethnic origin, medical records, resumes, diplomas, personal references, etc.

**Confidential Information:** Confidential information is information that consists of, but is not limited to, the following: data, materials, business plans, financial information, and written documents, that ought knowingly to be understood as confidential material and which should not be released to unauthorized staff or external parties unless proper approval is given.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Assigned Supervisor Date



**EASTER SEALS HAWAII  
Acknowledgment of Receipt of  
Notice of Privacy Practices**

I hereby acknowledge that I have received this Privacy Notice regarding my right to privacy. I understand that I may contact the **ESH Privacy Officer**, in the event that I have any questions about the Notice or if I have any concerns regarding the use or disclosure of my personal health information.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer's Printed Name

**To acknowledge receipt of this Privacy Practice Notice please sign above and return this page to Easter Seals Hawaii at the address listed below. Keep the Privacy Notice for your files. Thank you for your cooperation.**

**Charlene Robles  
ESH Privacy Officer  
Easter Seals Hawaii-Napuakea  
92-461 Makakilo Drive  
Kapolei, HI 96707**



**EASTER SEALS HAWAII**  
**Notice and Consent to Test for Drugs**  
**Authorization for Receipt, Use and Disclosure of Test Results for Drugs**

**Volunteers**

I, \_\_\_\_\_, give my consent to be tested for drugs by Diagnostic  
(Print full name of volunteer applicant)

Laboratory Services (hereinafter referred to as DLS). I understand that such testing is required by Easter Seals Hawaii (hereinafter referred to as ESH) as part of the organizations' substance abuse program. I also understand and agree to all provisions in the ESH Substance Abuse Policy in this volunteer information packet.

I also authorize DLS, its employees and its agents, to receive, use and disclose information regarding tests for drugs that I will take or have taken prior to or during my volunteer assignment. I understand that I may be subject to a drug test in the event of an accident or if there is reasonable suspicion of drug use while on my volunteer assignment. Test results may be communicated by DLS or the Medical Review Officer of DLS to ESH.

I understand that if I have a detectable level of any illegal drug or substance, or alcohol in my system, I will be in violation of the company's policy, and will not be permitted to volunteer on ESH premises or for ESH in any capacity.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date





## EASTER SEALS HAWAII Background Reference Checks

Easter Seals Hawaii (hereinafter referred to as ESH) has a strong commitment to supporting an environment that is positive and productive. To ensure we are providing services and conducting business in a safe manner, we will conduct background reference checks as a pre-employment requirement for applicants on a post-job offer basis, and then annually thereafter for current employees. Background reference checks will also be conducted for volunteer and practicum students prior to placement at ESH. The first step in this process is to acknowledge that you are free of a conviction, as it relates to the position or role with ESH. The second step is to authorize the background reference checks. Please complete the form below:

**ACKNOWLEDGEMENT:**

- I have never been convicted of a crime related to my bona fide occupational qualifications, job functions, or duties.
- I have been convicted of the crime(s) detailed on the attached sheet of paper.

**AUTHORIZATION:**

I hereby consent to and authorize Easter Seals Hawaii to make a full and complete investigation of my personal and employment history and background including, but not limited to: previous employment, criminal history, driving record, Adult Protective Service, Child Welfare Service, educational background and licensing, and general reputation for character and honesty, as it relates to my position or role with the Organization.

All background reference checks, as listed above, will be treated confidentially to the extent possible.

I declare under penalty of perjury that the foregoing is true, correct, and complete. I understand that false or misleading information given can result in withdraw of the job offer, or termination of current employment, contract, or volunteer opportunities with Easter Seals Hawaii.

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

Any Alias(es)/Former Name(s) (Including Maiden Name): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Please list all of your past addresses, **OUTSIDE THE STATE OF HAWAII ONLY**, starting with the most recent for the last 7 years:

Address	City	State	Zip Code	Dates there: _____
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Address	City	State	Zip Code	Dates there: _____
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Address	City	State	Zip Code	Dates there: _____
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## **Easter Seals Hawaii Employee Handbook** (Policy: *Computer, Email, And Telephone Usage: December, 2012*)

This section below is from the Easter Seals Hawaii Employee Handbook. Please review carefully. Sign and return noting acknowledgement of receipt of the policy and understand and agree to the policy as stated.

### **Computer, Email, Telephone Usage**

The Company respects the individual privacy of its employees. However, employee privacy does not extend to the employee's work related conduct or to the use of Company provided equipment or services including computers, laptops, smartphones, PDA's, software, internet access, e-mail systems, and other electronic communication and information systems (hereinafter "Communication & Information Systems"). You must comply with the guidelines included in this policy; you should also be aware that they may affect your privacy in the workplace.

