



1029 NW 14<sup>th</sup> Street, Suite 102 ♦ Bend, Oregon 97701  
Ph: 541-383-6357 ♦ Fax: 541-383-5917 ♦ [www.myhb.org](http://www.myhb.org)

Dear Valued Volunteer:

Thank you for your interest in the Healthy Beginnings volunteer program. Healthy Beginnings is indeed fortunate to have a number of dedicated volunteers who support the activities of the organization. We would be delighted if you would consider joining our group! Duties are varied and include screening staff, as well as clerical work, outreach/special event and logistical support. Volunteer schedules are flexible and are determined by volunteer availability.

Enclosed please find a Volunteer application and a brief description of the High Desert Educational Services District (HDESD) volunteer guidelines, Volunteer Questionnaire, Opportunities List, and a program description for your consideration. If you have any questions please let me know. According to the HDESD background check procedures, *a Healthy Beginnings staff person will need to verify your legal identity and date of birth (via driver's license) prior to submitting the background check forms.*

Without volunteer support, Healthy Beginnings would not be able to provide services to the children of Deschutes, Jefferson and Crook County. Our mission, *to provide access to health, education and behavior services for young children and their families*, would not be possible without volunteer support and dedication.

Thank you again for your interest in the program.

Sincerely,

*Holly*

Holly Remer  
Executive Director

*Katie*

Katie Grantier  
Family Support and Screening Logistics  
Specialist

\*In order to submit the application, a representative of Healthy Beginnings is required to examine at least one official document (i.e. Drivers License) that proves the applicant's legal identity and date of birth.

Enclosures



1029 NW 14th Street, #102 ♦ Bend, Oregon 97701  
541-383-6357

## **VOLUNTEER PROCEDURE**

To protect the safety and welfare of children and staff, the ESD will conduct a background check for all volunteers who work directly with children (OAR 581-22-716). ESD volunteers do not work unsupervised with children. Volunteers are an essential part of our team and the ESD strongly hopes interested parties will grant us permission to conduct a background check. However, if they do not wish to participate because of personal reasons, the ESD understands and respects their decision.

## **REQUIREMENTS**

Volunteers who work with children under the jurisdiction of the ESD in a sponsored school/program held on or off school/program property shall be subject to a background check. The background check will be conducted one time, unless the ESD determines that cause exists for a re-check.

## **EXCEPTIONS**

An exception will be made in the background check requirement if there is file evidence from the Oregon Department of Education, or school districts within the jurisdiction of the ESD (i.e., Bend-La Pine School District, Redmond School District, etc.) that documents a successfully completed background check. School-to-work volunteers are exempt.

## **NOTIFICATION AND APPLICATION**

- The ESD shall provide notification to volunteers that background checks are required by the ESD.
- All volunteers will be required to complete the ESD *Volunteer Application and Volunteer Screening Authorization*. (While the results of the background check are being conducted, volunteers are allowed in the school/program.) Schools/programs should keep a copy of the application prior to forwarding to the ESD attn: Human Resources.
- The ESD will send the background check information to the appropriate agency.
- The ESD will notify the school/program designee whether the individual has been approved as a volunteer. Individuals who are not approved will be notified by the ESD. The school/program designee will notify individuals who are approved as volunteers.
- The school/program designee will maintain a directory of volunteers approved and not approved.
- A central registry of approved/not approved volunteers will be maintained at the ESD.

## **SUSPENSION/TERMINATION OF VOLUNTEER ASSIGNMENT**

1. If the ESD receives information, which alleges misconduct by a volunteer or a person seeking a volunteer assignment, then the ESD will suspend the person or volunteer from the assignment pending the resolution of the allegation. After the allegation has been resolved, the ESD may assign the person as a volunteer, or inform the person that working as a volunteer is not acceptable.
2. Any person required to submit to a background check will be terminated from consideration as an ESD volunteer immediately upon the following:  
Refusal of consent to a background check; or  
Notification that the volunteer has been convicted of a crime prohibiting employment with the ESD as specified in Oregon law.

