

Dear Prospective Volunteer,


Attached is the application for the Volunteer Program at the Iowa Juvenile Home. Please take some time to look through the information and complete the forms:

- *Fingerprint Information
- *Volunteer Application (front and back)
- *Volunteer Registration
- *Questionnaire for Transportation Volunteer (only if you anticipate transporting any DHS client)
- *Consent and Acknowledgement of Registry & Record Check (Please be sure to sign all four sections)
- *Expectations for Volunteer Service (please read carefully)

When you are ready to return the forms, please call me and we will review your volunteer interests and perhaps set up a short meeting with me. A tour of campus may be arranged as well with me or a designated IJH staff. When we talk we will set up for you to have your fingerprints taken at the Support Unit on campus, review with you some important information, and answer any questions you may have. Please be sure to bring your completed packet with you.

Thank you for your interest in volunteering at IJH. If there is anything I might do to ease this process for you, please do not hesitate to contact me.

Sincerely,



Colleen Whitmore
Iowa Juvenile Home
701 S. Church St.
Toledo, IA 52342
(641) 484-2560, ext. 2205
cwhitmo@dhs.state.ia.us



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Dear Prospective Volunteer,

Thank you for your interest in volunteering at the Iowa Juvenile Home (IJH). I trust you will find it a fulfilling experience.

As the Superintendent of IJH, I am the legal guardian of all the youth. It is my responsibility to ensure the health and safety of each child while he or she is placed with us. I hope you will understand that this is the reasoning for the long, tedious application process.

I am proud of our staff and of the programming we do. We base all our programming on the Circle of Courage, an ideology that teaches our youth to learn and live by its four core values: Belonging, Generosity, Independence, and Mastery. We also use the Positive Behavioral Supports (PBS) system. PBS allows staff to recognize each youth's positive behaviors, instead of focusing on his or her negative actions. Please take time to learn and understand these methods of programming. Your understanding will help explain the reasoning behind the many rules and requirements the youth have. Sometimes it may seem that campus and cottage rules are overly restrictive, but it is through these practices that our staff are able to maintain a calm, safe atmosphere where the youth can grow and develop.

Also, please keep in mind that communication on our campus is extremely important. Knowledge of the youth and their whereabouts at all times is critical. Communicate with your assigned staff supervisor about everything with which you and the youth will be involved.

Above all, I hope you will take pleasure in your time with our residents. I truly believe that the youth will be able to benefit and grow from spending time with and learning from you. I hope you will be able to build a strong relationship with our students and staff and that you will find enjoyment with all you do here.

Sincerely,

A handwritten signature in cursive script that reads "Deb Janus".

FINGERPRINT INFORMATION

First, Middle, and Last Names _____

Maiden Name _____

Address _____

Place of Employment and Address _____

Date of Birth _____

Place of Birth _____

Social Security Number _____

Married or Single _____

Height _____

Weight _____

Eye Color _____

Hair Color _____

Complexion _____

Race _____

IOWA DEPARTMENT OF HUMAN SERVICES
CONSENT AND ACKNOWLEDGEMENT OF REGISTRY AND RECORD CHECK

I understand and acknowledge that the Iowa Department of Human Services may conduct Child Abuse Registry, Dependent Adult Abuse Registry, Sexual Offender Registry checks and DCI and FBI Criminal History Record checks for certain positions which have direct contact with the department's clients for applicants, contractors, employees and volunteers. Based on the information received from these registry and record checks, Iowa Department of Human Services will determine whether or not I can have or continue to have direct contact with the department's clients.

I understand and acknowledge that if I refuse to give permission to the Iowa Department of Human Services to conduct the above-mentioned registry and record checks, I may be disqualified from further consideration for this position or I may be disqualified from having direct contact with the department's clients

SEXUAL OFFENDER REGISTRY

I hereby give permission to the Iowa Department of Human Services to conduct a Sexual Offender Registry check as allowed by Iowa Code Chapter 692A. I further give permission to the Iowa Department of Human Services to conduct such a registry check at any time during the course of my tenure in this position.

Signature _____

_____ Date

CHILD ABUSE REGISTRY

I hereby give permission to the Iowa Department of Human Services to conduct a Child Abuse Registry check as allowed by Iowa Code Chapter 135C, 217 and 218. I further give permission to the Iowa Department of Human Services to conduct such a registry check at any time during the course of my tenure in this position.

