

# **Kids Inclusion Volunteer Application**

Full Name (include maiden):				
Today's Date				
Address:	City:	State:	Zip:	
Home Phone:	Work Phone:	Cell Phone:		
Email Address				
Birth Date:	Texas resident how long?	Date Available	to Start:	
Days and Hours Available: _	How	How did you find out about us:		
If yes, please explain the natu	d of a crime? Yes No Ire of the crime, date of the convic whom you report. Conviction of a			
permission to do a backgroun	license to be copied for our files. Indicheck:			
Do you have a driver's licens Do you have a car available f Do you have health insurance	for transporting yourself and/or oth	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐	No No No	
I understand that this is an ap	plication for and not a commitmen	nt or promise of volur	nteer opportunity.	
complete to the best of my kr verified by Turn Center. I un	provide information on this application applications of the control of the contro	nation contained on n or omissions may be c	ny application will be ause for my immediate	
	Furn Center permission to verify a to perform a background check, if		in this application. I also	
Signature		Date		
Parent Signature (if applicant	under 18)	Date		

# **VOLUNTEER CONSENT TO TREAT**

Name:	Telephone:		
Address:	City/State/Zip Code:		
To: TURN CENTER -	- 1250 Wallace Blvd - Amarillo, TX 79705 (806)353-3596		
In case of an emergency:			
I HERE BY G deemed necessary by the Center's	<b>RANT PERMISSION</b> to Turn Center to seek Medical Treatment, as staff, for my needs		
	<u>OR</u>		
I DO NOT CO	<b>NSENT</b> to Medical Treatment provided by or sought on my behalf by the		
Signature	Date		
If under the age of 18	<u>years:</u>		
Signature of Parent/Guardian	Relationship to above:		
Personal Physician	Telephone		
Health Considerations: Please list an	ny health history/allergies to be aware of:		
In case of an emergency,	please contact:		
Name:	Relationship to above:		
Address:	City/State/Zip code:		
Cell:	Home:		
Work:			

### Things to Remember while a Volunteer at Kids Inclusion:

### 1) HIPAA:

Turn Center is regulated by the Health Insurance Portability and Accountability Act (HIPAA) which provides regulations and standards which health care organizations must follow with regard to patient information. Failure to abide by these simple safeguards can place you as an individual and the organization at risk for fines and other sanctions from State and Federal authorities.

If at any time you have a question or concern regarding HIPAA, it is important that you notify a Turn Center Kids Inclusion staff member. Players who are also Turn Center Patients are our #1 priority and are NEVER to be discussed by name outside of Kids Inclusion.

- 2) <u>Dress Code</u>: Wear clothing that is appropriate for bending and moving and is discreet.
- 3) <u>Cell Phone</u>: Cell phone usage while volunteering should be limited to emergency calls only. It is very distracting for volunteers to be talking or texting while working with a child. Please observe the following policies while volunteering:
  - A. Turn your cell phone off or turn the ringer to vibrate only.
  - B. Use your cell phone for emergencies only (friends calling to chat is not considered an emergency). Let your calls go to voice mail and return the calls during a break, lunch or after your volunteer hours are completed for the day. If you must make an important call, find a private place to make it. No text messaging while working as a volunteer. Text messaging takes away from your productive time as a volunteer.
  - C. **No photos** are to be taken to protect the privacy of the players and Turn Center employees. Turn Center must first gain written permission for any player to be photographed.

#### 4) Harassment Policy:

Harassment is conduct focused on a person or group of persons including, but not limited to physical or verbal abuse, unwelcome activity of a sexual nature, retaliation, as well as any behavior or action which interferes with an individual's ability to perform assignments or creates a hostile or intimidating work environment. Volunteers shall not engage unwelcome or verbal or physical conduct toward players or others. Any harassment is to be reported to a Turn Center Kids Inclusion staff member.

I have read the Things to Remember along with the information on HIPAA and Harassment policies. I agree to comply with these policies fully.

Signature	Date
Printed Signature	
Parent Signature (if applicant under 18)	 Date