



Inclusion Inc.

“Offering people resources and education to direct their lives.”

Volunteer Handbook



Offering people resources and education to direct their lives.

August 25, 2009

Dear **Inclusion Inc** volunteer,

You have chosen to take a very important step in volunteering at **Inclusion Inc**. I want to personally thank you for making this generous gift of your time, skills and experience. I'd also like to thank you on behalf of our customers, the people who seek inclusion in their community through our services. Your efforts will bring them appreciably closer to that goal

Inclusion Inc serves its customers by helping them reach the goals and meeting the needs they have identified. The plans which guide their services and the people who provide those services are not working for **Inclusion Inc**, they are working for each customer, meeting the needs each of them have identified.

Please review the volunteer policies and procedures outlined in the short manual you've been given. They should answer any questions you might have about volunteering at Inclusion Inc or the manual will provide you with a good idea of who can answer your questions.

While you are volunteering at Inclusion Inc do not hesitate to give us feedback about our services as you experience them. If you are unable to get a question answered or don't know who to give feedback to, please call me at 503-232-2289, extension 112 or email me at hmilller@inclusioninc.org.

Welcome! I hope your experience here as a volunteer is as good as you want it to be or better! Thanks again.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard J. Miller".

Howard J. Miller
Executive Director



Inclusion Inc.

Our Mission:

Offering people resources and education to direct their lives.

Our Core Values:

Self Determination: We honor our customers' individual rights to assume risk and to achieve their personal goals, through education, communication and choice.

Innovation: We encourage progressive and creative thinking to develop resources and supports.

Integrity and Responsibility: We act professionally, ethically, knowledgeably, consistently, and proactively to achieve the highest quality in all that we do.

Teamwork: We work as valued, responsible and accountable team members.

Supporting Continuous Learning: We make the most of opportunities to increase knowledge and understanding.

Sustainability thru Financial Responsibility: We are fiscally prudent, accountable and resourceful as we strive towards our vision, now and in the future.

The Benefits of Volunteering

Volunteering at Inclusion Inc. offers many benefits in exchange for the gift of your time and expertise. Volunteering can help you:

- Make important networking contacts
- Learn and develop skills
- Teach your skills to others
- Enhance your resume
- Gain work experience
- Build self-esteem and self-confidence
- Meet new people
- Feel needed and valued
- Communicate to others that you are ambitious, enthusiastic, and care about the community

At Inclusion Inc we appreciate our volunteers and every year hold a special recognition event to say “thank you.” All volunteers are invited to the recognition event.

Inclusion Inc. Volunteer Rights and Responsibilities

As an Inclusion Inc. volunteer, you have the right to:

1. Receive accurate information about the agency
2. Receive a clear, comprehensive job description
3. Be carefully interviewed and appropriately assigned
4. Receive training, if needed
5. Do meaningful and satisfying work
6. Be seen as a person and to be supported in your role
7. Be safe on the job
8. Have choices and feel comfortable about saying “no”
9. Receive feedback on your work
10. Receive recognition on your contribution
11. Have your personal information be kept confidential
12. Be trusted with confidential information if it is necessary in order to do your job

As an Inclusion Inc. volunteer, you are expected to:

1. Be reliable and punctual
2. Be trustworthy
3. Respect confidentiality
4. Respect the rights of people you work with
5. Have a non-judgmental approach
6. Carry out the specified job description
7. Give feedback(i.e. participate in evaluations when asked)
8. Be accountable and accept feedback
9. Be committed to the program
10. Avoid overextending yourself
11. Address areas of conflict with the appropriate staff member or volunteer coordinator
12. Ask for support when it is needed
13. Stay safe on the job

Volunteer Policies and Procedures

Notification of Absence

Please contact the volunteer coordinator and the customer, if applicable, as soon as possible if you are not able to fulfill your volunteer service for any reason-illness, scheduling conflict, etc. Volunteers are expected to provide at least 24 hours notice of an absence except in the case of a sudden emergency.

Reporting Volunteer Hours

Please contact the Volunteer Coordinator on a monthly basis and report hours served.

Personal Belongings

Please try to avoid bringing valuables with you while volunteering. Inclusion Inc. cannot be responsible for any damage or loss.

Accidents

You are important to us and we strive to keep all environments safe for everyone. However, if an accident does occur involving customers, staff or you report ALL the information to the volunteer coordinator IMMEDIATELY.

Mandatory Abuse Reporter

See Document in Handbook

Orientation and Training

A general orientation is done by the volunteer coordinator or designee. Training specific to your volunteer position will be provided by your supervisor.

