



Date: _____

Renewal: Y N

Volunteer Program Agreement

Participant Information:

First Name: _____ Last Name: _____ MI: _____

Home Address: _____

Telephone Number: () - Type: Cell Home Work Other

Date of Birth: _____ Ethnicity: _____

Guardian Information: (If no guardian, please leave this section blank)

Does Participant Have a Guardian? Yes No

Guardian's Name: _____ Relationship: _____

Telephone Number: () - Type: Cell Home Work Other

Emergency Contact Information:

Name: _____ Relationship: _____

Telephone Number: () - Type: Cell Home Work Other

Name: _____ Relationship: _____

Telephone Number: () - Type: Cell Home Work Other

Name: _____ Relationship: _____

Telephone Number: () - Type: Cell Home Work Other

Availability:

Requested Start Date: _____

Please write available time next to the appropriate week day.

Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____

How will the participant be getting to and from the volunteer site?

Takes public transportation

Drives self

Has arranged drop of and pick up

Other Please specify: _____

Health Information:

Allergies: _____

Medications: _____

Please describe any accommodations needed (see below for examples):

Physical- Example: Wheelchair, elevator, enlarged pen, cane, hearing aids, etc.

Sensory- Example: Glasses, sound eliminating headphones, independent work space, etc.

Organization- Example: Calendar, schedule, etc.

Supports: (Please, check the appropriate answers)

Overall Level of Support:

High Medium Low None

Living Arrangement:

Lives Alone Lives with Parents Lives with Roommate Lives in Group home

Self-Care:

- Independent in all areas
- No support needed in almost all areas
- Occasionally needs small amount of support
- Need support more than 50% of the time
- One-on-One support needed

If you checked any self-care support, please describe needs:

Additional Supports:

Strengths, Abilities, Special Interest:

List any strengths, abilities, or special interest: _____

Communication and Interaction: (Please, check all that apply)

Preferred Communication Method:

- Augmentative/Electronic Device Sign/Gesture Photographs Objects
 Graphics Written Other: (Please Specify) _____
Participant uses these "apps": _____

Production

- Learns task by watching others on the job
 Benefits from modeling task
 Participant needs visual strategies such as schedule, work system, charts, etc.
 Job must be broken down into small steps and each practiced intensively to master a task

Physical (kinesthetic)

- Work speeds: Meets Requirements Exceeds Requirements Less than Required
Work accuracy: Meets Requirements Exceeds Requirements Less than Required

Requires physical accommodations (lifting restrictions), specify: _____

Demonstrates limited endurance (requires frequent breaks), specify: _____

Social

- Prefers to work alone or away from co-workers Works well in a group/team
 Benefits from positive reinforcement
 Shares equipment, materials, work space etc.
 Does not understand how their actions or words affect others Accepts constructive criticism
 Needs purposeful and direct instruction/practice of social rules required at community site
 Needs purposeful and direct instruction about social boundaries with peers outside of work
 Other: _____

Services:

Summit Pointe YES or NO Case Manager: _____

DHHS YES or NO Case Manager: _____

MRS YES or NO Case Manager: _____

Additional Service/Programs: _____

Payment Information:

Paid through Summit Pointe or other CMH

Self-Pay

FOR SELF-PAY ONLY

Payment Method: Credit/Debit Card Check Paid in Advance of Services

Cardholders Name: _____ Phone Number: (____) _____ - _____

Credit Card Number: _____ Exp. Date: _____ CW: _____

Card Holders Signature: _____

Additional Notes:

Participant Responsibilities

1. Any participant who will be tardy or absent from the scheduled activity must notify The Arc.
2. Should any problems arise at home that may affect the participant's placement, the participant should notify The Arc immediately.
3. Participants will adhere to all safety requirements specific to each activity as identified by The Arc staff.

The Arc Responsibilities

1. The activity relates to the participant's interests and goals.
2. Participant is regularly supervised by The Arc staff and provided instruction in areas of skill development and community living supports.
3. Daily attendance is recorded.
4. A written evaluation of participant performance will be completed based on the performance elements daily.
5. The Arc and the activity site will provide a site that is free of obvious hazards that could cause potential injury or harm to the participant, when possible.

Media Release

Throughout the year, participants may be highlighted in effort to promote The Arc of Calhoun County's activities and achievements and/or the achievements of the participants. For example, participants may be featured in materials to help training Skills Advisors and/or increase public awareness of our programs through newspaper, radio, TV, the web, DVD's, brochures and other types of media. Participants may be interviewed or photographed for various purposes and/or achievements they have reached.

I, hereby give The Arc of Calhoun County, its employees, representatives and authorized media organization permission to print, photograph and record the above participant for use in audio, video, film or any other electronic, digital and printed media.

- a) This is with the understanding that neither The Arc of Calhoun County nor its representatives will reproduce said photograph, interviews or likeness for any commercial value or receive monetary gain for use of any photograph or likeness. I am also fully aware that I will not receive monetary compensation for the participant's participation.
- b) I further release and relieve The Arc of Calhoun County, its Board of Directors, employees and other representatives from any liabilities know or unknown that may arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Notice of Non Discrimination

It is the policy of The Arc not to discriminate on the basis of race, color, national origin, gender, age, disability, height, weight or marital status in its programs, services or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Executive Director, 44 W. Michigan Avenue, Battle Creek, MI. 49017. Upon request to The Arc of Calhoun County shall make reasonable accommodations for a person with disabilities to be able to participate in this program.

Consent

By signing below, I certify that I have read and understand this Program Agreement including the responsibilities of both the participant as well as The Arc, the Media Release, and the notice of Non Discrimination. I have completed this agreement to the best of my ability and certify that all items listed are factual to the best of my knowledge. I have met with a representative of The Arc to discuss the goals of the participant, ask questions, and gain clarification where needed.

Participant Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____

The Arc Administrator Signature: _____ Date: _____

The Arc of Calhoun County

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Battle Creek, MI. 49017
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