**Student/VOLUNTEER Agreement and Disclaimer**

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

**I. Agency**

Chrysalis House (CH) agrees to accept the services of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student /Volunteer) beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and we commit to the following:

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

**II. Student/Volunteer**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to serve as a Student/Volunteer and commit to the following:

1. To perform my Student/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. We are a mental health organization & confidentiality is of utmost importance. Please do not inquire about the personal stories of our clients &/or their families.
3. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.
4. To act at all times as a member of the team responsible for accomplishing the mission of the agency.

**Agreed to:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Student/Volunteer** |  | **Date** |
|  |  |  |
| **Chrysalis House Representative** |  | **Date** |

**STUDENT / VOLUNTEER NON-DISCLOSURE AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree not to disclose confidential information pertaining to any past or present client or employee of Chrysalis House. This agreement pertains to all documentation, correspondences and/or innuendo including the following:

* Client Files
* Personnel Files
* Compensation data
* Financial information

The purpose of this Non-disclosure Agreement herein is to insure the confidentiality of all Chrysalis House   clients and employees.

I understand that client and employee records are protected under federal and state regulations and cannot be disclosed without written consent of the client or employee unless otherwise provided for in the regulations.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student / Volunteer Signature |  | Date |
|  |  |  |
| CH Representative Signature |  | Date |

**STUDENT/VOLUNTEER APPLICATION**

**PERSONAL INFORMATION Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | |  | Date of Birth | |
| Address Street City State Zip | | | | |
|  |  | | |  |
| Phone Number Email Address | | | | |

**CURRENT EMPLOYER**

|  |  |
| --- | --- |
|  | Full or Part Time |

**EMPLOYMENT/INTERN/VOLUNTEER EXPERIENCES**

|  |  |
| --- | --- |
| AGENCY NAME | PAID/INTERN OR VOLUNTEER |
|  |  |
|  |  |
|  |  |
|  |  |

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Education Level | Name and Location of School | # Years  Attended | Degree Completed? | Major/Minor |
| High School |  |  |  |  |
| College |  |  |  |  |
| Grad School |  |  |  |  |
| Other Education / Special Training |  |  |  |  |
| Certifications Held |  |  |  |  |

**AVAILABILITY TO VOLUNTEER (specify hours)**

**Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mon: \_\_\_\_\_\_\_\_\_\_ Tues: \_\_\_\_\_\_\_\_\_\_ Wed: \_\_\_\_\_\_\_\_\_\_ Thurs: \_\_\_\_\_\_\_\_\_\_ Fri: \_\_\_\_\_\_\_\_\_\_**

**Sat: \_\_\_\_\_\_\_\_\_\_ Sun: \_\_\_\_\_\_\_\_\_\_ Holidays only: \_\_\_\_\_\_\_\_\_\_**

**Types of volunteer work that you are interested in doing:**

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_ Helping with/Leading a Group | \_\_\_\_\_\_\_\_ Office work |
| \_\_\_\_\_\_\_\_ Assisting in Daycare | \_\_\_\_\_\_\_\_ Maintenance/Landscaping |
| \_\_\_\_\_\_\_\_ Board of Directors | \_\_\_\_\_\_\_\_ Fundraising/Development |

**If Student Intern, please provide the following: Practicum/Intern Instructor/Professor**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | University / College | Phone Number or Email |
| 1 |  |  |  |
| 2 |  |  |  |

|  |  |
| --- | --- |
|  | |
| **Emergency Contact Information** | Relationship: |
| Name: | Phone: |
|  | |

Please note: Students and Volunteers working with clients are required to complete a background check at the expense of Chrysalis House, Inc.

|  |  |  |  |
| --- | --- | --- | --- |
| **BACKGROUND VERIFICATION** | | | |
| Have you ever been convicted of a criminal offence? | | | |
| Yes | No |  | |
| Have you ever been charged with neglect, abuse or assault? | | | |
| Yes | No |  | |
| Has your driver’s license ever been suspended or revoked in any state? | | | |
| Yes | No |  | |
| Do you use illegal drugs? | | | |
| Yes | No |  | |
| Do you have any physical limitations or are you under any course of treatment that might limit your ability to perform certain types of work? | | | |
| Yes | No |  | |
| If so, please explain: | |  | |
|  | | | |
| **REFERENCES(non-family members)** | | | |
| Name: | | | Phone: |
| Address: | | | Email: |
|  | | | |
| Name: | | | Phone: |
| Address: | | | Email: |
|  | | | |
| **Thank you for your time in completing this form and for your interest in Chrysalis House!** | | | |
| **Please return to:** Chrysalis House Inc., 1570 Crownsville Road, Crownsville, MD 21032  **Questions?** Contact Loren Weisman at 410-974-6829 or lweisman@chrysalishouses.org | | | |

**BACKGROUND CHECK/CONFIDENTIALITY AGREEMENT**

Chrysalis House, Inc. requires volunteers working with clients to submit to a background check. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working with clients.

\_\_\_\_\_I agree to have a background check.  
\_\_\_\_\_I agree to sign a confidentiality agreement.

As a volunteer for Chrysalis House, Inc., I agree to abide by all applicable rules and regulations of the agency and the State of Maryland. I understand that I will receive no monetary benefits in return for my volunteer service and that Chrysalis House may terminate this agreement at any time without prior notice for any reason. I hereby authorize Chrysalis House and I understand that a criminal background check is required.  
I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.  
I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the on-site manager and on-site orientation to perform my volunteer role.  
I hereby release and discharge Chrysalis House Inc., its officers, directors, and employees from any and all actions, causes of action, claims, and demands, including but not limited to, all damages, injuries, costs, loss of services, expenses, and any and all known and unknown injuries that may be asserted by or on behalf of me as a result of my student/volunteer activities performed with Chrysalis House Inc. I agree to be responsible for my behavior and to indemnify and hold harmless Chrysalis House Inc., its officers, directors, employees, and student/volunteers from any damages or liabilities arising out of my activities performed as a student/volunteer with Chrysalis House Inc. The purpose of this release is to forever waive any claim for injuries or damages against Chrysalis House Inc., its officers, directors, or employees.

I grant Chrysalis House the irrevocable right to use photographs and video or audio recordings of me made while volunteering, in any medium, without pay.

I have read and understand the Project Disclaimer and Release of Claims:

**Student/Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chrysalis House Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Thank you so much for your time!\*\***