Criminal History Check

All volunteers working with customers must complete a criminal history check.

Confidentiality

Confidentiality is a right guaranteed to our customers and our volunteers. Customers' needs, concerns and personal problems are not to be discussed with anyone other than the appropriate staff member. Volunteer applications, evaluation and other volunteer information will also be kept completely confidential.

Alcohol and/or drug usage

Alcohol and/or drug usage is not permitted at Inclusion Inc. or by any Inclusion Inc volunteer while he/she is acting as a representative of Inclusion Inc. A volunteer is a representative of Inclusion Inc while he/she is acting in accordance with the scope of responsibilities defined by his/her volunteer position. Volunteers are also not permitted to purchase alcohol, drugs or cigarettes for clients.

Smoking

Smoking is not permitted in Inclusion Inc. Please ask your supervisor about designated smoking area.

Prohibited Weapons

Inclusion Inc. prohibits all persons(including employees, volunteers, customers, guests, or other visitors) from carrying a prohibited weapon of any kind onto Inclusion Inc. property or while volunteering with a customer in the community. Prohibited weapons include any form of firearm, explosive device, or other device that is generally considered to be a weapon.

References

References are gladly provided for volunteers upon request. Job descriptions, evaluations, and monthly tracking sheets serve as tools for preparing references.

Dismissal of a Volunteer

A meeting between volunteer and volunteer coordinator will occur before dismissal in an effort to reach a resolution. Dismissal of a volunteer may take place if a volunteer is unreliable, irresponsible, disruptive, demonstrating inappropriate behavior, or failing to adhere to the policies and procedures of Inclusion Inc.

Nondiscrimination

Inclusion Inc. prohibits discrimination in employment and in services on the basis of race, racial ancestry, ethnicity, skin color, religious beliefs, gender, national origin, marital status, age, disabling or handicapping condition, veteran status, sexual orientation, gender identification, family status, medical condition, political views, economic status and/or associational preferences.

Inclusion Inc. Volunteer Agreement

Inclusion Inc. agrees to:

- 1. Provide necessary instruction for each job.
- 2. Provide all necessary training and supervision for the volunteer position.
- 3. Change the volunteer assignment or add new duties only through mutual agreement between the volunteer and his/her supervisor.
- 4. Keep records of length of service, maintain a personnel file and provide a letter of reference when requested.
- 5. Offer the volunteer opportunities for more responsible volunteer jobs with the agency's programs when appropriate and available.

The Volunteer agrees to:

- 1. A very large part of the work of employees/volunteers involves matters of a very private nature. Such material, either discussed or incorporated in written records, must be treated confidentially.
- 2. Perform the assigned hours as determined by his/her supervisor.
- 3. Provide at least 24 hours notice to Inclusion Inc and the customer if he/she is unable to work.(Except in case of sudden illness and emergency)
- 4. Give prior notice if volunteer work is to be terminated or interrupted for an extended period of time.
- 5. Maintain a non-judgmental attitude with clients.
- 6. Accept supervision with a willingness to learn and a willingness to ask about things you don't understand.

Volunteer Signature

Date

Inclusion Inc. Representative Signature

Date



Volunteer
Mandatory Abuse & Confidentiality Statement

NAME: _____ DATE: _____
Volunteer (Please Print)

Mandatory Abuse Reporting

I understand that I am a mandatory abuse reporter and must report any suspected abuse immediately to the Multnomah County Intake and Protective Services Unit at 503-988-3658. Press 0 to speak to a person. If it is after hours, call Aging and Disability after-hour hotline at 503-988-3646 or 911.

Confidentiality Statement

I understand that I am to maintain full confidentiality and am not to discuss or give out information about customers and their families without prior written authorization from the customer or family.

Volunteer Signature: _____

Information obtained by: _____
of Inclusion, Inc.



RELEASE OF PHOTOGRAPHS

I, _____

authorize **Inclusion, Inc.** to use my picture:

Check Boxes:

- For Inclusion use (newsletters, mural, website, trainings)
- For community use (media, community newsletters, trainings)
- Others _____

This consent to disclose may be revoked by me at any time except to the extent that action has been taken in reliance thereon.

This consent (unless expressly revoked earlier) expires upon _____

(Specify the date, event, or condition upon which it will expire)

Signature of Individual _____ Date _____

Signature of Witness _____ Date _____

Signature of Parent, Guardian
Or Legal Representative _____ Date _____

To those receiving information under this disclosure form: The above information is protected by state and federal law. You are not authorized to redisclose this information to anyone not listed on this form. Redisclosure requires a separate disclosure/release form unless authorized by other laws.



