



1029 NW 14th Street, Suite 102 ♦ Bend, Oregon 97703
Ph: 541-383-6357 ♦ Fax: 541-383-5917 ♦ www.myhb.org

Dear Valued Volunteer:

Thank you for your interest in the Healthy Beginnings volunteer program. Healthy Beginnings is 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,
Diane Murray Fleck
Diane Murray Fleck
Executive Director

Kelli Neumann
Kelli Neumann
Outreach Coordinator

*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.



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.



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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 professionally.

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 staff. 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.



VOLUNTEER APPLICATION

Directions

1. Volunteer completes form
2. Program/department designee reviews form for completeness, & verifies identity, date of birth
3. Program/department designee sends this form & the Volunteer Screening Authorization form to ESD HR Dept.

 Print Legal Last Name Legal First Name Middle Date

 Address City State Zip Phone

 Email Date of Birth

Emergency Contact: _____ Relation: _____

Emergency Contact Phone(s): _____

DAYS AND TIMES AVAILABLE (If known, list the hours each day you would like to volunteer.)

Monday ___ am Tuesday ___ am Wednesday ___ am Thursday ___ am Friday ___ am Weekends ___
 ___ pm ___ pm ___ pm ___ pm ___ pm

Volunteer Experience: Organization(s)	Address/Phone	Dates

 Applicant Signature

ESD Program Responsibility

Examine at least one official document (i.e., Drivers License) that proves applicant's legal identity & date of birth

Program Designee Print Name

Program Designee Signature

Date



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 _____

- 1) Best way to contact you? Phone _____ Email _____
- 2) Are you willing to attend on-going trainings?
Yes _____ No _____
- 3) Would you be willing to train new volunteers in areas that you have been trained?
Yes _____ No _____
- 4) Would you be available for a Saturday screening? Yes _____ No _____
- 5) Would you be available for weekend and/or evening outreach events? Yes _____ No _____
- 6) Bilingual? If Yes, Language spoken

- 7) Location preference for screenings? Please Circle locations you would be interested in:
Bend LaPine Redmond Sisters Sunriver Prineville Madras
- 8) Do you have any health concerns or restrictions that would limit your volunteer assignment? If yes, explain:

Clerical (1-4 times per month):

- _____ Collate materials and stuff envelopes
- _____ Fax information to Doctors/Referral Partners
- _____ 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/flyers or other print resources into 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):

- _____ Make copies of referrals
- _____ Organize screening equipment/prepare for next screening
- _____ 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 Breakfast of Champions)
- _____ Blog Contributor (Writing articles)

Screening Logistics Support

- _____ Contact preschools to schedule 4 before 5 screenings
- _____ Send information/screening dates to community partners and schools

Screening Station Volunteers

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 Speech/language 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:
