





P.O. Box 9997 • El Paso, Texas 79995 • 915-887-3410

**SERVICE AREA:** What kind of Volunteer area do you prefer?

- |                      |                    |
|----------------------|--------------------|
| Clerical Work        | Mental Health      |
| Children/Adolescent  | Mental Retardation |
| Non-Consumer Contact | Special Projects   |
| Consumer Contact     |                    |

**AVAILABILITY:** Day of the week \_\_\_\_\_ Time of Day \_\_\_\_\_  
 Number of Hours \_\_\_\_\_

**SKILLS/INTEREST:** Describe any additional languages spoken, hobbies, knowledge, skills, training, abilities, or interest that might help us determine where we could best use your talents. Attach an additional sheet of paper if you need more space.

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How did you learn about El Paso Mental Health & Mental Retardation programs?

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**REFERENCES:** Please list two persons other than relatives. Give one professional or academic reference, if available.

Name	Address	Telephone #

**IN CASE OF AN EMERGENCY** please notify:

Name	Address	Telephone#

Physician \_\_\_\_\_

Name	Address	Telephone#

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I certify that I have made no willful misrepresentation in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated; with full permission and that any misrepresentation may cause my application to be rejected. I understand that a conviction record will be obtained from the Texas Department of Public Safety.

\_\_\_\_\_  
**Signature of Volunteer Applicant**

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



## **Acknowledgment Of Confidentiality Of Consumer Information**

The staff of El Paso MHMR welcomes you and hopes that your experience with us will be a valuable one. We ask that you read and consider the following.

All volunteers are expected to respect the Civil Rights and Dignity of all current and former consumers and consumers of its affiliate agencies. Although special consideration must be constantly given to the competency of the consumers in order to fully protect them, this does not relieve volunteers of their responsibility to respect the individual worth of each consumer. Failure to comply with the statements below may result in dismissal.

**It is expected that each staff member maintain confidentiality, which involves:**

1. Not identifying orally or in writing, any consumer or former consumer in the El Paso MHMR Program(s) or its affiliates unless the recipient of information is a El Paso MHMR staff person or registered volunteer that is directly involved in the case because of legitimate Center function, or unless authorization for disclosure has been filed in the individual's record housed at the Records Office for the program.
2. The consumer's signed permission must be obtained in advance to:
  - a. Allow for the tape/video recording of the individual therapy session.
  - b. Allow for use of the consumer's name and/or picture for publicity purposes.
3. Information should not be released to an individual or another agency or Professional about a case or the program participation of an individual consumer unless the consumer or legal guardian has authorization.
4. Removal or duplication of any information contained in the consumer's records is breach of confidentiality without authorization by the consumer.

**In connection with my activities as a Volunteer for El Paso MHMR:**

**I agree to hold all information I may have access to about consumers or former consumers confidential and will not divulge any information to unauthorized person.**

**I understand that the divulging of confidential information to unauthorized persons may make me subject to civil action for the collection of monetary damages and dismissal.**

**Volunteer** \_\_\_\_\_  
**Witness** \_\_\_\_\_

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



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## General Rules & Agreements

1. I understand that all information about the El Paso MHMR consumers is confidential. I will not discuss any consumer or consumer related matter with anyone including family members.
2. When I give my services I will report my time on the Volunteer Services form which my immediate supervisor will maintain. I understand that a copy of my hours worked will be sent to the Staff Development Office and I may use them as a reference in seeking employment with the El Paso MHMR.
3. If I cannot come in at a specific time I will contact my immediate supervisor as far in advance as possible.
4. I will report any accident, injury or unusual occurrence involving any other volunteer or myself or consumer to the immediate supervisor as soon as possible.
5. I will participate in any training required of me. When in doubt, regarding a procedure, I will consult an appropriate staff member before acting.
6. I will maintain established levels of consumer care, including the responsibility for utilizing good common sense, and always hold the best interest of the consumer as the guide for my actions.
7. The immediate supervisor is in charge of the program and responsible for its daily operations. I agree to follow his/her directions and abide by his/her decisions in all matters relating to my volunteer work.
8. As a volunteer, I fully understand that El Paso MHMR, its agents and employees, shall not be liable to me or any other person, for any injury or damage occurring to me or my property, other persons or property, arising out of or in connection with this agreement, the acts or conduct of client, or any actions taken or not taken by El Paso MHMR, its agents or employees. I hereby waive and release El Paso MHMR, its agents and employees, from all such claims and/or damages.
9. I understand that El Paso MHMR does not provide professional liability (Malpractice Insurance) for volunteers.
10. I have read and agree to abide by the “Consumer Abuse/Neglect” rules of El Paso MHMR.

**I have read and understand the above. I wish to be a volunteer at El Paso MHMR and agree to abide by these rules and agreements.**

**Volunteer** \_\_\_\_\_  
**Witness** \_\_\_\_\_

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



## Criminal History Check

I have read and agree to conform to the facility's volunteer services policies and procedures to the best of my ability. I understand that a criminal history background check will be done and that I will not be able to volunteer directly with consumers until this clearance is obtained. If I have a criminal history, I may be denied certain volunteer assignments. I also agree to report to the Employment Specialist all arrest, indictments and convictions received during my volunteer assignment before returning to my volunteer duties.

In order to do the criminal history check, I willingly provide information as to my sex and race:

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Female      Male

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date