Signature _____

_____ Date

DEPENDENT ADULT ABUSE REGISTRY

I hereby give permission to the Iowa Department of Human Services to conduct a Dependent Adult Abuse Registry check as allowed by Iowa Code Chapter 135C, 217 and 218. I further give permission to the Iowa Department of Human Services to conduct such a registry check at any time during the course of my tenure in this position.

Signature _____

_____ Date

CRIMINAL HISTORY RECORD

I hereby give permission to the Iowa Department of Human Services to conduct a DCI and FBI Criminal History Record check as allowed by Iowa Code Chapter 135C, 217, 218 692 and the National Child Protection Act/Volunteers with Children Act. I further give permission to the Iowa Department of Human Services to conduct such a record check at any time during the course of my tenure in this position.

Signature _____

_____ Date

INFORMATION REQUIRED FOR BACKGROUND CHECK—PLEASE PRINT LEGIBLY

*****Nothing within this form shall be construed as an offer or guarantee of employment*****

Name: (Last, First, Middle) _____

Social Security Number: _____

Maiden Name: _____

Date of Birth: _____ Gender: _____

Alias(es): _____

Address: _____

Address 2: _____

Job Title of Individual to be checked: _____

City/State/Zip: _____

Please fill in the grid according to when you are available for volunteer work.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

I would like to participate: Weekly Monthly Occasionally on request

Some facts you should know as you apply to become a DHS volunteer.

1. Medical Insurance. The state does not have medical coverage for volunteers. If you do not have your own medical insurance and you still wish to volunteer, it is recommended that you obtain insurance.
2. Car insurance. If you plan to provide transportation to a DHS client as part of your volunteering, please read and complete the "Questionnaire for Transportation volunteer." Please note: The state does not carry insurance on volunteers' cars. Check with your insurance agent to make sure you are adequately covered to perform this service.
3. Liability. If a volunteer is sued for an incident occurring while volunteering under Iowa Code Chapter 25A, the state will defend and indemnify that volunteer (i.e. the state will provide an attorney and pay any money awarded by the court), except if the volunteer is found to be in willful and wanton neglect. For example: A volunteer is sued by a client because of an injury sustained in a car accident. The state defends and indemnifies the volunteer. Later the volunteer is found to have been legally drunk at the time of the accident, which is willful and wanton neglect. The state would recoup the cost of the defense and damages awarded by the court.
4. Confidentiality
When you accept a volunteer position with the DHS, you assume an obligation to keep in confidence all confidential information pertaining to the clients served. Duties you may perform will involve the private lives and business of the clients. Confidential information must not be revealed or discussed with anyone not entitled to receive it, including your family members.

If you become a DHS volunteer, the staff person supervising you will orient you to the department. At that time you will be told about the confidentiality policies and procedures that govern the information you will work with and have access to.

The Department of Human Services will consider this application without regard to race, color, national origin, sex, religion, age, creed, physical or mental disability, or political belief.

By providing my signature, I am indicating that I have read, understand, and agree to the above statements.

Your Signature

Date

Iowa Department of Human Services
VOLUNTEER APPLICATION

The Information on this form will help us to find the most satisfying and appropriate volunteer service for you. Your cooperation in completing it is most appreciated.

| | | |
|----------|-------------|--|
| Name: | | Date: |
| Address: | Home Phone: | Work Phone: |
| | E-mail: | Please Circle the Best Way to Contact You: Phone E-mail US Mail |

Education Completed:

| | | | |
|----------------------------------|--------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Grade 8 | <input type="checkbox"/> High School | <input type="checkbox"/> College: Major: | <input type="checkbox"/> Other: |
|----------------------------------|--------------------------------------|---|---------------------------------|

Age Range:

| | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> 10-16 | <input type="checkbox"/> 16-29 | <input type="checkbox"/> 30-49 | <input type="checkbox"/> 50-64 | <input type="checkbox"/> 65+ |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|

Brief Employment History:

| Dates | Employer's Name and Address | Job Title |
|-------|-----------------------------|-----------|
| | | |
| | | |
| | | |

References: Please list 3 references whom we may call who know you well (not including family members).

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
| | | | |
| | | | |
| | | | |

Please give a brief description of previous volunteer or community involvement.

How did you learn about our volunteer opportunities? _____

Please list your interests and skills: _____

Are you applying for a particular position? Yes No

If yes, please state which position: _____

Iowa Department of Human Services
VOLUNTEER REGISTRATION

Name (please print): _____

Your signature on this form indicates that you understand and agree to comply with the conditions stated on this form and the application.

