

# Volunteer

## The Children's Center of Medina County



## Information And Application Packet

The Mission of the Children's Center of Medina County is reducing trauma by providing a pathway to healing for children and families impacted by abuse, neglect, and exploitation.

The Children's Center of Medina County's goals are to:

- | provide consistent and compassionate care and support to children and their non-offending caretaker(s).
- | reduce the number of needed interviews for children who have experienced sexual abuse.
- | ensure the child's entire physical health with timely medical evaluation.
- | promote healing by ensuring each child receives the appropriate healthcare treatment plan.
- | increase the prosecution of those who sexually abuse children.
- | provide a family friendly place where children in foster care and their families can remain connected during their time of separation.
- | increase public awareness of child sexual abuse.
- | provide prevention strategies and programming.
- | prevent child sexual abuse for those who care for children.

Advocating, Educating, and Empowering children and those who provide for them.

The Children's Center of Medina County

724 E. Smith Road

Medina, OH 44256

P: 330.764.8891

[www.medinacountychildrenscenter.org](http://www.medinacountychildrenscenter.org)

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Dear Prospective Volunteer:

Thank you for your interest in volunteering and wanting to help make the Children's Center of Medina County (CCMC) a safe and healthy environment for nurturing abused and neglected children heal.

We highly value our volunteers and appreciate community members who are willing to join hands with us to make a difference in the lives of Medina County children.

Enclosed you will find some information on CCMC along with a volunteer application packet. Please fill out the application in its entirety and return it to us by mail or e-mail. Once processed, Ellysa Paras will call to set up a time to meet with you to tour our facility.

Please call Ellysa at 330.764.8891 or email [volunteers@medinacountychildrenscenter.org](mailto:volunteers@medinacountychildrenscenter.org) with any questions.

Thank you so much for your interest in helping the Children's Center of Medina County to fulfill our mission. We look forward to hearing from you.

Sincerely,

Ashley Krause  
Executive Director

## Thank you for your interest in volunteering with the Children's Advocacy Center

Our volunteers provide the vital support needed for the Center's successful operation. We appreciate the time and talent invested by our capable, committed volunteers. Without the help of these wonderful people, the Children's Center would not be able to accomplish its mission to nurture abused and neglected children through collaboration, advocacy, treatment, and prevention.

*The Children's Center of Medina County offers a variety of volunteering opportunities:*

### Fundraising/Public Relations/Events

- | Set up booths and pass out educational information for public awareness events
- | Work with a committee to plan, organize and request donations for fund raising activities and projects
- | Work with Executive Director and Events committee

### Donations

- | Responsible for donation receipt, inventory, wish list, and reaching out to the community for needed donations

### Facility Maintenance

- | Clean toys, wash clothes/dishes, maintain inventory for supplies such as paper towels, TP, Kleenex, etc.
- | Outside toy maintenance - clean and organize outdoor play area
- | Yard maintenance - weed pulling; leaf raking; flower bed mulching, etc.

### Requirements

- At least 18 Years of Age
- Complete Application, Interview and Screening Process
- Pass Criminal History & Background Checks
- Sign Confidentiality Form
- A concern for children and the genuine desire to help

*If volunteers are performing duties through committee work, they will be required to attend planning meetings & may not be required to pass a background check or confidentiality form as it depends on what committee they are volunteering for.*

**\*\*\*\*Please note:** *Volunteers will not be in contact with any children at the Center*

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The Children's Center of Medina County (CCMC)

Volunteer Application Form

\*\*\*Please note that there will be no contact with any children that the CCMC serves.

Thank you for your interest in volunteering.

Once your application is processed, a staff member will call to set up a time to meet and tour our facility.

First Name:	Last Name:	Middle Initial:
SSN:	Date of Birth: / /	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Driver License Number:	DL Issuing State:	
Street Address:		
City:	State:	Zip Code:
Phone Number:	Alternate Phone Number:	
Best Time To Reach You:		
Email:		
Emergency Contact:		

How did you hear about the CCMC?	
When can you start volunteering? <input type="checkbox"/> ASAP <input type="checkbox"/> Other Date: _____	How many hours per week do you prefer: _____

**Please mark areas in which you are interested in helping:**

<input type="checkbox"/> Fundraising Work with a committee to plan, organize and request donations for fund raising activities and projects.	<input type="checkbox"/> Facility Support Assist staff with general task important to day-to-day operations.
<input type="checkbox"/> Donations Responsible for donation receipt, inventory, wish list, and reaching out to the community for needed donations	<input type="checkbox"/> Outreach/Public Relations/Event Support Set up booths and pass out educational information for public awareness events.



