



## Volunteer Application

### Volunteer Application

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Cell Phone: ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Is it all right to text you on your cell? YES NO

Preferred Method of communication? \_\_\_\_\_

Best time to reach you?  
 \_\_\_\_\_

### Education

Highest Level of Completion: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO

Name of School: \_\_\_\_\_ City: \_\_\_\_\_

Degree and Major/Minor: \_\_\_\_\_

Other Education /Training: \_\_\_\_\_

Certifications: \_\_\_\_\_

### References

*Please list three personal references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_



Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Background**

What ages/grades are you most comfortable assisting?:  
\_\_\_\_\_  
\_\_\_\_\_

What subject(s) are you most comfortable tutoring?:  
\_\_\_\_\_  
\_\_\_\_\_

Do you need volunteer hours to fulfill a Community Service or school requirement? If so, please explain and list hour requirement.  
\_\_\_\_\_  
\_\_\_\_\_

What qualities do you possess that you believe would make you a strong role model for our youth?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have experience working with individuals from different backgrounds than your own? Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



What experience do you have working with children and/or teens?:

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What do you like to do for fun?:

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What qualities do you possess that you believe would make you a good tutor?:

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Are you able to commit to a minimum of one session a week with your tutee(s)?

YES  NO

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?

YES  NO

If Yes, Explain:

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Have you received both doses of the COVID-19 vaccine? (Note: Proof of vaccination is required to work in-person with our youth)

YES  NO

### Signature Disclaimer

*I certify that my answers are true and complete to the best of my knowledge.*

*In order to be accepted as a mentor at SOS Children's Village Illinois, I understand that I will be asked to sign a consent for a DCFS background check and fingerprinting, a statement of confidentiality, and be designated as a*



**SOS CHILDREN'S  
VILLAGES  
INDONESIA**

*Mandated Reporter: If I am to regularly work in person with youth at SOS, I must also take a TB test. If I am to work digitally, I must also sign the Digital Volunteer Agreement document. (Note: some exceptions/different requirements will be made for those under 18 years of age)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Standard Operating Procedure

### Confidentiality

#### STATEMENT OF PURPOSE:

SOS Children's Villages Illinois recognizes the necessity for open communication between all paid and unpaid staff and their clients. In order to foster such trusting relationships, clients must be able to feel secure that paid and unpaid staff will conduct themselves in an ethical manner and that any communications and files pertaining to clients are handled with competence and respect for the client's right to privacy.

#### POLICY:

All paid and unpaid personnel of The Agency must behave in a manner that protects the confidentiality of clients' files and communications in accordance with applicable laws and regulations.

#### PROCEDURES:

1. All clients receiving services through The Agency have a right to confidentiality. No paid or unpaid staff may disclose any information regarding a client to anyone outside the Agency without proper release of information.
2. All paid and unpaid staff should use discretion when discussing matters regarding clients with other agency personnel. Information should only be shared as needed and only in a location that assures privacy.
3. Information about clients should only be discussed with other qualified agency professionals.
4. Any person requested to sign a release of information or requesting a release of information must be fully informed of the possible consequences of signing or not signing the release.
5. Personnel or clients requesting a release of part or all of client files must present a written consent to release information signed by the client or guardian. The release, at a minimum, must contain the specific information to be given, and for what purpose. Releases of information that are pursuant to a court order mandated by law do not need any purpose stated only records specified on the request and generated by The Agency may be released. The Agency reserves the right to charge a reasonable fee for copying.
6. Clients may withdraw their consent for release, in writing, at any time prior to the information release.
7. The agency will defend the confidentiality of all client information and seek legal counsel to enhance understanding of the broad issues regarding confidentiality of information and for the development of policy regarding the releases of client information.
8. When a subpoena is received the applicable program administrator will be notified, and the subpoena will be responded to in accordance with all applicable laws.
9. The agency takes a proactive role with regard to release of information for all vulnerable clients, such as minors without permanent family ties, the illiterate, and mentally disabled. Great care will be taken to explain their rights to confidentiality and the possible consequences of releasing confidential information to such clients in a way they can comprehend. If the client has a guardian, that guardian will be consulted, and their signature required for the release of information.
10. The Agency will seek legal counsel for guidance in situation regarding release of information when the information requested or the requests itself is unusual.
11. The Agency will defend its client's right to confidentiality through use of an attorney whenever necessary.
12. Professional personnel have an obligation to inform their clients that they are mandated reporter of child and elderly abuse and neglect as described under ANCRA, 325 LIC 325 5/1 and under 320 ILOB 10/1 elseq. As a consequence of this statute of any information about abused or neglected children or elderly persons is not subject to confidentiality.
13. Clients must be informed by a professional personnel that if they as a matter of professional opinion reasonably believe a client presents a danger to himself or others this information is not confidential, and any necessary actions will be taken to prevent harm to the client or others.
14. Any disclosures for the above-mentioned reasons are subject to administrative review.
15. No client's information, image, or statements may be disclosed publicly for any purpose, including research, advertising, or public relations, without the informed consent of the interested party. If the interested party is a minor or not capable of giving legal consent, the parent or legal guardian of the concerned party has the right to give or deny consent.



