Exceptional Care for Children

Date: _____

Volunteer Profile

Name: _____ Email: _____

Best Method for Communication

Home Phone: _____ Home Address: _____

Cell Phone: _____ _____

Date of Birth: _____ _____

Middle School or High School student? ☐ Yes ☐ No Name of School: _____

Place of Employment: _____ Occupation: _____

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

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 #: _____

Interests & Skills: _____

_____

Previous Volunteer Experience: _____

_____

Describe why you are interested in volunteering at ECC: _____

_____

_____

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 Entertainment Group

DSCYF
Department of Services for Children, Youth & Their Families

DELAWARE CHILD PROTECTION REGISTRY CONSENT FORM

Web Portal

Request must be within 90 days of signature date in order to be processed

PART I - APPLICANT INFORMATION

Name (Last*, First*, Middle):

Other Name(s) used/Alias:

Social Security #:

Date of Birth (mm/dd/yyyy)*:

Gender*:

Race:

Ethnicity: (Hispanic/Non-Hispanic)

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 requester(s) with all substantiated cases of child abuse or neglect concerning me that are active on 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 - REQUESTER INFORMATION

Check one option below and complete required information*:

1. ☐ Agency Request – Agency Name*: **Exceptional Care for Children**

2. ☐ Individual Request – Self

3. ☐ Individual Request – Share Results with Requesting Agency

    Requesting Agency 1 – Agency Name*:
    Requesting Agency 2 – Agency Name*:
    Requesting Agency 3 – Agency Name*:
    Requesting Agency 4 – Agency Name*:
    Requesting Agency 5 – Agency Name*:

* Mandatory (Agency Name is Mandatory.)

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

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

Photo & Video Consent & Release of Waiver and 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.

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Exceptional Care for Children

COVID-19 Agreements

Vaccination Verification Statement

I, _____, verify that I am fully vaccinated against the COVID-19 virus. I agree to provide proof of vaccination upon request.

Type of Vaccination Received: ☐ Pfizer ☐ Moderna ☐ Johnson & Johnson ☐ Other

COVID-19 Mask Mandate

I agree, *if required,* to wear a face mask, covering the nose and mouth, during my entire volunteer visit. I understand that if I am not following proper masking guidelines, during periods of need, I will be asked to leave the facility.

COVID Waiver of Liability

I fully understand and appreciate the risks that are inherent to my activities at Exceptional Care for Children, including but not limited to the risk of exposure to COVID-19. I have considered these factors prior to entering the facility, and I hereby assume the risk of bodily injury, illness and death resulting from my activities at Exceptional Care for Children.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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

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 confidentially 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 spate 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

Exceptional Care for Children
Code of Conduct

Exceptional Care for Children (ECC) is a private not-for-profit organization, which exists to serve medically complex children and their families. ECC is committed to providing a safe and welcoming environment to its residents, their families, staff, vendors, and other guests. It is therefore vital that our organization that is free from all forms of hostility, violence, discrimination and conduct that can be considered harassing, coercive, or disruptive.

In accordance with this policy, no individual is permitted to possess weapons of any kind inclusive of guns and knives on ECC premises. Threats of violence, physical or mental intimidation, or any act of violence is forbidden, and would preclude individuals from visiting Exceptional Care for Children.

Furthermore, actions, words, jokes, harassment, or comments based on an individual's sex, race, color, national origin, age, religion, disability, sexual orientation, gender identity, pregnancy, medical condition, uniform status, or any other legally protected characteristic will not be tolerated.

Exceptional Care for Children is a drug and alcohol free environment. ECC believes that the impairment of any guest due to the use of illegal drugs or alcohol abuse is likely to result in the risk of injury to residents, employees, the impaired individual, and/or to other third parties. "Impairment" or "being impaired" means that an individual's normal physical or mental abilities while on our premises have been detrimentally affected by the use of illegal drugs or alcohol.

Furthermore, the use, possession, transfer or sale of illegal drugs is in violation of this policy, and any individual engaged in unlawful or unauthorized manufacture, distribution, dispensation, possession, sale or use of alcohol or controlled substance on ECC premises may require notification to appropriate authorities. Such notice would only be given only after such an incident has been investigated and reviewed by Social Services, the Administrator, and/or designee.

By signing below, I have read and understand that full compliance with this Code of Conduct is required:

Volunteer Signature: _____ Date: _____

Volunteer Name (Print): _____