The CCMC needs volunteers Monday through Friday from 9AM to 3PM with some Outreach and Fundraising events may be conducted on Friday, Saturday and/or Sunday at various times.

**Please provide the time(s) you are available to volunteer for each day**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>AM</b>							
<b>PM</b>							
<b>OTHER</b>							

**Previous Volunteer Experience:**

Organization:	Responsibilities:	Dates:
Organization:	Responsibilities:	Dates:
Organization:	Responsibilities:	Dates:

**Education**

Please check highest level completed

Elementary School  
  High School  
  Vocational or Technical Training  
  College  
  Graduate School

Interns:  
  Undergraduate  
  Graduate  
  Post Graduate School



<b>Employment</b>	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", where?	
Occupation:	Work Telephone:
Address:	

<b>Prior Employers</b>		
Company:	Position:	Start Date:
Location:		End Date:
Company:	Position:	Start Date:
Location:		End Date:
Company:	Position:	Start Date:
Location:		End Date:

<b>Please provide three professional references (excluding relatives)</b>		
Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:
Name:	Relationship:	Telephone:

<b>Background Check</b>
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\*\*\*Please note that a criminal background check may be required based upon the volunteer position you may be filling. The agency conducting the background check will require personal information such as your social security number and the check may entail finger printing.

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS FOR BACKGROUND CHECK.**

Even if a background check is not required initially, one may be required at a later date depending on your volunteer position or activities.



Have you resided in Ohio for the past 5 consecutive years? If "No", please list the state and years of residence(s):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>(Affects type of background check)</i>
Have you ever had a personal protection order against you? If "Yes", please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Have you ever been convicted of any crime other than a minor traffic violation? If "Yes", please list offense, date, resolution including disposition/dismissal date and date parole ended (if applicable).	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Have you ever been investigated or tried for any crime against children whether or not such investigation or trial led to a conviction? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If 'Yes', please give date, nature, and disposition of each.</i>		

**Please Read Carefully and Sign:**

I hereby certify that the information provided on this volunteer application and accompanying resume, if any, is true and complete. I understand that any misinterpretation or omission of facts in the application or resume will be cause for rejection of this application or dismissal after employment and that employment is subject to verification of references, record searches, and satisfactory completion of a probationary period.

I hereby authorize CCMC to check my educational, personal, and references to release all information they have about me to CCMC.

I understand if accepted as a volunteer at the CCMC, I agree to a criminal background check.

I understand that this application and any the Children's Center of Medina County (CCMC) document is not a contract of employment. If employed by CCMC, I understand that such employment is at will and that either the CCMC or I may terminate the employment relationship for any reason at any time.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fill out the application in its entirety and return it to us by mail or e-mail.

**The Children's Center of Medina County**  
724 E. Smith Road, Medina, OH 44256

If there are any questions or concerns regarding this application, the process or any forms required, please call 330.764.8891 or e-mail to [Volunteers@MedinaCountyChildrensCenter.org](mailto:Volunteers@MedinaCountyChildrensCenter.org)

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## Volunteer Statement

I hereby acknowledge and understand that with the completion of the Volunteer Application, I give my permission for the Children's Center of Medina County (CCMC) and its authorized agents to access information with regards to criminal history, Central Registry Checks and other information that may be appropriate to my qualifications to serve in volunteer community child abuse programs.

I further understand that the CCMC has the right to review this applicant's subsequent information, to unconditionally accept or reject my application for volunteer service and terminate my volunteer placement at any time and that upon termination, I will return any and all property issued to me by the CCMC or CCMC related agents.

The CCMC respects and values the confidentiality of those served. I understand and agree to abide by the regulations and policies of the CCMC, which specify that for the protection of all served: every person is prohibited from disclosing the contents of any communication, records, and/or files.

If unforeseen circumstances should prevent me from fulfilling this obligation, I will submit my written resignation to the CCMC Program Support Specialist with as much advance notice as circumstance permit.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Exec. Director/Authorized Witness**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



# Volunteer Confidentiality Agreement

During the course of your activities at the Children's Center of Medina County (CCMC), you may have access to information that is confidential. This information may not be disclosed except as permitted or required by the CCMC's policies and procedures.