## **APPEALS**

Volunteers may appeal a determination, which prevents their service with the ESD with the Superintendent as follows: A signed, written appeal to the Superintendent may be filed within five working days of receipt of the ESD's determination preventing volunteer service with the ESD. The Superintendent shall meet with the individual involved to discuss the appeal and respond in writing within ten working days of receipt of the appeal. If the individual is not satisfied with the decision of the Superintendent, he/she may submit a written appeal to the Board. This appeal should be filed in writing within five working days of receipt of the Superintendent's decision. The Board shall consider the appeal at its next regularly scheduled Board meeting. The Board will reply to the appeal in writing within ten working days of the regularly scheduled meeting. The Board's decision will be final.

## **FEES**

The ESD shall cover the costs for all volunteers for conducting this process.



1029 NW 14th Street, #102 ♦ Bend, Oregon 97701  
541-383-6357

## **NOTIFICATION TO VOLUNTEERS**

To protect the safety and welfare of children and staff, High Desert Educational Service District (ESD) conducts a background check on all job applicants and volunteers. (OAR 581-22-716)

Volunteers are an essential part of our team, and we strongly hope you will grant us permission to conduct a background check. However, if you do not wish to participate because of personal reasons, we understand and respect your decision. The only reason we conduct these checks is to assure a safe, healthy learning environment for every child.

If you have any questions, please call the ESD Human Resources Department, 541-693-5600. You will be able to speak confidentially.

We appreciate your understanding and cooperation in this important matter.

## **VOLUNTEER EXPECTATIONS**

**DEPENDABILITY** The ability to depend on a volunteer is an essential expectation. Children and staff look forward to the volunteer's commitment to report at an expected time and to complete the volunteer assignment thoroughly and enthusiastically.

**PROFESSIONALISM** The volunteer is a role model for children in dress, manner and behavior. Working in a team environment cooperatively with others and demonstrating a willingness to learn are integral parts of professionalism.

**CONFIDENTIALITY** The volunteer must respect the confidentiality of sensitive information. Children and their families should not be discussed outside the program or school environment.

**COMMUNICATION** The volunteers' success depends on effective communication. Asking questions and following directions are key components of communication.

Concerns regarding a volunteer who may not be following these expectations should be communicated to the designee where the volunteer is assigned. The administration will conduct an objective investigation regarding any identified concerns. If cause exists, the volunteer will be removed from their assignment. The ESD will be vigilant in its authority to provide a safe learning environment for students.





1029 NW 14th Street, #102 ♦ Bend, Oregon 97701  
541-383-6357

## **VOLUNTEER SCREENING AUTHORIZATION** **Public Information Verification (P.I.V.)**

**Directions**

1. Volunteer completes form
2. Program or department designee sends this form and the Volunteer Application form to ESD HR Dept.

The undersigned consent to have P.I.V. obtain any and all information concerning previous employment, obligations and all other matters which may be required in connection with the pre-employment and volunteer screening process. The undersigned consents to any other background check, including, but not limited to criminal checks and driving records.

P.I.V. does not guarantee the accuracy of information received from various sources, which may contain errors and omissions. P.I.V. provides no warranty as to the merchantability or fitness for a particular purpose for any information. Original records may differ from computer entries. P.I.V. shall not be liable for any direct, indirect, incidental, or consequential damages caused by mistakes, omissions, deletions, error, or defect in any information provided by other sources.

P.I.V. shall provide a copy of the information received to the prospective employer. If the undersigned believes that any information provided is incorrect, the undersigned must notify P.I.V. within fourteen (14) days in order to allow P.I.V. to re-verify the information and provide a copy of the notice to the prospective employer. Questions regarding the pre-employment or volunteer screening should be directed to P.I.V. at 541-548-5306 or via mail at P.O. Box 1913, Redmond, Oregon 97756.

