



The Family Effect
Heal a family and we all get better

Volunteer Application

Thank you for your interest in our mission. Your efforts can help to reduce addiction as a leading cause of family collapse and harm to children.

Please fill out the form below, so that we can learn a little bit about you. When you're finished, you can e-mail it to ssmith@thefamilyeffect.org. Or, you can fax the completed application to Sarae Smith at (864) 467-2631, or mail it to The Family Effect, 1400 Cleveland Street, Greenville SC 29607.

Questions? Call (864) 361-4891.

Personal Information

Name:	Birth date:	Gender:
Address:		
City:	State:	Zip:
Phone:	E-mail:	
Employer (if applicable):		
If in school, where:		
Preferred method of contact (check one): <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email		
Emergency Contact:	Relationship:	
Emergency Contact Phone:		

What age group(s) are you most interested? Please check all that apply.

- Infants Teenagers
 Preschoolers Adults

What types of volunteer activities are you most interested in? Please check all that apply.

- Arts (visual, music, or theatre) Life Skills
 Classroom assistant Office Assistance
 Childcare Tutoring
 Gardening Special Events
 Health Education Tutoring
 Fitness / Sports Other: _____

Which program(s) are you interested in? Serenity Place The Academy Unsure

What type of time commitment do you wish to make?

- Weekly Monthly Quarterly One-Time



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When would you prefer to volunteer? Please check times when you are available.

	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun.
Morning (9 – noon)							
Afternoon (12 – 5 pm)							
Evening (5 – 9 pm)							

1. How did you hear about The Family Effect?
2. Why do you want to volunteer with us?
3. What special skills and/or qualifications do you have to contribute?
4. What are your hobbies and interests?
5. What was your most memorable volunteer experience? Why?

Thank you again!

Please read through the easy application steps on the next page. By signing below, you acknowledge that you have read and understand our volunteer application process. Once you have sent us your completed application, you will be contacted by Sarae Smith for a friendly interview. We'll make it quick and easy for you to get started.

Name: _____ **Date:** _____

Signature: _____



Health Screening Questionnaire

Drug and Alcohol Abuse Screening Test

The following questions concern information about your involvement with drugs (including prescription, over-the-counter, and illegal drugs) and alcohol. Carefully read each statement, then decide whether your answer is YES or NO and check the appropriate space. **Please be sure to answer every question.**

In the last 12 months have you...

	YES	NO
Used drugs other than those required for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
Abused prescription drugs (used more than the directions stated)?	<input type="checkbox"/>	<input type="checkbox"/>
Been able to get through the week without using drugs (other than those required for medical purposes)?	<input type="checkbox"/>	<input type="checkbox"/>
Felt that you were a normal drinker (i.e., drink as much or less than most other people)?	<input type="checkbox"/>	<input type="checkbox"/>
Been able to stop drinking without difficulty after one or two drinks?	<input type="checkbox"/>	<input type="checkbox"/>
Felt guilty about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
Had a close friend or family member complain about your involvement with drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
Neglected your family or missed work because of your use of drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
Been in trouble at work because of drug abuse or drinking?	<input type="checkbox"/>	<input type="checkbox"/>
Lost a job because of drug abuse or drinking?	<input type="checkbox"/>	<input type="checkbox"/>
Been arrested because of behavior while under the influence of drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
Been arrested for driving under the influence of drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
Engaged in illegal activities in order to obtain drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Been arrested for possession of illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Gone to anyone for help for a drug problem or drinking?	<input type="checkbox"/>	<input type="checkbox"/>
Been involved in a treatment program specifically related to drug or alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>
Been treated as an outpatient for problems related to drug or alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>



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Health Screening Questionnaire

TUBERCULOSIS SURVEY

Check any of the following symptoms which have lasted more than two weeks in the past year.

- | | |
|--|---|
| <input type="checkbox"/> Prolonged poor appetite | <input type="checkbox"/> Increased fatigue |
| <input type="checkbox"/> Unexplained weight loss > 10 lbs. | <input type="checkbox"/> Unexplained fever |
| <input type="checkbox"/> Bloody sputum | <input type="checkbox"/> Persistent cough |
| <input type="checkbox"/> Pain in chest when breathing/coughing | <input type="checkbox"/> Unexplained hoarseness |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Unexplained chills |
| <input type="checkbox"/> NONE of the ABOVE | |

During the past year, have you:

- | | | |
|--|------------------------------|-----------------------------|
| Been out of the country? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Had prolonged exposure to anyone with any of the above symptoms? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Close contact with a known TB patient? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been exposed to or had positive skin test for TB? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

THE FAMILY EFFECT

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE AND DISCLOSURE

We truly welcome your application to volunteer with THE FAMILY EFFECT. We are proud of our success and recognize it is the result of the quality and caliber of the volunteers in our organization. In pursuit of that excellence we require, as a condition of volunteerism, and/or continued volunteer engagement, that all applicants consent to and authorize a pre-service verification of the background information submitted on their application.

This release and authorization acknowledges that THE FAMILY EFFECT, may now, or at any time while you are a volunteer, administer testing instruments, conduct and retrieve a verification of your previous employment/work history, contact personal references, require that you provide a urine/ breath/blood specimen to be tested for the presence of drugs or alcohol, access and receive any criminal history record pertaining to you which may be in the files of any federal, state, county or local criminal justice agency in any State and/or other information deemed necessary to fulfill the job requirements. The information received may include, but may not be limited to the aforementioned agencies. The results of this verification process will be used to determine volunteer eligibility. Convictions for a felony or misdemeanor will not necessarily be a bar to volunteer engagement.

I authorize the aforementioned agencies and any of its designated representatives to disclose orally, electronically, and in writing the results of this verification process and/or interview to the designated authorized representatives of THE FAMILY EFFECT.

I do hereby forever release and discharge THE FAMILY EFFECT and its agents to the full extent permitted by the law from damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if adverse action is taken based on information obtained by the Company and to receive, orally, written or electronically, a copy of the consumer report and description of the rights of a consumer. I agree that any copy of this document is as valid as the original.

I hereby certify that all of the statements and answers set forth on the application form are true and complete to the best of my knowledge. I understand that if subsequent to volunteer service any such statements and/or answers are found false or that information has been omitted, such false information or omissions will be considered as cause for possible termination.

NOTE: The following information is provided voluntarily and **IS NOT** considered as part of your application for volunteer service. It is used for identification purposes in verifying information for background verification. Please **PRINT CLEARLY ALL** information requested.

APPLICANT NAME: _____

Maiden Name (If applicable) _____ **Sex:** _____ **Race:** _____ **Date of Birth** _____

If you have lived in South Carolina for **less than five (5) years**, please list previous address.

Previous Address: _____ **Yrs.** _____ **Mos.** _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Please list at least two (2) character, professional, or personal references.

Reference #1: _____

How do you know this person? _____

Email Address: _____ **Phone #:** _____

Reference #2: _____

How do you know this person? _____

Email Address: _____ **Phone #:** _____



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CONFIDENTIALITY AGREEMENT

I understand that any information concerning clients served through The Family Effect is confidential. All information is protected by Federal Confidentiality Rules (42CFR Part II). The Federal Rules prohibit me from making any disclosure of information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part II. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient.

I understand that I am bound by this Federal law governing the confidentiality of alcohol and drug abuse patients or their records and hereby agree to maintain the strictest confidence regarding any client of this Agency.

I understand that my agreement to confidentiality applies to any information shared as well as the identity of any and all clients with whom I may observe or come in contact with while visiting the Agency.

Print Name

Signature

Date



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Once we receive your completed application, Sarae Smith will contact you to talk about the next steps.

Here's what you can expect:

1. Volunteer Screening

We want to make sure we're the right fit for you and introduce you to our programs. The best way to do this is in person. Shortly after receiving your application, Sarae will set up a convenient time to meet with you in person to talk about your goals and determine how to best match your passions with our needs.

2. Background Check and Health Screening

After your interview with Sarae, we will need to do a background check at no cost to you. In addition, prospective volunteers will be asked to complete a medical questionnaire. Both of these procedures are necessary for the protection of our children and families in treatment, and your personal information will be kept in the strictest confidence.

3. Orientation

We've put together a short Volunteer Orientation that will help you get the most out of your experience. Sarae will help set up a time that works for you, and together you'll cover:

- Quick overview of programs and services
- Information on the nature of addiction
- Confidentiality and protection of client rights
- Tour of the program and introductions to staff and other volunteers
- Description of specific tasks to be performed and agreed-upon timeframe
- Your ideal volunteer schedule