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Dear Volunteer

Thank you for your interest in volunteering with OUCARES! A Volunteer’s 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. Please take a moment to review the information below.

**Volunteer Expectations for Virtual Programs**

* 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.
* Encourage independence. Some participants may need assistance, but never complete a project or task for them.
* Log on 10 minutes early to help facilitator prepare if needed and learn what will be expected of you during that session.
* 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 undergo a national background check through HireRight 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**](https://www.oakland.edu/about/youth).

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 forgo this process. However, you must provide OUCARES with a copy of the national background check report before beginning your volunteering experience. Please contact us if you have questions.***

**Criminal Background Check Process**

Once you complete volunteer training, OUCARES will submit your name and email address to the agency that runs background checks, HireRight. HireRight will send you an email requesting that you enter your information so they can may complete the background check. Please send your information to HireRight. You will be notified by OUCARES when your background check is successfully completed. *A criminal conviction will not automatically disqualify a person from volunteering with OUCARES.  We will consider each situation individually.*

**OUCARES Volunteer Application**

Oakland University Center for Autism Outreach Services (OUCARES)

**Please *hand-sign forms &* email to** [**oucares@oakland.edu**](mailto:oucares@oakland.edu)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** Click or tap here to enter text. | **Date of Birth:**Click or tap here to enter text. | | **Gender:** Click or tap here to enter text. |
| **Home Address:** Click or tap here to enter text. | **City & State:**Click or tap here to enter text. | | **Zip Code:**Click or tap here to enter text. |
| **Home Phone:**Click or tap here to enter text. | **Cell Phone :**Click or tap here to enter text. | | **Email:**Click or tap here to enter text. |
| **Current OU Student?**  Yes  No | | **What is the class** Click or tap here to enter text. | |
| **What is your area of study?**Click or tap here to enter text. | | **What is the instructor name**:Click or tap here to enter text. | |
| **If this is to fulfill a university requirement how many hours do you need** :Click or tap here to enter text. | | **If not OU student, current college/university**:Click or tap here to enter text. | |
| **Please tell us how you heard about OUCARES:**  Choose an item. | | | |
| **Have you completed a national background check for Oakland University?** Yes No  If yes, please list the date & provide OUCARES with a copy of the background check form. Date Completed:  Click or tap here to enter text. | | | |
| **Days and times available for 1-hour Training on Autism and a Volunteer’s role:** Click or tap here to enter text. | | | |
| **List any special skills, interests, training:** Click or tap here to enter text. | | | |
| **List previous experience working with individuals with Autism Spectrum Disorders:**Click or tap here to enter text. | | | |
| **List the OUCARES program(s) you would like to be a volunteer:**Click or tap here to enter text. | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Ranking** | **Program Name** | **Day of week** | **Dates** | **Time** | | 1st Choice | OUCARES Baseball | Tuesdays | Sept 7th to Oct 12th | 5:30-6:30 | | 2nd Choice | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | 3rd Choice | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | | |

**Volunteer Informed Consent**

I certify that all information provided on this application is completely accurate. I understand that any false statements or omissions may result in my elimination for consideration for volunteer status, or, if accepted, my termination. I hereby authorize Oakland University to make investigation of all statements contained in this application. I authorize persons listed as references, my former and present employers and educational institutions listed to release any information concerning me that they deem appropriate. I release all parties from any liability that may arise from such disclosure.

I understand that I may be subject to a criminal background investigation as a condition of volunteer service and that my volunteer status may be contingent upon these results. I am aware that participating in Oakland University’s Campus Recreation Programs, activities or events, and use of the facilities and equipment involve risk of injury, including, but not limited to the range of minor contusions/abrasions to even the possibility of death. I also recognize that there are many other risks of injury including serious disabling injuries, which may arise due to participating, or attending and that is not possible to specifically list each and every individual injury risk. However, knowing and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the risks of injury, which could occur, by reason of my voluntary participation in the aforementioned of Campus Recreation. I hereby authorize my photograph which was taken by Oakland University, its employees, officers, representatives or agents to reproduce my photograph for the purpose(s) of editorial, illustration, advertising, trade or any other publication of OAKLAND UNIVERSITY. I release and discharge OAKLAND UNIVERSITY from any and all suits, causes of action, claims, demands or obligations of any kind arising out of the reproduction of my photograph for the above stated purposes. I understand that my volunteer service is for no definite time period and that either Oakland University or I may terminate the volunteer service relationship at any time for any reason or no reason. I understand that neither this document nor any offer of volunteer service constitutes an employment contract. If accepted as a volunteer, I agree to comply with and be bound by all of the personal policies and volunteer requirements of Oakland University.

**I hereby acknowledge that I have read and understand the foregoing and intend to be bound thereby. I further understand that once I have attended volunteer training & have been assigned to a program or event, I must complete an online national background check prior to volunteering.**

**Signature of Applicant:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

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: Click or tap here to enter text.

Program: Click or tap here to enter text.

Services: Click or tap here to enter text.

Start/End Dates: Click or tap to enter a date. through Click or tap to enter a date.

2. I am not currently employed by 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: Click or tap here to enter text.

Printed Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

OLA – November 1, 2012