

1250 Wallace Blvd • Amarillo, TX 79106 • (806) 353-3596 • Fax (806)353-4927

# **Kids Inclusion Volunteer Application**

Full Name (include maiden)	:		
Today's Date			
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phor	ne:
Email Address			
Birth Date:	Texas resident how long?	Date Available to	Start:
Days and Hours Available:	Ноу	w did you find out about	t us:
If yes, please explain the nat	ed of a crime? Yes No ure of the crime, date of the convi- whom you report. Conviction of a		
permission to do a backgrou	license to be copied for our files. nd check:		
Do you have a driver's licen Do you have a car available Do you have health insuranc	se? for transporting yourself and/or ot e?	hers? Yes hers? Yes	] No ] No ] No
I understand that this is an a	oplication for and not a commitme	nt or promise of volunte	eer opportunity.
complete to the best of my k verified by Turn Center. I u	provide information on this applic nowledge. I understand that infor nderstand that misrepresentations a volunteer position or my termina	mation contained on my or omissions may be cau	application will be use for my immediate
	Turn Center permission to verify a to perform a background check, i		this application. I also
<u> </u>		Dete	
Signature		Date	
Parent Signature (if applicar	t under 18)	Date	



## **VOLUNTEER CONSENT TO TREAT**

Name: \_\_\_\_\_

Telephone:

Date

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

#### TURN CENTER - 1250 Wallace Blvd - Amarillo, TX 79705 (806)353-3596 To:

### In case of an emergency:

I HERE BY GRANT PERMISSION to Turn Center to seek Medical Treatment, as deemed necessary by the Center's staff, for my needs

#### OR

**IDO NOT CONSENT** to Medical Treatment provided by or sought on my behalf by the staff of Turn Center.

Signature

## If under the age of 18 years:

	Relationship to above:	
Signature of Parent/Guardian		
Personal Physician	Telephone	
Health Considerations: Please list	any health history/allergies to be aware of:	
In case of an emergency	v plaga contact:	
In case of an emergency	y, please contact.	
Name:	Relationship to above:	
Address:	City/State/Zip code:	
Cell:	Home:	
Work:		



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

1) <u>HIPAA:</u>

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