Please Print or Type:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

DOB \_\_\_\_\_ Sex \_\_\_\_\_

List other names previously used (including maiden name) \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State or Province of Issue \_\_\_\_\_

1. Have you ever been convicted of a sex related crime? .....Yes(  ) No(  )  
If "YES", identify the State where the conviction occurred \_\_\_\_\_  
If "YES", did the crime involve force? Yes (  ) No(  ) Did the crime involve a minor child? Yes(  ) No(  )
2. Have you ever been convicted of a crime of violence or the threat of violence?.....Yes(  ) No(  )  
If "YES", identify the State where the conviction occurred \_\_\_\_\_
3. Have you ever been convicted of a criminal act involving drugs/alcohol?.....Yes(  ) No(  )  
If "YES", identify the State where the conviction occurred \_\_\_\_\_
4. Have you ever been convicted of a crime other than a minor traffic offense?.....Yes(  ) No(  )
5. Have you been arrested for a crime of which the court finding is pending?.....Yes(  ) No(  )

I hereby grant the company, P.I.V., permission to check civil and/or criminal records to verify any statements made on this form.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Regardless of whether the applicant grants consent, P.I.V., will conduct a criminal offenders record check of the applicant for the position of school bus driver, volunteer, or other prospective school employees working with or around children. Discrimination by an employer based on arrest records alone violates federal civil rights laws. The applicant may obtain further information concerning the applicant's rights by contracting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, phone 541-731-4075

I acknowledge receipt of this notice:

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



## Volunteer Questionnaire

Today's Date \_\_\_\_\_ Name \_\_\_\_\_

Healthy Beginnings works to foster healthy and nurtured children: You, our volunteers, are so valuable in making this challenge a success. Please fill out the questionnaire below so that we can get to know you better and help make your volunteer experience with Healthy Beginnings rewarding and positive.

1) Have you ever filled out a background check with any other social service agency?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Where? \_\_\_\_\_

2) Best way to contact you? Phone \_\_\_\_\_ Email \_\_\_\_\_

3) Are you willing to attend on-going trainings?

Yes \_\_\_\_\_ No \_\_\_\_\_

4) Would you be willing to train new volunteers in areas that you have been trained?

Yes \_\_\_\_\_ No \_\_\_\_\_

5) Would you be available for a Saturday screening? Yes \_\_\_\_\_ No \_\_\_\_\_

6) Would you be available for weekend and/or evening outreach events? Yes \_\_\_\_\_ No \_\_\_\_\_

7) Bilingual? If Yes, Language spoken \_\_\_\_\_

8) Location preference for screenings? Please Circle locations you would be interested in:

Bend LaPine Redmond Sisters Sunriver Prineville Madras

9) Do you have any health concerns or restrictions that would limit your volunteer assignment? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

10) Would you consider yourself to be a leader and/or team player? Explain: \_\_\_\_\_

\_\_\_\_\_

11) Why have you chosen to volunteer with Healthy Beginnings? \_\_\_\_\_

\_\_\_\_\_

12) What are your expectations of volunteering with Healthy Beginnings? \_\_\_\_\_

\_\_\_\_\_

13) Do you have suggestions on how we can help you as a volunteer? (Continue answer on back of questionnaire) \_\_\_\_\_

\_\_\_\_\_



## Volunteer Opportunities

Name \_\_\_\_\_

### Marketing (commitment varies - schedule based on project):

- \_\_\_\_\_ Flyer distribution (Bend, Redmond, Sisters, Sunriver, Prineville, Madras or La Pine, 2x a year)
- \_\_\_\_\_ Mailings

### Clerical (1-4 times per month):

- \_\_\_\_\_ Collate materials and stuff envelopes
- \_\_\_\_\_ Make file folder for each child, insert materials
- \_\_\_\_\_ Confirmation calls to parents, to remind them of upcoming screening appts.
- \_\_\_\_\_ Restock inventory of materials before screening
- \_\_\_\_\_ Various copying, collating, stapling, projects