## Statement of Confidentiality

SOS Children's Villages Illinois guarantees complete confidentiality to its clients and program participants to the full extent allowed by State and Federal law.

Confidentiality may be broken only under the following circumstances:

- There is a risk of death or bodily injury that might be avoided by breaching confidentially,
- A court orders information to be released or testimony previously held to be confidential to be given
- The information indicates a violation of the law whether local, state, or federal.

All employees and all volunteers must respect the guarantee of confidentiality. Any violation will result in disciplinary action which could result in termination of employment or future refusal to accept volunteer services.

To discuss, report, or in any other manner share information about a client or program participant with other than appropriate agency staff requires a release of information form signed by the client or program participant and the appropriate guardian.

I have read and I am familiar with the Agency's Standard Operating Procedure Confidentiality. Upon acceptance of a staff or volunteer position, paid or unpaid with this agency, I agree to abide by the above mentioned Standard Operating Procedure and this Statement of Confidentiality. This agreement supersedes all other confidentiality statements which may have been previously signed.

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Volunteer Signature

Date

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Human Resources Signature

Date



## **ACKNOWLEDGEMENT OF UNDERSTANDING CONCERNING PROHIBITION OF CORPORAL PUNISHMENT**

**STATEMENT OF PURPOSE:**

The use of corporal punishment upon any client who is served by, or under the care of, a licensed child welfare agency, group home, childcare institution or foster family home constitutes a violation of State Licensing Standards.

**PROCEDURES:**

Corporal punishment may herein be defined as any type of physical punishment, discipline, or retaliation inflicted upon any part of the body of a client who is served by the Agency. This would include actions such as slapping, hitting, punching, spanking shoving, pinching, or any other type of action geared toward inflicting pain or body discomfort upon a client. Violation of this licensing requirement might well result in the revocation of license to provide care for children.

In many instances use of corporal punishment may result in a child abuse investigation by DCFS Division of Child Protection and an indicated finding of abuse with a subsequent record of child abuse in the State Central Registry, It is also conceivable that the client or client's biological parents might press charges or bring about a legal suit.

The use of corporal punishment against clients served by this Agency is a clear violation of the policies of the Agency. Further, the use of corporal punishment by employees of this Agency against clients served by the Agency will result in an automatic consideration of employment. The use of corporal punishment against clients who are cared for or served by SOSCVI will not be tolerated.

I have read and understand SOS Children's Villages Illinois Standard Operating Procedure Concerning Prohibition of Corporal Punishment.

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Employee or Volunteer Signature

Date



## CODE OF ETHICS ACKNOWLEDEMENT FORM

I do hereby acknowledge and certify that I have received a copy of the SOS Children's Villages Illinois Code of Ethics.

I agree to review the Code of Ethics and to follow the requirements of this Code in the performance of my duties as an employee or volunteer of SOS Children's Villages Illinois.

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Volunteer Signature

Date





## **ACKNOWLEDGEMENT OF RECEIPT OF CFS MANUAL FOR MANDATED REPORTERS**

I do hereby acknowledge and certify that I have received a copy of the DCFS Manual for Mandated Reporters.

I further acknowledge that I have reviewed and understand the procedures relating to the responsibilities of Mandated Reporters, and the procedures related to making a Hotline Report.

I understand that failure to follow these procedures could result in termination of employment or volunteer status

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Employee or Volunteer Signature

Date

## Emergency Contact Form

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_