Mid-Columbia Children's Council, Inc.
1100 E. Marina Way #215 Hood River, OR 97031
Phone (541) 386-2010; Fax (541) 386-4597
www.mcccheadstart.org

Volunteer Application Packet

Thank you for your interest in becoming a volunteer with Mid-Columbia Children's Council (MCCC). Before applying, please familiarize yourself with the guidelines contained within this application packet. Your knowledge, time, and effort will help make a difference in our program and in the lives of the children and families we serve.

Mid-Columbia Children's Council is a comprehensive family-centered 501(c)3 nonprofit organization providing quality preschool and early childhood programs in Oregon and Washington States since 1987.

Our Mission: Educating children and families with innovative, high-quality early childhood learning opportunities and family partnerships to build better communities, one person at a time.

Our Vision: Nurturing Children and Families Today, Strengthen Communities for Tomorrow

The success of the program depends upon active participation from parents and others in the community. Some of the ways you could get involved with our program include:

- ☐ Classroom Aide
- ☐ Clerical Volunteer
- ☐ Special Event Volunteer
- ☐ Reading Volunteer
- ☐ Technology Volunteer
- ☐ Maintenance Volunteer
- ☐ Garden Volunteer

General Guidelines

Human Dignity

Mid-Columbia Children's Council staff, consultants, and volunteers will respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion or disability. Head Start classrooms and activities will reflect the culture and interest of enrolled children, families and the surrounding community. Making disparaging remarks or exhibiting behaviors that are not respectful and promoting of the human dignity of the children and families is strictly prohibited.

Age Requirements

To volunteer in our Head Start and Early Head Start programs, one must be a minimum of 15 years of age (Age limit is based on Child Care Division Policies). If you are volunteering in other programs within MCCC then the age limit may be different. Please follow up with Human Resources staff regarding the specific age requirements.

Background Checks

All volunteers must complete a background check and fill out the health screening form to be reviewed by a Medical Review Officer prior to beginning volunteer services with MCCC.

Your rights as a volunteer:

- To work in a healthy and safe environment
- To be given accurate and truthful information
- To be given a copy of MCCC's volunteer policy and any other policy that affects your work
- Not to fill a position previously held by a paid worker
- Not to do the work of paid staff during industrial disputes
- To have a job description and agreed working hours
- To have access to a grievance procedure
- To be provided with orientation to Mid-Columbia Children's Council
- To have your confidential and personal information dealt with in accordance with the principles of the Privacy Act 1988
- To be provided with sufficient training to do your job

All volunteers are expected to:

- Respect confidentiality and privacy
- Be punctual and reliable
- Carry out the duties listed in your volunteer position description
- Be accountable
- Give notice if your availability changes
- Report any injuries or hazards that you notice in the workplace
- Adhere to the Mid-Columbia Children's Council's policies and procedures
- Deal with complaints in the appropriate manner
- Undertake training as requested
- Ask for support when needed
- Support other team members
- Complete Volunteer In-Kind form
- Complete checking in and checking out for the day
- Our fundamental expectation can be summed up in six words: **Honesty and integrity in all things.**

Friendly reminder, **VOLUNTEERS ARE NEVER ALLOWED TO BE LEFT ALONE WITH CHILDREN.**

To Apply:

Send completed application to the Human Resource Department at: 1100 E. Marina Way #215 Hood River, OR 97031 or you can fax your documents to (541) 386-4597

MID-COLUMBIA CHILDREN'S COUNCIL, INC.

1100 E. MARINA WAY, SUITE 215, HOOD RIVER, OR
97031 (541)386-2010 FAX (541)386-4597

Volunteer Application

Name: _____

Phone (Primary)_____(Alternate Number) _____
Address:_____
City:_____State:_____Zip:

Email Address: _____
Date of Birth _____
_____

Are you Bilingual? ☐ Yes ☐ No If yes, which language(s) _____
Please complete:

Center of Interest:	Classroom Aide	Schedule Preference: Day(s):_____
Clerical Volunteer	Special Event Volunteer	How often:_____ ☐ 9:30 - 11:30AM ☐ 1:30 - 3:30PM
Reading Volunteer	Technology Volunteer	Maintenance Volunteer
Garden Volunteer	Which age group would you prefer to spend time with? ☐ 0-3yrs ☐ 3-5yrs ☐ Either	Other skills or talents you would like to contribute?

This institution is an equal opportunity provider.

"In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

(1) **mail**:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
(2) **fax**:
(202) 690-7442; or
(3) **email**:program.intake@usda.gov"

DRUG-FREE WORKPLACE

Mid-Columbia Children's Council is committed to maintaining a drug-free workplace and strictly complies with the Drug-Free Workplace Act of 1988.

AMERICANS WITH DISABILITIES ACT

Mid-Columbia Children's Council complies with provisions of the Americans with disabilities Act of 1990. Reasonable accommodation for the application and interview process will be provided upon request and as required. Disabled persons may contact the Human Resource office for additional information or assistance.

