ARKANSAS DEPARTMENT OF HUMAN SERVICES
ARKADELPHIA HUMAN DEVELOPMENT CENTER
OBU VOLUNTEER APPLICATION

Fall_____ Spring_____ Summer _____

Hours Needed_____

Personal Information:

Name:_____ **Phone (H):_____ (W):_____**

School Address (Including box #):_____ **Home Address:_____**

_____ **_____**

_____ **_____**

Religious affiliation (optional):_____ **E-Mail:_____**

***Birthday: _____** ***Necessary for background check**

Affiliation:

OBU Instructor_____ **Phone Number:_____**

Volunteer Options:

___Adopt a Special Friend **___Recreation** **___Craft Trades**

___Recycling **___Other**

(See Volunteer Brochure for what these options entail)

Placement preference:

Please list times you are able to volunteer in table below:

Time/Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Matching Information:

General interests, skills, volunteer experience, languages, and hobbies:_____

_____

_____

Screening Information:

Have you ever been convicted for violation of any laws, traffic or otherwise?

___Yes ___No If yes, please explain:_____

Do you have any physical condition that may limit your volunteer activities?

___Yes ___No If yes, please describe:_____

Emergency Contact:

Name:_____ Phone:_____ Relation:_____

References:

Please list three persons we may contact, if needed, who are not family members. You may include employers, teachers, religious leaders, or others whose relationship to you is more than a personal friend.

Name:_____ Phone:_____ Relation:_____

Address:_____

Name:_____ Phone:_____ Relation:_____

Address:_____

Name:_____ Phone:_____ Relation:_____

Address:_____

I hereby give consent for the Arkadelphia Human Development Center to contact my references; to contact my employers, past and present; and to conduct a routine background check.

_____ _____

Signature of Applicant Date

This section to be used by Volunteer Program Coordinator

Date of Orientation_____

Background Check _____ OK___ NOT OK___

Hours Completed _____

THE ARKADELPHIA HUMAN DEVELOPMENT CENTER

DOCUMENTATION OF VOLUNTEER ORIENTATION

I _____ certify by my signature below that I have received a copy of the following forms and these forms have been explained to me during my volunteer orientation by the Volunteer Program Coordinator/designee.

Please initial beside each document to indicate that you have received a copy.

___ CONFIDENTIALITY AGREEMENT

___ VOLUNTEER LIABILITY RELEASE FOR CONTAGIOUS DISEASES

___ VOLUNTEER LIABILITY RELEASE FOR OPERATING EQUIPMENT

___ USE OF VIDEO CAMERAS VOLUNTEER CONSENT FORM

___ BEHAVIOR MANAGEMENT POLICY 3011 – D (CLIENT BEHAVIORS)

___ MALTREATMENT POLICY 3004 – I

_____ _____

VOLUNTEER/INTERN SIGNATURE DATE

_____

PRINT NAME OF VOLUNTEER/INTERN

I certify that as the Volunteer Program Coordinator or Designee, I have provided the above volunteer with the above orientation documents and explained these documents to his/her understanding.

_____ _____

VOLUNTEER PROGRAM COORDINATOR OR DESIGNEE SIGNATURE DATE

AHDC VOLUNTEER TUBERCULOSIS SCREEN/SYMPTOM QUESTIONNAIRE

Print Name: _____ Date: _____

Have you ever had a TB skin test? ☐Yes ☐No If "Yes", was it negative/no reaction? _____
Have you ever had a TB blood test? ☐Yes ☐No If "Yes", was it negative? _____
Were you born in the United States? ☐Yes ☐No If "No", identify country where you were born: _____

In the last year, have you had any of the following unexplained symptoms?

Yes	No	
☐	☐	Coughing up blood
☐	☐	Hoarseness lasting three weeks or more
☐	☐	Persistent cough lasting three weeks or more
☐	☐	Unexplained, excessive fatigue
☐	☐	Unexplained, persistent fever lasting three weeks or more
☐	☐	Unexplained, excessive sweating at night
☐	☐	Unexplained, weight loss

Have you ever been treated for active TB infection?
☐Yes ☐ No ☐ Don't know If "Yes", when? _____ Where? _____
Have you ever been treated for latent TB infection (a positive skin test or blood test for TB)?
☐Yes ☐ No ☐ Don't know If "Yes", when? _____ Where? _____
Have you ever been told you have an abnormal chest x-ray? Last chest x-ray was done where? _____
☐Yes ☐ No ☐ Don't know If "Yes", what were you ill with? _____
Have you been told by a health care provider that your immune system is not working and/or you can't fight infection?
☐Yes ☐ No ☐ Don't know If "Yes", explain: _____
Have you ever lived with or had close contact with someone who has/had active tuberculosis disease?
☐Yes ☐ No ☐ Don't know If "Yes", explain: _____
Have you ever worked where patients with active tuberculosis disease receive care or services?
☐Yes ☐ No ☐ Don't know If "Yes", where? _____
Have you ever worked, volunteered, or lived in any institution such as a jail, group home, or homeless shelter?
☐Yes ☐ No ☐ Don't know If "Yes", explain: _____
Have you traveled outside the United States in the past two years?
☐Yes ☐ No ☐ Don't know If "Yes", identify city, country, and approximate date: _____
Have you ever had the BCG (TB) vaccine?
☐Yes ☐ No ☐ Don't know If "Yes", when (approx. year)? _____

_____ _____

VOLUNTEER/INTERN SIGNATURE DATE

_____	_____
VOLUNTEER PROGRAM COORDINATOR OR DESIGNEE SIGNATURE	DATE