### Translation (1-2 times per month):

- \_\_\_\_\_ Translate brochures in Spanish
- \_\_\_\_\_ Confirmation calls to parents, to remind them of upcoming screening appts.
- \_\_\_\_\_ Interpret at screenings for families

### Day of the Screening (1-3 times per month):

- \_\_\_\_\_ Floater (guide parents around screening stations- Bend & Redmond screenings)
- \_\_\_\_\_ Red Cross/ General Information table
- \_\_\_\_\_ Intake/Summary table (registration)
- \_\_\_\_\_ Screeners (training involved)

### After the Screening (1-2 times per month):

- \_\_\_\_\_ Tabulate data from screening
- \_\_\_\_\_ Make copies of referrals
- \_\_\_\_\_ Input data into computer
- \_\_\_\_\_ Phone Parents/Follow-up on referrals, done in the office

### Special Projects (commitment varies - schedule based on project):

- \_\_\_\_\_ Community Outreach Events (i.e. Pumpkin patch, Children's festivals)
- \_\_\_\_\_ Fundraising Events (Grin and Bear It Run, Adopt-A-Bear, Girls Night Out or Champions for Children Lunch)
- \_\_\_\_\_ Special Projects

Other specialized skills or training that you might have that may be of value to Healthy Beginnings:



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

**If you would like to work a particular screening station, please let us know how you meet the skills, training or qualifications preferred for screeners.**

### **Speech**

\_\_\_\_\_ Speech and Language Pathologist Certification

\_\_\_\_\_ B.A. in Speech and Language

### **Nutrition**

\_\_\_\_\_ Registered/licensed dietitian; Registered Dietetic Technician; or healthcare provider with pediatric nutrition background

### **Health**

\_\_\_\_\_ Registered nurse, NFP or Health Care Professional – pediatric experience is helpful

\_\_\_\_\_ Assistants to the RN could be a dependable volunteer without clinical training, or a nursing student

### **Dental**

\_\_\_\_\_ Dentist, dental hygienist, or clinician with dental experience

### **Behavior**

\_\_\_\_\_ Clinician experienced in Social-Emotional Child Behavior or Child Psychology

### **Hearing**

\_\_\_\_\_ A licensed audiologist is preferred, but a trained para-professional with a background in hearing assessment may perform the screening evaluation.

### **Safety**

\_\_\_\_\_ Car Seat Technician

\_\_\_\_\_ Assistants to the technician can be a Child Car Seat Specialist (Intro to CPS)



**ASQ – Development**

- \_\_\_\_\_ Knowledge about normal/abnormal development for children 0-36 months
- \_\_\_\_\_ Knowledge of Sp/lang development
- \_\_\_\_\_ B.A. in Early Childhood development (or equivalent)
- \_\_\_\_\_ Knowledge of or training on screening tools (ASQ)
- \_\_\_\_\_ Ability to teach/consult with parents and caregivers regarding developmental issues

**Concepts**

- \_\_\_\_\_ Knowledge about normal/abnormal development for children 3-6 years
- \_\_\_\_\_ Knowledge of screening tools (Dial-4); Ability to conduct the screening, score the results, and ability to explain the results to the parents

**Motor**

- \_\_\_\_\_ Knowledge about normal/abnormal development for children 3-6 years
- \_\_\_\_\_ Knowledge of screening tools (Dial-4); Ability to conduct the screening, score the results, and ability to explain the results to the parents.

**Vision**

- \_\_\_\_\_ Preference: vision clinician or RN with experience in anatomy, childhood development and experience in assessment of developmental progress
- \_\_\_\_\_ Knowledge of and training on vision assessment tools and methods.

Additional experience, knowledge and skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_