All employees, consultants, contractors, and volunteers of Mid-Columbia Children's Council (MCCC) are expected to maintain the highest standards of professional and ethical conduct. They are required to understand and abide by the Code of Conduct and Professional Ethics as set forth in the Federal Performance Standards - 45 CFR 1302.47(b)(5); 1302.90(c)(1)(2); 1303(C).

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with MCCC. I understand and agree to MCCC performing a criminal background check, communicable disease screening, and all other contingencies required for this position.

VOLUNTEERS ARE NEVER ALLOWED TO BE LEFT ALONE WITH CHILDREN

Applicant Signature: _____

Applicant Printed Name: _____

Date: _____

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EMERGENCY CONTACTS

In case of an emergency, Mid-Columbia Children's Council needs the name, address, and telephone number of a contact person. This information will be kept in your file.

Name of Primary Contact: _____

Phone (Primary)_____(Work Number) _____
Address:_____
City:_____State:_____Zip:

Name of Alternate Contact: _____

Phone (Primary)_____(Work Number) _____
Address:_____
City:_____State:_____Zip:

If the above emergency contact people cannot be reached at the time of an emergency, may MCCC seek medical evaluation at a local health care facility?

☐Yes ☐No

If the attending Health Care Provider recommends medical intervention and you or your emergency contact are unable to provide approval, do you give permission for treatment?

☐Yes ☐No

In case of an emergency the following information may be shared with the Health Care Provider. Medical Conditions:

Medications:

_____
_____

Allergies:

_____

Signature:_____

Printed Name: _____

Date: _____

Mid-Columbia Children's Council

Volunteer Code of Conduct

1. I will respect and promote the unique identity of each child, family, employee, Policy Council and Board member and refrain from stereotyping based on gender, race, ethnicity, culture, religion, or disability.
2. I must uphold the agent's confidentiality guidelines stated as follows:
    a. No information regarding children and families of children enrolled with Mid- Columbia Children's Council is to be discussed outside of the volunteer setting.
    b. Information is to be discussed within the volunteer setting only as is necessary and related to program operations/business.
    c. No information learned at Mid-Columbia Children's Council or while conducting Mid-Columbia Children's Council activities may be discussed or used in any way outside of Mid-Columbia Children's Council activities.
3. I will support and participate in a partnership approach.
4. I will behave and interact respectfully while participating at Mid-Columbia Children's Council or representing the organization within the community.
5. I will participate in the active supervision of children to always keep them safe.
6. I understand that I am prohibited from using my position as a volunteer for purposes which constitute personal gain or give the appearance of such.
7. I will not make public statement under the auspices of any agency title without Mid- Columbia Children's Council's approval.
8. I have read the Code of Conduct and agree to abide by it.

Volunteer's Name (Print Name): _____

Volunteer's Signature:_____

Date:_____

VOLUNTEER RELEASE AND HOLD HARMLESS AGREEMENT

As a volunteer in the classroom, I, _____, agree to indemnify and hold harmless Mid-Columbia Children's Council, its agents, employees, Board of Directors or other persons against any loss, damage, injury or expense incurred as a result of my volunteering in the above-described activity. I understand that this release also applies to my estate and/or any heirs. Further, I understand that I release Mid-Columbia Children's Council from any workers' compensation obligations for bodily injury or death resulting from my volunteer activities.

_____

Accepted by volunteer (signature) Date

ACUERDO DE INDEMNIZACION Y LIBERACION DE RESPONSABILIDADES DE LOS VOLUNTARIOS

Como Voluntario/a en el salón de clase, yo, _____, estoy de acuerdo en indemnizar y liberar de responsabilidad a Mid-Columbia Children's Council, sus representantes, empleados, Junta Directiva u otras personas contra cualquier perdida, daños, lesiones o gastos causados como resultado de mi trabajo como voluntario/a. Entiendo que este comunicado también aplica a mis bienes o cualquier herencia. Además entiendo que libero a Mid-Columbia Children's Council de cualquier obligación relacionada con alguna compensación al trabajador como alguna lesión o muerte que haya sido resultado de mis actividades coma voluntario/a.

_____

(Firma) aceptado par el/la voluntario/a Fecha

MID-COLUMBIA CHILDREN'S COUNCIL, INC.
CONFIDENTIALITY AGREEMENT

I, _____, (print name), do agree to preserve, in confidence, all information concerning a student, family or staff member that may be disclosed to me in any manner, such as through verbal or written communication. While performing the job I am assigned, I will protect this information by safeguarding it when in use, filing it properly when not in use, and discussing it only with those who have a legitimate need to know. I understand the terms of this agreement and that a violation may result in disciplinary action up to and including termination.

_____

Signature Date

CONFIDENCIALIDAD

Yo, _____ (nombre de la letra), se compromete a preservar, en confianza, toda la información relacionada con un estudiante, familia o miembro del personal que pueda ser revelada a mí de cualquier manera, como a través de comunicación verbal o escrita. Durante el transcurso de la realización del trabajo que se me asigne, protegeré esta información salvaguardándola cuando esté en uso, archivándola correctamente cuando no esté en uso y discutiéndola solo con aquellos que tienen una necesidad legítima de saber. Entiendo los términos de este acuerdo y que una violación puede resultar en una acción disciplinaria que puede incluir la terminación.

_____

Firma Fecha