Criminal History Request

Confidential

301 AD

[Link to Instructions](#)

Section 1: Completed by AD

1. Name of AD, qualified entity and mailing address: <i>Type or print clearly</i> Angela Ward Inclusion Inc. 3608 SE Powell Portland, OR 97202		2. AD Phone: 503-232-2289, x101	
		3. SI Start Date: upon approval	
		4. SI job title : Volunteer	
5. Contact with: <input type="checkbox"/> Children <input checked="" type="checkbox"/> Adults <input type="checkbox"/> Seniors		Description of duties: Volunteering with Inclusion Inc. staff and customers at Inclusion Inc. and in the community Worksite & Address: various	
6. Do the duties include driving? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. DHS Program Area: (check all that apply)			
<input type="checkbox"/> Child Welfare <input checked="" type="checkbox"/> Developmental Disability <input type="checkbox"/> Mental Health <input type="checkbox"/> Senior Branches <input type="checkbox"/> Senior Facilities <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Lifespan Respite <input type="checkbox"/> Adam Walsh <input type="checkbox"/> Private lic. child caring <input checked="" type="checkbox"/> Volunteer			

Section 2: Completed by AD/CP Preliminary Review

8. Name of Subject Individual: (Last, First, Middle)		DOB: (mm/dd/yy)	Social Security Number or INS Number: (Voluntary)
9. To be completed by qualified entity staff: <input type="checkbox"/> Photo ID checked <input type="checkbox"/> Photo ID not available Initials: _____			
10. Fingerprints required? <input type="checkbox"/> No <input type="checkbox"/> Yes (check all reason below that apply) Remit: _____			
<input type="checkbox"/> Residency <input type="checkbox"/> Identity <input type="checkbox"/> Disclosed out-of-state driver license <input type="checkbox"/> Disclosed out-of-state history <input type="checkbox"/> Adam Walsh			
Complete 11 or 12	11. <input type="checkbox"/> No potentially disqualifying history disclosed Probationary status granted: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	AD/CP Signature: _____ Date: _____		
	12. <input type="checkbox"/> Potentially disqualifying history disclosed. Probationary status granted (by AD only): <input type="checkbox"/> Yes <input type="checkbox"/> No		
AD Signature: _____ Date: _____			

Section 3: Criminal History Information

13. <input type="checkbox"/> No potentially disqualifying history <input type="checkbox"/> No APS/CPS (CW Only)		LEDS: _____ Date: _____	Reviewer: _____ Date: _____
<input type="checkbox"/> Potentially disqualifying history <input type="checkbox"/> APS/CPS Exists (CW Only)			
<input type="checkbox"/> Disposition (arrest outcome) unknown; consult SI			

Section 4: Final Fitness Determination

14. <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Restrictions _____	
<input type="checkbox"/> Denied <input type="checkbox"/> Case Closed _____	
Signature: _____	Date: _____

Note to AD or CP: See [instructions](#). Fax or mail page 1-2; do not do both.

Section 5: Completed by Subject Individual

15. Name of Subject Individual: (Last, First, Middle)	16. Date of Birth	17. Sex <input type="checkbox"/> M <input type="checkbox"/> F	18. Social Security or INS Number (Voluntary):
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19. Maiden Name, Other Names Used:	20. Driver's License or ID Card Number: State:
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21. Mailing Address Street: Apt: City: State: Zip:	22. Home or Message Phone:
	23. During the past 5 years, have you been outside Oregon 60 days or more in a row? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list where and when in the space below. City / State / Country From (Month/Yr) Until (Month/Yr)

24. Street Address (If different than mailing address) Street: Apt: City: State: Zip:			

25. Have you ever been charged, arrested and/or convicted of a crime? No Yes
If you answered yes, list **all charges, arrests and convictions** and the outcome regardless of how long ago. Please attach additional pages if needed.

Date (Or Estimate)	Charge, arrest, or conviction	County	State	Outcome
1.				
2.				
3.				
4.				
5.				

26. Provide additional information surrounding the arrests charges, and/or convictions. (See instructions)

I have read and understand the instructions for completing this form. I understand that a criminal history and background check will be completed on me and the information may be shared with the person listed in Box 1. I certify the information I have provided is correct and complete. I understand that if I provide false or incomplete information, I may be denied the position. I understand the check may be repeated during the time I hold this position.

27. Signature:

28. Date:

