



Date: _____

Update: Y N

Volunteer Program Agreement

Participant Information:

First name: _____ Last name: _____ MI: _____

Home address: _____

Telephone number: (____) _____ - _____ Type: Cell Home Other

Date of birth: _____ Ethnicity: _____

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

Does the 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 get to and from the Community Site?

- Public transportation
- Drives self
- Arranged drop off 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 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) _____
- "Apps" used: _____

Production

- Learns task by watching others
- Benefits from modeling
- Visual strategies; such as schedule, work system, charts, etc.
- Broken down into small steps

Physical (kinesthetic)

- Speeds: Meets requirements Exceeds requirements Less than required
- 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 others
- Benefits from positive reinforcement
- Shares equipment, materials, space, etc.
- Does not understand how their actions or words affect others
- Accepts constructive feedback
- Needs purposeful and direct instruction
- 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:

0 Summit Pointe or other CMH: _____.

0 Self-Pay

FOR SELF-PAY ONLY

Payment method: 0 Credit/Debit Card 0 Check paid in advance of services

Cardholders name: _____ Phone number: () - _____

Credit card number: _____ Exp. date: _____ CW: _____

Card holders signature: _____

Additional Notes:

Agreements/Releases/ Notices

Program Description

The Volunteer Program provides adults with intellectual or developmental disabilities (IDD) with the opportunity to develop, enhance, and exhibit adaptive skills in the community. The opportunities for skill development can include socialization, adaptability, self-discipline, independence, self-confidence, sense of belonging, self-advocacy, personal safety, resource allocation, time-management, professionalism, problem-solving, leadership, and conflict-management. This program is offered in the community, through partnering with other nonprofit organizations that utilize volunteers. This experience can allow the individual to gain and enhance skills alongside others without disabilities. Support is provided to the individual to ensure training and skill-development align with the Person-Centered Plan.

Program Notice

The Volunteer Program is not an employer, nor does it promise employment. The Arc supervises participants for the duration of time in the Volunteer Program. The training and skills developed are offered through specific tasks, interactions, and experiences. These tasks, interactions, and experiences are not employment and are not a "job." Participants will not receive compensation by participating in the Volunteer Program, The Arc, or from a Community Site.

I certify that I have read the *Program Description Notice*, fully understand its terms and conditions, and have been given the opportunity to ask questions.

Participant Responsibilities

1. Any participant who will be late or absent from the Volunteer Program must notify The Arc with advanced notice when possible.
2. Participants will adhere to all safety requirements specific to each activity as identified by The Arc.
3. Participants will coordinate/arrange transportation, as transportation is not guaranteed by The Arc.
4. Participants will wear appropriate attire, including the "Volunteer" shirt provided.

The Arc Responsibilities

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

Media Consent and Release Liability

Throughout the year, participants may be highlighted in effort to promote The Arc of Calhoun County or the achievements of the participants. This includes newspaper, radio, TV, DVDs, brochures, social media, website, and any 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.
- b) I further release and relieve The Arc of Calhoun County, its Board of Directors, employees, and other representatives from any liabilities known or unknown that may arise out of the use of this material.

I certify that I have read the *Media Consent and Release Liability* statement, fully understand its terms and conditions, and have been given the opportunity to ask questions.

Notice of Non-Discrimination

It is the policy of The Arc of Calhoun County not to discriminate on the basis of race, ethnicity, national origin, sexual orientation, 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 non-discrimination policies: Executive Director, Leah Ortiz, 44 W. Michigan Avenue, Battle Creek, MI. 49017. Upon request, The Arc of Calhoun County will make reasonable accommodations for a person with a disability to participate in programming.

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 Consent and Release Liability*, 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 goals and ask questions.

Participant Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____

The Arc Administrator Signature: _____ Date: _____

The Arc of Calhoun County

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