



County of Sonoma
 Department of Health Services
Alcohol and Other Drug Services

Orenda Center
 1430 Neotomas Avenue, Santa Rosa, CA 95405
 (707) 565-7450 or 565-7460 Fax: (707) 565-7487

APPLICATION

PLEASE CHECK: VOLUNTEER <input type="checkbox"/> INTERN <input type="checkbox"/>		Date:	Office Use Only	
			Date	Status
Area/Position of interest:			BG	
First Name:		Last Name:		TB
Address:			VC	
City:	State, Zip Code:		Emergency Phone:	
Home Phone:	Work Phone:		E-mail address:	
GOALS through volunteering or interning (contribute to the community, gain work experience, school credit...)				
EDUCATION				
If enrolled, school now attending:				
Major/Degree:		Expected date of graduation:		
List any degrees previously earned:				
RELEVANT COURSE WORK, COMPUTER, SPECIAL SKILLS, CERTIFICATES, OR LICENSES				
PREFERRED TIMES AVAILABLE				
Number of hours per week:		Days available:		Availability:
		(A.M.) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S		<input type="checkbox"/> Short Term <input type="checkbox"/> Ongoing <input type="checkbox"/> 1 Semester
		(P.M.) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S		<input type="checkbox"/> School Year <input type="checkbox"/> Summer Only
Are you Fluent in other languages? If so, please list:				
TRANSPORTATION				
Do you have a valid CA driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CA Driver's License #:		Expiration date:		
Have you been put on probation or has your driver's license been suspended or revoked within the last 5 years?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				

HEALTH QUESTIONNAIRE

1. Do you have any serious health problems or illnesses (such as tuberculosis or active pneumonia) that may be contagious to others around you? If yes, please give details.

Yes No

2. Do you have any health condition that might require medical attention while you are serving as a volunteer?

Yes No

3. Do you have any condition(s) that might require reasonable accommodation? If yes, please give details.

Yes No

4. Are you taking any prescription medication that could interfere with your volunteer duties (addictive or mood-altering, or any medication with a caution label on the bottle)? If yes, please list here.

Yes No

BACKGROUND CHECK

Birth Date: _____

1. Have you been convicted of a felony within the last 10 years? Yes No

2. Have you been convicted of a misdemeanor within the last 10 years? Yes No

If yes, please explain:

I authorize the County to perform a background check as necessitated by the position I am applying for.

SIGNATURE _____

ALCOHOL AND DRUG PROGRAM CONFIDENTIALITY

Federal confidentiality laws and regulations prohibit this program and its personnel from releasing any information or even acknowledging whether or not an individual is or ever was a client in our program unless the court issues an order authorizing disclosure in accordance with Subpart E or the federal confidentiality regulations. (42CFR)

The federal confidentiality laws and regulations prohibit a program from disclosing information in response to any request from any source or for any reason unless one of the following applies:

1. The client consents in writing
2. The disclosure is allowed by a court order*
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation
4. The client commits or threatens to commit a crime against either the program or against any person who works for the program

*According to federal confidentiality laws a court order can be granted under subsection (b)(2)(C) after application showing good cause therefore, including the need to avert a substantial risk of death or serious bodily harm. In assessing good cause the court shall weigh the public interest and the need for disclosure against the injury to the client, to the client therapist relationship, and to the treatment services. Upon the granting of such an order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary shall impose appropriate safeguards against unauthorized disclosure. Neither a search warrant nor an arrest warrant constitutes the type of court order that authorizes a program to disclose patient-identifying information.

I have read, and understand, and agree to keep FEDERAL CONFIDENTIALITY LAWS AND REGULATIONS as an Orenda Center Volunteer. My signature constitutes that I am in agreement.

Signature

Date

GENERAL JOB DESCRIPTION FOR VOLUNTEERS

Typical duties of the position include assisting Detox staff with client intakes and discharges; performing cleaning and maintenance tasks as required; being available to converse with clients in a confidential and supportive manner; to perform various driving jobs as needed; and performing related duties as assigned.

Position requires the ability to: accept and follow direction and act effectively under stressful situations; control personal bias and apply social work ethics; maintain client and program confidentiality regulations; maintain a dependable schedule; communicate effectively with Detox staff and clients.

A background investigation is required prior to commencement of the volunteer position. Some candidates may be excluded from volunteering at the Orenda Center as a result of the background investigation.

ORENDA CENTER VOLUNTEER AGREEMENT

I am responsible for and agree:

- To abstain from the use of alcohol and all mood-altering drugs immediately prior to and during my hours at the Orenda Center. If I have been an alcohol/drug abuser in the past, I agree to abstain continually from the use of alcohol and all mood-altering drugs. If I have been an alcohol/drug abuser in the past, I agree to resign my volunteer position if I use alcohol or other mood-altering drugs at any time.
- To respect the confidentiality of the clients and the business of the Orenda Center. I will not give out any information concerning clients, or discuss or use clients' names outside the Orenda Center. Any questions concerning clients will be referred to Resident/Detox staff.
- To confine my assistance of clients to my regular designated volunteer hours. I understand that personal relationships (including sponsorship) with clients are not allowed while volunteering. See memo on the volunteer bulletin board.
- To be on time and show up regularly, and to phone the Detox desk (565-7460) in advance if I am unable to volunteer during my regular hours.
- To let the Volunteer Coordinator know of any changes in my volunteer plans, e.g., change in hours/days, termination of volunteer work.
- To deal with concerns and questions, as they arise, with staff and the Volunteer Coordinator.
- To attend to my volunteer job and its priorities rather than to future employment concerns. It is my responsibility to ask my family and/or friends not to visit or phone me during my volunteer hours.
- To use the pay phone to make any necessary calls.
- To eat meals at the Orenda Center only during my regular designated volunteer hours and to eat only after all the clients have been served.

I certify that I am in good health and free from any contagious/infectious diseases and that I am willing to submit to the necessary tests (such as TB) upon request of the Orenda Center.

If I am taking a prescription drug that carries a warning label concerning the operation of machinery/equipment or that may impair my ability to safely do my volunteer duties, I will notify the Volunteer Coordinator or Program Manager. This may result in being placed on limited duties.

I understand that, in accordance with the Orenda Center policy, not showing up for my regular volunteer hours for two (2) consecutive times without informing staff or the Volunteer Coordinator in advance is considered a resignation from my volunteer position.

Signature

Date