Signature: _____

Your service as a volunteer for the Department of Human Services is greatly appreciated.

Whom may we call in an emergency?

Name: _____ Phone Number: _____

Confidentiality

I understand that the records and information to which I will have access as a DHS volunteer are confidential and are protected by law. My signature certifies that this information has been explained to me. I agree not to discuss any confidential information including but not limited to any descriptions of situations as well as names of patients, clients or residents with whom I work. I understand that even when I am no longer a volunteer for the department, the information I learned as a volunteer must continue to be kept confidential.

My signature indicates that I promise to share pertinent and confidential information only In the context of a work situation and only with appropriate department personnel

I understand that breach of this confidence is violation of the criminal law and reason for immediate termination and that breach of this confidence may lead to both criminal prosecution against me and to civil damage action in which I would not have the protection of the provisions of Chapter 25A.

Other Provisions

I have read the application form and understand that:

- The state does not carry medical insurance covering volunteers.
- The state does not carry automobile insurance on volunteers' cars.
- Liability protection under Iowa Code Chapter 25A is given to volunteers.

Signature _____ Date _____

In the case of a volunteer who is a minor:

I give my permission for my child to do volunteer work for the Department of Human Services.

Parent/Guardian Signature _____ Date _____

Worker's Signature _____ Date _____

Expectations for Volunteer Service

Thank you for your interest in volunteering for our youth at the Iowa Juvenile Home/State Training School for Girls. We hope this experience will be a pleasant one for both you and the youth that you choose to spend time with. In order to foster clear communication and a positive volunteer experience, we have put together some guidelines that are required of all volunteers at IJH. Please read the following points and if you have any questions, don't hesitate to ask for clarification from our volunteer coordinator or the program director that you are working with. Again, thank you for your time and your interest. We hope you will enjoy our youth as much as we do. Your time is the most precious gift you can give.

ON-CAMPUS VISITS

1. Always call before coming on campus to insure the youth you are visiting is available and behaviorally suited for a visit. We cannot accommodate drop-in visits without prior planning, as our youth have a number of responsibilities and activities to plan around. They may not be available for spontaneous drop-in visits. The youth's counselor must approve activities and outings *in advance*.
2. If you have scheduled a time to visit, please call to let the staff and youth know if you are unable to come that day.

OFF-CAMPUS ACTIVITIES

3. Obtain permission from the youth's counselor before taking any youth off campus. Clearly set up a time for your arrival, departure and return to campus. In this discussion with the counselor, include information about who is going to be involved in your activity. We need to know if others are attending an activity so we can be aware of potential problems with the combinations of youth attending. If other volunteers are also attending an activity with some of our youth, we need to know that as well. Upon return, we ask that you provide staff with feedback about your activity so we may follow up on issues, if needed.
4. Events and Activities:
 - a) Generally, the strength of a volunteer/mentoring experience is to provide individualized, special attention to a youth who we pair up with a volunteer on a one-to-one, or one-to-two basis. We will work to match our volunteers with those youth who we feel are most in need of special attention, or those youth who we feel would benefit the most from a mentor experience.
 - b) There may be occasions when a volunteer would be interested in hosting a number of youth to attend an event, such as a special concert, play, or musical activity. In these cases, the volunteer can notify us of an up-coming event, and we will select youth to attend based on the numbers we believe can reasonably go with that particular volunteer.
5. When you change plans during an off campus activity or visit, please be sure to contact the cottage staff to inform them of the change. It may be necessary to locate the youth regarding family, medication, or campus issues.
6. Shopping and Purchases:

When shopping with the youth's own money, cottage staff in advance of the shopping trip must approve all purchases. This is to eliminate our youth from purchasing items that they are not allowed to use while here on campus. We greatly discourage large individual gifts or money given from volunteers to our youth. We instead encourage that you work with our youth much like you would work with your own son or daughter; a shared meal; admission to a movie or an athletic event or play; an occasional treat is fine.

Your time is the most important gift to give our youth. We need to have our youth experience healthy relationships from volunteers, and do not want to reinforce "buying friendships", or friendships based on what the youth can gain materially. If you wish to do something special for the youth you are volunteering with on a larger scale, then you may do something for the cottage where that youth is living, such as pizza for the group, or a board game that all can share, etc.

