



Dear Volunteer-

Thank you for your commitment to volunteering with OUCARES! We value and appreciate the time and effort you devote to helping people with autism. Your presence at our programs enriches the lives of our participants in more ways than we can describe. We could not offer the programming and services that we do, without the assistance of high-quality volunteers, such as yourself. Please take a moment to review the information below.

### **Volunteer Expectations**

- Your role is to actively engage the participants in the activities, by providing positive reinforcement and encouragement.
- Take direction from the program leader and step in when needed. Have the ability to take initiative after being familiar with the program structure.
- Speak up, ask questions, and offer support. Don't always wait for the program leader to delegate a task to you. We are a team.
- Assist in managing behaviors. Redirect, give 2 appropriate choices, and praise positive behavior. "Pick and choose your battles" Some behaviors can be ignored. If the participant is not harming himself or others, ignore the behavior. Drawing attention to it will make it worse. If a participant is under the age of 18, a parents or caregiver will be close by to assist.
- Safety first and keep an eye on all participants. A participant should never be alone. Watch out for participants who wander.
- Encourage independence. Some participants may need assistance, but never complete a project or task for them.
- Arrive a few minutes early to assist with set up and please stay at the end of the program until your participant is picked up by a parent or guardian.
- Be enthusiastic and have fun!

### **Confidentiality**

It is important that all persons working directly with and/or observing children, family members and teaching staff adhere to standards of professional ethical conduct, including maintaining confidentiality about the children, family members and colleagues that you are working with. Please do not discuss with anyone outside of OUCARES information about persons, activities or events that occur during OUCARES programming.

### **Child Abuse & Neglect Mandates**

Caregivers are mandated by law to report suspected cases of child abuse and neglect. If a volunteer or staff suspect instances of child abuse and/or neglect, they must inform the OUCARES program coordinator and report the incident immediately.



### **Criminal Background Checks**

Oakland University is now requiring that all individuals interested in volunteering for university-affiliated youth programs must undergo a national background check through Castlebranch prior to volunteering. This requirement is part of protocols established to ensure safe conduct and supportive interaction between youth & adults. You may find out more about **Oakland University Policy** [here](#).

In OUCARES efforts to comply with these new policies and procedures, all volunteers scheduled for an OUCARES program or event must complete a background check. These background checks must be completed on an annual basis. **There is no cost to the volunteer for the background check.**

***If you have completed a national background check through another Oakland University department, you may skip this process. You must provide OUCARES with a copy of the national background check report. Please contact us if you have questions***

### **Criminal Background Check Process**

**\*This is an example of the e-mail you will received to complete the background check process. You will receive your personal identification number via e-mail at a later date.\***

You will be asked to enter a PERSONAL IDENTIFICATION NUMBER.

Your PIN number is

This PIN number will expire on \_\_\_\_\_ **please complete the process prior to the expiration date.**

- Using the link below:
- <https://portal.castlebranch.com/OK77>
- Click on the "Place Order" box.
- Click on "Please Select"
- Click on "Invoice" and follow the remaining prompts.
- Enter your PIN \_\_\_\_\_ when prompted. Remember this PIN **expires \_\_\_\_\_, 2017**
- At the end of the order, you will receive confirmation that the order is completed, as well as an email confirmation.
- If you have any technical questions, please contact The Castle Branch Service Desk at (888) 723-4263, ext. 7196

*A criminal conviction will not automatically disqualify a person from volunteering with OUCARES. We will consider each situation individually.*

Thank you for taking the time to complete the background check process.

Sincerely,

The OUCARES Staff



OAKLAND UNIVERSITY  
VOLUNTEER ACKNOWLEDGEMENT AND RELEASE ("ACKNOWLEDGEMENT")

In consideration for Oakland University ("University") allowing me to participate as a volunteer in the department(s) and/or program(s) described below, I acknowledge and agree that:

1. I intend to provide the following services to the University ("Services") as a volunteer and not as an employee:

Department: \_\_\_\_\_  
Program: \_\_\_\_\_  
Services: \_\_\_\_\_  
Start/End Dates: \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_

2. I am not providing the Services as an employee of the University and I have not been promised, do not expect and will not receive any compensation or benefits of any kind, including without limitation disability, workers compensation and unemployment insurance, etc., for providing the Services.
3. The University may stop using my Services at any time and for any reason.
4. I will comply with all University ordinances, policies, practices and procedures, as well as federal, state and local law, while providing the Services.
5. I hereby irrevocably authorize the University to use any photograph, video and/or audio recording of me, made while I am performing Services, for its educational and other purposes.
6. I may acquire non-public confidential and/or proprietary information of the University and/or others while performing the Services and I will maintain all such information in strict confidence at all times; and I further hereby irrevocably assign to the University ownership of any and all intellectual property that I develop or that I contribute to the development of arising out of or relating to the Services.
7. I have and/or will obtain my own health and auto insurance or I am or will be covered under other insurance policies that provide health and auto insurance for me. In any event, I hereby irrevocably release the University, for myself and my heirs, successors and assigns, from responsibility and liability for any costs, expenses or damages for any injuries that I suffer arising out of or relating to the Services.
8. Michigan law will apply to this Acknowledgement.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_