Confidential information includes, but not limited to:

1. Client reports or records generated by the CCMC and those sent by other agencies to the CCMC.
2. Medical/psycho-social information and other personal information about clients.
3. Client information that is disclosed during forensic interviews or follow-up meetings.
4. Reports, policies and procedures, marketing or financial information and other information not previously released to the public at large by a duly authorized representative or the CCMC.

If you have any questions concerning the confidentiality or disclosure of information, you should contact the Executive Director of the Children's Center of Medina County.

By signing this Confidentiality Agreement, you acknowledge that:

1. You are obligated to hold all information to the strictest confidence and not disclose/share the information to any person or in any matter.
2. Your confidentiality obligation shall continue indefinitely, including at all times after your association with the CCMC.
3. Failure to comply with your confidentiality obligation may result in disciplinary action by the CCMC, such as immediate termination of your volunteer opportunity with the Children's Center of Medina County.
4. Unauthorized disclosure of confidential information about a person may result in legal action being taken against you by or on behalf of that person.
5. If you are issued access codes, passwords to secure areas, you must maintain control of those items at all times.
6. **You have read and understand this Confidentiality Agreement and have received a copy for your records.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Exec. Director/Authorized Witness**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



## Volunteer Guidelines

The following guidelines are designed to support you in your work as a volunteer at the Children's Center of Medina County (CCMC). They are intended to provide the structure that you will need. Guidelines will be discussed in more detail during Volunteer Training and will be followed without exception:

1. You may have no contact with any CCMC child and/or family outside of assigned CCMC tasks.
2. All volunteers are asked to dress appropriately for their volunteer roles. Volunteers should wear comfortable clothing that does not limit their ability to clean toys in the play area, stock donations, etc. Clothing that is not acceptable includes (but may not be limited to): items that are "sloppy", unkempt, or see-through, halter or low cut tops, shorts and/or dresses that are too short, tight and/or revealing clothing, bathing suits, tank tops, t-shirts with obscenities and/or vulgar animation. Remember, you will be a role model for the children and families who visit the Center whether you intend to be or not.... please make a good impression!
3. Information related to child and/or family is **absolutely** confidential.
4. If you observe behavior and/or hear something that makes you uncomfortable, tell CCMC staff.
5. Do not give your last name or telephone number to children or their family members. If you must leave a number with a parent or agency, use the CCMC's number.
6. Contact the CCMC Executive Director and/or designee immediately should you become involved in any criminal or civil court proceedings (i.e., custody, divorce, arrests, child abuse/neglect allegations of any kind, domestic violence, etc.). Any infraction that appears on your record must be brought to the attention of the Executive Director. They will follow approved CCMC policy regarding the matter.
7. Contact the Executive Director prior to any efforts to solicit goods or services on behalf of the CCMC
8. You are important to us. Therefore, we may suggest a particular placement that best suits your skills and talents. We want you to be happy and safe.
9. If asked, do not change a diaper or take a child to the bathroom. You may show a child the location of the bathroom, but these jobs are for parents and/or caretakers. If parents are involved in an interview, ask CCMC staff for the best way to interrupt.
10. Contact CCMC staff member immediately should you observe a dangerous or life-threatening situation such as choking, etc. CCMC will provide instruction as to additional steps to maintain safety and a sense of security at the Center.
11. **Don't be afraid to ask for help.** If you are assigned a task you are unsure about or do not know how to accomplish, please ask for help. We are here to provide support and assistance to you.

~Continued

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~Continued

- 12. Your commitment to children and the CCMC mission is very important. If you become unable to continue your role as a CCMC volunteer, please contact the Program Support Specialist and/or designee at your earliest convenience. We know that your well-being and that your family comes first.
- 13. The Executive Director must approve any form of solicitation in which you are representing the CCMC *in advance*. Often will-intended volunteers do not realize that a letter, a phone call, or even a conversation with a friend, neighbor, or business associate can be solicitation if you are asking them to give something to the Center. To protect the interests of everyone involved, it is the Center's policy that the Executive Director must be advised of, approve, and supervise all requests of donations.
- 14. The CCMC is a non-smoking and tobacco free facility, which includes the use of electronic cigarettes. Tobacco products, smoking and electronic cigarettes are not appropriate at any CCMC event or meeting.
- 15. Remember that all times you represent the CCMC and your actions impact the community's view of the CCMC

**I have read and understand the Children's Center of Medina County (CCMC) Volunteer Guidelines. These guidelines have been discussed with me, and I have asked questions, as needed.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Exec. Director/Authorized Witness**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



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