

Thank you for your interest in volunteering with the Children’s Advocacy Center of Kent County!

If you have any questions regarding our volunteer opportunities, please contact Prevention & Outreach Director, Misti DeVries, at mdevries@cac-kent.org or 616.336.5164.

Personal Information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address

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City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Email

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Emergency Contact/Relationship Emergency Contact’s Phone Number

Where did you hear about the CAC or who referred you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education/ Employment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Graduation Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Major and Year

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Other Area of Study

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Most Recent Employer Job Title

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Address Past or Current

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Supervisor or Employment Reference Phone Number

References

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First Name Last Name Relationship Phone Number

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First Name Last Name Relationship Phone Number

Volunteer Experience

Date Organization Volunteer Responsibilities

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you hope to gain from your volunteer experience with the CAC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain any experience you have working with children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any strong interest, knowledge areas, hobbies or special skills that you offer as a volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of or pled no contest to a misdemeanor and/or felony? □ Yes □ No

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read the following statements carefully and sign below**

I certify that the statements I have made in this application are true, complete, and correct to the best of my knowledge and are made in good faith. I hereby grant the Children’s Advocacy Center permission to verify such information and *conduct a background check including any criminal history and contacting personal, professional, and volunteer references*. I hereby release the CAC from any and all claims arising in any way from their participation in such an inquiry and investigation.

I understand that, should I become injured while performing volunteer work at the Children’s Advocacy Center, I am not covered under the Center’s insurance and assume full responsibility for any subsequent medical expenses. I hereby hold harmless the CAC for any injuries I may sustain while volunteering.

**I have read and understand volunteer duties and responsibilities as outlined in the CAC’s Volunteer Application and hereby agree to abide by them. I agree to always maintain strict confidentiality regarding all clients, families, and donors involved with the Children’s Advocacy Center.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Signature Date

Please mail your completed application to Misti DeVries

Children’s Advocacy Center of Kent County \* 2855 Michigan Street NE, Grand Rapids, MI 49506

Or email to mdevries@cac-kent.org

Special Skills & Interests

Which volunteer position interests you? Please indicate all that apply.

|  |  |  |
| --- | --- | --- |
| □ Administrative | □ Group Projects | □ Sewing |
| □ Care Closet | □ Healing Garden | □ Special Events |
| □ Child care/lobby support | □ KHR Prevention Support | □ Spring/Fall Clean up |
| □ Crafty projects for clinical team | □ Mailings | □ Outreach events |
| □ Data Entry | □ Photography | □ Yard Work |
| □ Fundraising | □ Reception Desk | □ Other: |
| □ Requirement for College/University\* Name of School: |

Please list any strong interest, knowledge areas, experience, or special skills that you offer as a volunteer:

|  |  |  |
| --- | --- | --- |
| □ Business | □ Finance | □ Medical |
| □ Corporate Experience | □ Government | □ Mental Health |
| □ Development | □ Human Resources | □ Multi-Lingual |
| □ Education | □ Law Enforcement | □ Small Business |
| □ Faith Based | □ Legal | □ Social Services |
| □ Foundations | □ Media | □ Technology/IT |

\*If volunteering for a school requirement:

|  |
| --- |
| Name of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of professor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email address of professor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How many hours need to be completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date hours need to be complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

How many hours are you available per week? \_\_\_\_\_\_\_

**Please indicate your anticipated availability between 8:30am and 7pm:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| AM | AM | AM | AM | AM | AM | AM |
| PM | PM | PM | PM | PM | PM | PM |

\*Most opportunities are during the day. However, occasional evening or weekend opportunities will be available.

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Volunteer Release of Information Form

For CAC Background Check

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Names Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Driver’s License/Photo ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race/Ethnicity (check all that apply):

|  |  |  |
| --- | --- | --- |
| □ American Indian/Alaska Native | □ Asian/Pacific Islander | □ Black |
| □ Hispanic | □ White (non-Hispanic)  | □ Mixed Races |

Gender (as assigned at birth, for background clearance purposes):

□ Male □ Female

I hereby authorize permission for the Children’s Assessment Center DBA Children’s Advocacy Center of Kent County to conduct a prospective volunteer and, upon regular volunteering, an annual background clearance including child abuse registry and criminal history.