Management's Right to Access Information. The Company's Communication & Information Systems have been installed to facilitate business and business communications. Although each employee has an individual password to access the Communication & Information Systems, they belong to the Company and the contents of these systems are accessible at all times by Company management for any purpose. All system passwords and encryption keys must be available to Company management and you may not use passwords that are unknown to the Company or install encryption programs without turning over encryption keys to the Company.

The Communication & Information Systems are subject to periodic unannounced inspections, and should be treated like other shared filing systems. All electronic files and e-mail messages are Company records and may be disclosed without your permission. Backup copies of electronic files and e-mail may be maintained and referenced for business and legal reasons. Therefore, you should not assume that electronic files or messages are confidential or private. The Company has a right to access its computer and software systems at any time at its sole discretion to verify proper usage of systems and the internet.

Personal Use of Internet Access or E-Mail System. Because the Company provides these systems to assist you in the performance of your job, you should only use them for official Company business. Incidental and occasional personal use of e-mail is permitted by the Company, but these messages will be treated the same as other messages. You should not use Company e-mail for gossip, including personal information about yourself or others, for forwarding messages under circumstances likely to embarrass the sender, or for emotional responses to business correspondence or work situations. The Company reserves the right to access and disclose as necessary all information downloaded from the internet and messages sent over its e-mail system, without prior notice.

Internet access is intended for business related purposes only. While incidental personal use of the internet may be occasionally permitted during break periods, internet access may be monitored by the Company. Personal instant messaging on Company property is prohibited. In addition, the Company reserves the right to restrict access to certain websites. When using the Company's internet facilities, employees shall identify themselves honestly, accurately, and completely and respect copyright, software licensing rules, property and privacy rights.

You may not use the Company's Communication & Information Systems for soliciting or proselytizing for commercial ventures, religious or personal causes or outside organizations or any other solicitations.

Software is not permitted to be installed on any Company equipment without prior approval from the IT Department and your supervisor. Such files or software may be used only in manners consistent with their licenses or copyrights.

Forbidden Content of Communication & Information Systems. You may not use the Company's Communication & Information Systems in any way that may be seen as insulting, disruptive, or offensive by other persons, or harmful to morale. Examples of forbidden transmissions include sexually explicit messages, cartoons, or jokes; unwelcome propositions or love letters; ethnic or racial slurs; or any other message that can be construed to be harassment or disparagement of others based on their sex, race, sexual orientation, age, national origin, or religious or political beliefs. Use of the Company-provided Communication & Information Systems in violation of this policy will result in disciplinary action, up to and including termination. The Company's Communication & Information Systems must not be used to violate the laws and regulations of the United States or any nation, state or city in any way. Use of Company property for illegal activity is grounds for discipline, including immediate termination.

Password and Encryption Key Security and Integrity. Employees are prohibited from the unauthorized use of the passwords and encryption keys of other employees to gain access to another employee's e-mail messages or electronic files.

Blogging. The Company understands that some employees may wish to create and maintain personal Web logs or "blogs." While the Company respects your right to personal expression and views your blog as your personal project, you must also understand that your personal blog can impact the Company. If you choose to discuss your employment or identify yourself as a Company employee in any way, you should include a disclaimer that the views expressed do not necessarily reflect the view of the Company.

The Company, in its sole discretion, will determine whether a particular blog violates Company policies. The Company further reserves the right to request employees refrain from commenting on topics related to the Company, if advisable to comply with securities or other laws.

Any exception to this policy must receive prior approval from the Company. Any employees who discover a violation of this policy shall notify the Company's IT department or Human Resources. Any employee who violates this policy shall be subject to discipline, up to and including termination.

### **Cellular Telephone & Pager Policy**

Employees are NOT permitted to use cellular phones or other electronic hand held devices including, but not limited to pagers, digital assistants, and laptops while operating any moving vehicles on Company time or for Company business.

Employees may use cellular phones or other electronic devices only after their vehicle is completely off the road and parked in a safe location. If you receive a call while operating a moving vehicle, do not answer the call. Allow the caller to be forwarded to voicemail and check the message after arriving at your destination or when the vehicle is completely off the road and parked in a safe location.

In general, cellular phones provided by ESH are to be used for business purposes only; however, ESH recognizes the need to place and receive personal calls from time to time. Consequently, it is permissible to place and receive personal calls for emergencies and to the extent that it does not interfere with your workload and responsibilities. If the personal use results in the ESH incurring additional per minute charges, you will be responsible to reimburse the Company for the additional charges incurred.

Improper use of ESH equipment may result in disciplinary action, up to and including termination. Improper use includes the use of the equipment in any illegal, harassing, demeaning, intimidating, insulting, or other offensive manner.

I acknowledge that I have received a copy of the Employee Handbook (Dec 2012) Section on Computer, Email, Telephone Usage and Cellular Telephone & Pager Policy. I understand the policy and agree to follow the policy as outlined. I also understand that these policies and procedures are subject to modification, discontinuation or change without notice.

\_\_\_\_\_  
Employee or Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee or Volunteer Name (Print)