



Volunteer Opportunities

Volunteers under the age of 16 must be accompanied by a parent or guardian.

*Thanks for your interest in volunteering with **Exceptional Care Children!** Exceptional Care is Delaware's first and only non-profit pediatric nursing facility providing transitional, long-term, and end of life care to children who are medically fragile and dependent on medical technology for survival. Our goal is to provide them a home-like environment, outside of the hospital, where they can experience life as a kid despite their medical challenges.*



We are always excited for new volunteers and have many opportunities available. All volunteer opportunities and their requirements are listed below. We look forward to having you a part of the team!

Emily Holcombe • eholcombe@exceptionalcare.org
11 Independence Way • Newark, DE • P (302) 894-1001 • F (302) 456-0477 • www.exceptionalcare.org

PROJECT & EVENT opportunities:

*Projects & Events are based on the availability of the Volunteer Coordinator & ECC's Needs

- **Event Preparation & Assistance**
 - Decorating, set-up, assistance during seasonal special events & fundraising events (i.e. *Bunny Hop, Summer BBQ, Fall Festival, Thanksgiving Lunch, Breakfast With Santa*)
- **Landscaping**
 - Planting, mulching, weeding, raking leaves, etc.
- **Gala Preparation & Assistance**
 - Assisting with event decoration preparations, silent auction solicitation, ticket sales etc. for ECC's largest annual fundraising event every spring
- **Sanitizing**
 - Sanitizing toys and common areas with sanitizer cloths and gloves
- **Sheldon's Closet**
 - Organizing, sorting and disposing of old and worn clothing
- **Off-site project for ECC residents**
 - i.e. making a craft/decoration for the residents, but doing this at another location; this project can be paired with a tour to visit with the residents

REQUIREMENTS:

- Group Volunteer Form (includes Release & Waiver of Liability and Photo/Video Release)
- Call or Email Emily Holcombe [Eholcombe@exceptionalcare.org](mailto:eholcombe@exceptionalcare.org) for details and availability

RESIDENT PLAY DATE opportunities:

*Day/time of visit is flexible between the hours of 9AM & 8PM weekdays & weekends

- Spending time in the onsite classroom helping with educational goals
- Spending time in Play Therapy focusing on therapeutic goals through play
- Spending time in the living room setting reading a book, watching a movie, playing with a toy, playing on the computer, homework help, doing an arts and craft activity, etc.

REQUIREMENTS:

Volunteering with the residents can begin once you have (in any order):

- Attended one volunteer tour & orientation session to ensure your comfort level is suitable; Volunteer tour & orientation will be available at least twice a month and will be scheduled by the volunteer coordinator.

CONTACT VOLUNTEER COORDINATOR FOR UPCOMING SESSIONS:

EHOLCOMBE@EXCEPTIONALCARE.ORG

- Returned a completed Volunteer Packet to Volunteer Coordinator
**CAN BE DOWNLOADED AT WWW.EXCEPTIONALCARE.ORG OR
RECEIVE COPY DURING TOUR & ORIENTATION**
- Received a negative Two-Step Tuberculin Skin Test (within past year), Bloodwork or chest x-ray (within past 5 years). Once received, record of test or x-ray must be given to the Volunteer Coordinator

CAN BE DONE AT PHYSICIAN'S OFFICE OR WALK-IN CLINIC

- October-March: During Influenza season (October-March), volunteers must turn in documentation of an flu shot or will not be permitted to visit in the building

CAN BE DONE AT PHYSICIAN'S OFFICE, WALK-IN CLINIC OR PHARMACY

INTERNSHIP opportunities (unpaid):

- May be available in Development, Social Work, Food Service, Play Therapy; opportunities vary by semester
- Email Emily Holcombe Eholcombe@exceptionalcare.org with résumé and letter of interest that details: program requirements, start/end dates, and position(s) of interest.
- Must attend tour and interview with volunteer coordinator and/or department supervisor
- Complete all above volunteer requirements **PLUS** drug screen, criminal background check, and attend general orientation

ENTERTAINMENT/PERFORMANCE opportunities:

- Provide entertainment to the residents to include but not limited to musical performances, singing, dancing, magician/clown services, face painting, animals (subject to approval), etc.
- Call or email Emily Holcombe Eholcombe@exceptionalcare.org for details and availability



Date: _____

Volunteer Profile

Name: _____

Email: _____
Best Method for Communication

Home Phone: _____

Home Address: _____

Cell Phone: _____

Date of Birth: _____

Emergency Contact Name, Relationship, Phone #: _____

Emergency Contact Name, Relationship, Phone #: _____

References: *Please note we reserve the right to contact any reference listed below*

1. Name, Relationship, Phone #: _____

2. Name, Relationship, Phone #: _____

3. Name, Relationship, Phone #: _____

Interests & Skills (circle all that apply): Reading Play Instrument Singing Hair Styling Crafts Painting Sports Nature Gardening TV/Movies Board Games Card Games Computer Languages: _____ Other: _____

Clinical background: _____

Degrees & certificates: _____

How did you hear about Exceptional Care for Children?: _____

Please write times available to volunteer: *Weekend volunteers are required to volunteer at least once during the week first.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Volunteer Area Preferred (circle one): Play Therapy Classroom Living Room Mentor Baby Cuddler Entertainment

How many hours would you like to do? _____ (Please indicate daily, weekly, monthly)

Orientation date/time available to attend: _____ (dates listed on cover page)

Previously employed at ECC? Yes No Reason for leaving: _____



DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM



Fax or Mail Request to:

OCCL, Criminal History Unit
Concord Plaza, Hagley Building
3411 Silverside Road
Wilmington, DE 19810
Phone: 302-892-5800 Fax: 302-633-5191

When requesting Child Protection Registry checks:

- Allow 15 working days for results to be processed
- Do not use a cover sheet
- Do not send duplicate requests
- Form must be submitted to DSCYF within 90 days of signature date in order to be processed

PART I. APPLICANT INFORMATION *(PLEASE PRINT CLEARLY)*

Name: _____
Last First Middle

Other Name(s) used: _____ DE Driver's License # _____

Social Security # _____ Date of Birth: _____ Gender: _____ Race: _____
mm-dd-yyyy

Address: _____
(Street) (City) (State) (Zip)

Are you on the Delaware child protection registry for any substantiated cases of child abuse/neglect? [] Yes [] No

If yes, explain: _____

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Delaware child protection registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: _____ Date: _____

Parent / Guardian Signature (If applicant is under the age of 18) _____

PART II. AGENCY INFORMATION - *(MUST BE COMPLETED IN ORDER TO PROCESS)*

Agency Identification Number (if applicable): 169

Contact ID: 2707

Requesting Agency Name: Exceptional Care for Children

Address: 11 Independence Way, Newark, DE 19713

Phone: (302)894-1001 X419 Fax: (302)456-0477 Contact Person: Emily Holcombe

Contact Email: eholcombe@exceptionalcare.org

DSCYF USE ONLY:

The individual listed above (is listed) (is NOT listed) on the Delaware Child Protection Registry.

Date: _____ DSCYF Criminal History Unit _____



DELAWARE HEALTH & SOCIAL SERVICES
Division of Long Term Care Residents Protection
Adult Abuse Registry
3 Mill Road, Suite 308
Wilmington, DE 19806

**AUTHORIZATION TO
DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF LONG TERM CARE RESIDENTS PROTECTION
FOR THE RELEASE OF ADULT ABUSE REGISTRY INFORMATION**

Employer: Exceptional Care for Children
Address: 11 Independence Way
Newark, DE 19713
C/O Michelle Brayman

I hereby authorize the indicated employer to obtain from the Division of Long Term Care Residents Protection any information concerning me which may be on the Adult Abuse Registry pursuant to 11 Del. C., § 8564.

APPLICANT:

NAME

SOCIAL SECURITY NUMBER

SIGNATURE

DATE

WITNESS:

PRINT NAME

DATE

SIGNATURE

5/13/14

Exceptional Care for Children

Photo/Video Consent and Release & Waiver of Liability

Volunteer Name: _____

Home Address: _____

Email Address: _____

I want to keep up to date with the superheroes of ECC!
I grant consent to be added to the mailing and e-newsletter list

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

I, _____, release, and hold harmless Exceptional Care for Children and the sponsors of the volunteer site from any and all liability claims, and causes of action, of whatever kind or nature (including any injury caused by negligence) incurred by myself in conjunction with the volunteer service.