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

\* Copy of Photo ID needed for DHHS Central Registry Clearance

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**Employee/Volunteer/Intern Information Form**

The CAC is committed to being a safe space for all religions, races, ethnicities, orientations, and identities for our staff, volunteers, and interns. We understand that some of the questions required for background clearance purposes may not accurately represent how you identify. The questions below are completely optional, and you are NOT required to answer any in order to work or volunteer at the Center.

|  |  |
| --- | --- |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preferred name/nickname for nametag: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preferred pronouns (please circle one) | He/Him/His | She/Her/Hers | They/Them/Theirs |
| Gender, as you identify (please circle one) | Male | Female | Nonbinary |

1. Is there anything you would like our staff to know about you to make your time here feel safer and more comfortable?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. From your unique perspective, are there any suggestions and/or concerns you may have that would make our Center a more welcoming space for all individuals?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are you comfortable with us sharing this information with?

|  |  |
| --- | --- |
| Management Team: Executive Director, Operations Director, Program Director, Development & Communications Director, KHR Program Manager, Clinical Supervisor, and Lead Forensic Interviewer  | * Yes
* No
 |
| All Staff | * Yes
* No
 |

**Children’s Advocacy Center of Kent County**

**Confidentiality Statement**

Through your activities and duties, you may learn of or have access to employee protected health information and protected health information of patients. Protected health information, for employees and patients, is defined as any information that identifies an individual (patient) and describes their health status, sex, age, ethnicity, or other demographic characteristics in any format (i.e. electronic, written, or oral). Protected health information is to be maintained in a confidential manner and is only to be accessed as directed or in the course of your professional duties. All protected health information is protected by law and by the privacy policies of this Center. The intent of the laws and policies are to ensure that protected health information remains confidential, and that it is used only to provide for patient care and services. Your duties, obligations, and responsibilities with regard to confidentiality are described below in the form of an agreement with this Center. You are required to abide by these duties, obligations and responsibilities. Any violation will subject you to discipline which may include termination of services within the Center and legal liability.

**Confidentiality Agreement**I, the undersigned, agree to the following:

1. I will use protected health information only as needed to perform my legitimate duties of this Center. This means, among other things that:
	* I will only access protected health information and personally identifiable information necessary for the performance of my duties.
	* I will not in any way divulge, copy release, sell, loan, review, alter, or destroy any confidential information, except as properly authorized by the Center; and
	* I will not misuse or act carelessly with protected health information.
2. I will safeguard and will not disclose information that could provide access to protected health information by persons outside of this Center or within this Center, unless there is a need to know.
3. I will report activities by any person or entity that I suspect may compromise the confidentiality of protected health information. (Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities).
4. I understand that my obligation for maintaining confidentiality of protected health information maintained by this practice will continue after termination of services at the Center.
5. I understand that I have no right or ownership interest in any protected health information referred to in this agreement. The Center may at any time revoke my access to confidential information. At all times during and after my agreement, I will safeguard and retain the confidentiality of all protected health information.
6. I will be responsible for any misuse or wrongful disclosure of any and all confidential information and for my failure to safeguard my means of access to confidential information. I understand that my failure to comply with this agreement may also result in my loss of service provision and legal liability.
7. All Center communication and Center business are strictly confidential and must be treated as such by all employees, volunteers and service providers. No one shall divulge confidential Center business including, but not limited to: individual donor information, files, case record, referrals, the identity of patients, clients, or alleged perpetrators to any person other than Center staff, assigned service providers or members of the Board of Directors. No staff member may speak to the media without the prior expressed approval of the Executive Director. No one shall access information unless there is a need to know based upon service provision.
8. I understand that upon termination of my relationship with the Center, any documents or other media containing confidential information must be returned to the Children’s Advocacy Center of Kent County immediately. Termination of the relationship does not terminate the mandates of the CAC Confidentiality Agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

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Signature Date