



Reclaiming Futures – Montgomery County, Ohio (RF-MCO) Natural Helper Application

General Information Please print (in ink) or type. All information is confidential.

Today's Date: _____

Name: _____ Social Security #: _____

Mailing Address: _____

Home Phone: _____ Street _____ City _____ State _____ Zip _____
Email: _____ Home Work

Occupation: _____ Employer: _____ Work Phone: _____

FOR DATA PURPOSES ONLY

Race:
 African American
 Asian
 Caucasian
 Hispanic
 Multi-Racial
 Native American
 Other (please specify) _____

Gender:
 Male Female

Birth date: _____

Level of Education:
 Less than HS
 HS
 HS Plus
 (e.g. Armed Services, Trade School)

Associates Degree
 Some College
 Bachelor's Degree
 Master's Degree
 Professional Degree
 (e.g. PhD, Dr, Lawyer)

Marital Status:
 Married
 Divorced
 Separated
 Single
 Widow

References:

Please list at least four (4) people who can vouch for your reputation, character and morals:

- ✓ They CANNOT be a family member of any sort.
- ✓ They MUST have known you for at least one (1) year.
- ✓ One (1) reference MUST be a work or school reference.
- ✓ One (1) reference should be familiar with your home environment.

Name	Email (or Street, City, State, Zip)	Phone (include area code)

Legal Record: Please list any arrests, convictions, and traffic violations

Arrest/Violation Date	Charge	Disposition/Result

What are your strengths (skills, interests, hobbies)? _____

Please share if you've volunteered or worked with youth? _____

Statement of Understanding

I understand that completing the RF-MCO Natural Helper Application is only one part of the application and screening process for RF-MCO Natural Helper applicants and that completing an application does not mean I am accepted as a Natural Helper for RF-MCO. I also understand that completing the application and screening process for the RF-MCO Natural Helper Program does not guarantee my position as a Natural Helper for RF-MCO. In accordance with Ohio Law, I will be asked to provide a set of impressions of my fingerprints and to undergo a criminal record check conducted by the Bureau of Criminal Identification & Investigation. My social security number is also needed to conduct the criminal record check. This law protects the confidentiality of volunteers in that results of the BCII procedure are confidential.

Signature of applicant _____

Date _____

CONFIDENTIALITY POLICY

Access to confidential records

In order for RF-MCO to provide a responsible and professional service to clients, it is necessary for volunteers, parents or guardians of clients and the clients themselves to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of client and volunteer records and, with the exception of situations listed below share information about clients and volunteers only among RF-MCO partners.

All records are considered the property of RF-MCO and not the partners/staff of RF-MCO, clients, parents/guardians or volunteers themselves. Records are not available for review by the parent/guardian of the youth or volunteers. In order to provide a service, which is in the best interest of the youth served by the program, information from outside sources, including confidential references must be assessed along with information gained from the youth, parent/guardian or volunteers. Legal guardian of youth and volunteers shall sign this statement, which reflects that they have read and understand the agency policy on confidentiality and agree to program participation under the guidelines set forth.

Limits of Confidentiality

1. Information will be released to other individuals or organizations only upon presentation of an authorized "Consent to Release Information" form appropriately signed by the volunteer or legal representative of the client.
2. For purposes of program evaluation, audit or accreditation, and with the prior approval of the Executive Committee, certain outside bodies such as RF-MCO partners may have access to youth and volunteer records. These outside organizations shall be required to respect RF-MCO's policy on confidentiality. Known violations of confidentiality policy will be reported to the Executive Committee and appropriate disciplinary action shall follow.
3. Members of the Executive Committee have limited access to youth files and only upon authorization by the Executive Committee. Executive Committee Members are required to comply with RF-MCO's policies of confidentiality and may use the information only for purposes stated by the approved action of the Executive Committee. A violation of RF-MCO's confidentiality policy by a Committee Member shall constitute adequate cause for removal from office.
4. Information shall only be provided to the courts or law enforcement officials pursuant to a valid and enforceable subpoena signed by a Judge (in accordance with Ohio State Law).
5. Information shall be provided to RF-MCO's legal counsel in the event of litigation or potential litigation involving RF-MCO. Such information is considered privileged information, and law protects its confidentiality.
6. Ohio State law (O.R.C 2151.421) mandates that suspected child abuse or neglect are reported to the area agency exercising within the children services function, or police in the county where the child resides. All workers are required to comply with mandated procedures.
7. In accordance with Ohio Law, governing duty to warn statutes, if the agency worker receives information indicating that a client, parent/guardian or volunteer may be dangerous to themselves or others, necessary steps shall be taken to protect the appropriate party.
8. Personal information regarding the youth, parent and volunteer will be shared with a proposed volunteer, youth, parent/guardian prior to making a match, and throughout the duration of the match. Such information may include, but is not limited to, sexual preference, interests, personality traits, educational and vocational information, substance use habits, driving and legal records, family and friendship information, race and religion.

I have read and understand the above document, which states RF-MCO's policy with respect to confidentiality of youth, parent/guardian and volunteer information. I agree to program participation under the conditions it sets forth.

Printed Name of Volunteer

Signature of Volunteer

Date

FOR OFFICE USE ONLY	
App Rec'd Date _____	Notes: _____

Rev. Date: 2/3/05