I also hereby give my consent to the release of photographs and/or video images which include me, to be used by Exceptional Care for Children in relationship to marketing, advertisement, social media, and in the creation of other printed and film material and/or marketing materials which may include but are not limited to video, brochures, flyers, newsletters, and other printed materials or without compensation to me.

Signature:

_____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature:

_____ Date: _____

If volunteer is under the age of 18 years a parent or guardian must sign.



OIG Screening Consent Form

I, _____, give permission for my full name to be screened through the Office of Inspector General (OIG) screening process and understand that this is an online public check and will display any records related to illegal actions such as fraud or misuse of a social security number.

Signature:

_____ **Date:** _____

Parent/ Guardian Signature:

_____ **Date:** _____

If volunteer is under the age of 18 years a parent or guardian must sign

Witness Signature:

_____ **Date:** _____



Exceptional Care for Children

CONFIDENTIALITY AND SECURITY AGREEMENT

Important:

This agreement is required to be read and signed by individuals who are approved and granted access to or may have incidental contact with confidential information at Exceptional Care for Children. Please read all sections; if you have any questions, please ask the Administration prior to signing or acknowledging that you have read this agreement.

As an employee, resident, member of the Medical staff, other healthcare provider, student, volunteer, member of the Board, temporary agency or contract person, or a non-Exceptional Care for Children employee approved and granted access to Exceptional Care for Children information, you may have access to confidential information. Confidential information includes patients' protected health information (PHI), employee information, physician information, and corporate information which may appear in verbal, written or electronic form. Confidential information is valuable and sensitive and is protected by law and by strict confidentiality policies.

The purpose of this agreement is to inform you of your personal obligation regarding confidential information.

Agreement

Accordingly, as a condition of and in consideration of my access to confidential information, I agree to abide by the following:

1. I will only access confidential information, including patients' protected health information (PHI), in accordance with Exceptional Care for Children's policies and as necessary to perform any job responsibilities.
2. I agree that, if I access patient information, I am involved in the care of the patient or am required to access information in conjunction with my job responsibilities.
3. Except as directed by Exceptional Care for Children policies or legal process, I will not at any time during or after my employment / affiliation with Exceptional Care for Children:
 - Disclose any such information to any unauthorized person,
 - Permit any unauthorized person to examine or make copies of any reports or other information prepared by me, coming into my possession or control, or which I have access,
 - Attempt to access or use any such information for my or another individual's personal gain.
4. I will not alter or destroy any confidential information, including patients' protected health information (PHI).

5. I will not utilize another person's computer account or badge to access facilities. I will not intentionally share, nor allow anyone else to utilize my computer account or badge to access facilities, unless a confirmed request has been made by the Administration and I am able to confirm the legitimacy of the request and the requestors. I accept responsibility for my activities when using my computer account(s) and my badge access to specified Exceptional Care for Children areas/locations.
6. If I observe or have knowledge of unauthorized access or disclosure of confidential information, including protected health information (PHI), I will report it immediately to the Development Office or Administrator.
7. I understand that all information, regardless of the media on which it is stored (paper, computer, videos, recorders, etc.), the system which processes it (computers, voice mail, telephone systems, faxes, etc.), or the methods by which it is moved (electronic mail, face to face conversation, facsimiles, etc.) is the property of Exceptional Care for Children and shall not be used inappropriately or for personal gain and shall not be removed from the premises without prior authorization. I also understand that all electronic communication is monitored and subject to internal and external audit.
8. I understand that discussions (person-to-person, via cell phones, etc.) regarding patient and/or protected health information shall not occur in public places where the presence of persons not entitled to such confidential information may be present and discussions may be overheard. Examples include but are not limited to elevators, lobbies and off premises.
9. I agree to abide by all rules and regulations as specified in Exceptional Care for Children's Privacy and Security policies unless specifically altered by a state contractual agreement. These policies are available and maintained on Exceptional Care for Children's Intranet. If I do not have access to Exceptional Care for Children's Intranet, I can request that a copy of these policies be provided to me.

I acknowledge and agree to comply with the obligations and conditions outlined in this agreement. I am also acknowledging that Exceptional Care for Children has an active on-going program to review records and transactions for inappropriate access and I understand that inappropriate access or disclosure (intentional or unintentional) of information can result in penalties including disciplinary action, disablement of computer access, refusal of access to premises, termination of employment and/or less of clinical privileges, or legal action.

Signature

Date

Printed Name