7. The youth will eat all meals on campus unless planned before the day of the activity. Our youth already receive 3 meals and 2 snacks a day, so extra treats are not nearly as important as your time and interest. Space for youth to store personal snacks on campus is limited.
8. Water sports such as swimming, tubing, canoeing, or boating are not allowed unless there is a certified Lifeguard present at the activity.
9. Know the whereabouts of the youth at all times. Do not let others assume responsibility for you.

EXPECTATIONS FOR YOUTH

10. Discuss with the youth what behaviors you will or will not accept while they are in your care.
11. If, while off-campus, the youth becomes uncooperative or does not respond well to your direction, either call the Institution for direction or transport the youth back to campus.
12. Do not agree to send mail for the youth as the addresses of all incoming and outgoing mail must be documented when it is sent from our campus
13. Do not give money to the youth or let them make personal phone calls on your cell phones or home phones. Do not conduct any business transactions with our youth unless it has been discussed with the youth's counselor in advance. Do not give youth your keys and do not allow our youth to drive any vehicle.

CONFIDENTIALITY

14. Our youth are placed here with expectations about confidentiality; please respect their privacy and do not discuss our youth's placement here with others. Most importantly, *do not* use the youth's name in any conversations off-campus.
15. With the youth's permission, individual pictures may be taken of the youth and you or the group or activity you are involved in. These pictures can be shared between you and the youth, but may not be given to others. Group pictures may *not* be taken which include other youth from our institution, as we have the expectation to maintain the privacy of all youth who are placed here.

PERSONAL BOUNDARIES

16. Be careful about making promises you cannot keep. The court places our youth here. The court also makes decisions about where a youth is placed when they leave us. All of our youth want families to care about them. Do not make statements such as, "I want to adopt you", or "I love you and want you to be part of my family." While placement with a volunteer could become a reality, that is a decision that must go through the court system.
17. Pay special attention to keep your conversations with youth and others appropriate while youth are present. Talk of alcohol, drugs, weapons, sex, or any other inappropriate topic is not acceptable.
18. Be especially mindful of any physical contact with our youth as many have experienced abuse and do not accurately interpret your actions. Also be aware of situations you may place yourself in that could set up false allegations by the youth of mistreatment or any kind of abuse. The institution has specific requirements about physical contact with youth. We ask that volunteers observe those same requirements, as noted below:
Volunteer Conduct:

- a. Treat youth with common courtesy and respect at all times
 - b. Role model appropriate behavior at all times
 - c. Do not sit on youth's laps, or have youth sit on your lap
 - d. Do not place hands inside pockets of youth's clothing
 - e. No full front, body to body hugs with youth, whereby each participant's anatomy is touching from the chest through the thigh area; do not touch youth in ways that could be construed as with sexual intent, either by the manner in which touching is applied, or the body part upon which touching occurs
 - f. Physical contact may never be forced upon a youth except in cases necessary to protect the youth from harming themselves, others, or property
19. Above all, enjoy your time with our youth. It is your time and attention they are wanting, It does not take big events or costly activities; simpler 'family' oriented activities allow for important opportunities for healthy relationships and for our youth to experience a sense of belonging.

IJH POLICIES PERTINENT TO VOLUNTEERS

20. Dress Code: All (volunteers) are expected to present themselves in a manner, which will enhance the accomplishment of the Institution's mission. The following modes of dress are considered inappropriate in all work situations and environments and are prohibited by this policy and by the Iowa Department of Human Services (DHS Employee Handbook, page 77):
- bare footedness; skin tight athletic apparel; "muscle", halter, tank, or tube tops without a covering garment; see through or light weight clothing without proper covering garments worn over or under; clothing that depicts alcohol, tobacco, drugs, profanity, racism, sexism, criminality or portrays a negative image; mini skirts or short shorts, (skirts must be no more than 4" above the knee);bare midriffs.
21. Locked Vehicles: The Iowa Juvenile Home requires all persons to lock their vehicles when said vehicle is on or near the institutional grounds. Keys must be removed from the vehicle, and engine shall not be left running unattended.
22. Campus Tobacco Use: There will be no tobacco use allowed in any buildings on campus. Use of tobacco products will be permitted outside, in designated areas only, and as long as employees/visitors are not in direct supervision or proximity of youth.
23. Youth's Religious Involvement: See attachment when pertinent.

Please direct any questions or concerns regarding your experience to Colleen Whitmore, at 484-2560, ext. 2205; or by e-mail at cwhitmo@dhs.state.ia.us

I have read the information noted regarding volunteer expectations and I agree to abide by these requirements.

Signature of Volunteer Date

Signature of Volunteer Coordinator Date