



# Volunteer Enrollment

Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (W) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## I. Skills and Interests

Education Background: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Working in the warehouse training area    | <input type="checkbox"/> Working in the Adult Development Center    |
| <input type="checkbox"/> Working in the intermediate training area | <input type="checkbox"/> Working in the computer training program   |
| <input type="checkbox"/> Working in the recreation/leisure program | <input type="checkbox"/> Helping with general administration duties |
| <input type="checkbox"/> No preference                             | <input type="checkbox"/> Other _____                                |

Are there any areas you would not feel comfortable working in?  No  Yes \_\_\_\_\_

## II. Availability

At what times are you interested in volunteering?

Am flexible  Prefer mornings  Prefer afternoons  Other \_\_\_\_\_

There are times during the week I cannot do volunteer work \_\_\_\_\_

Do you have access to an automobile?  Yes  No  Occasionally

## III. References

How did you hear about us?  Advertisement  From client of OBI  
 Referred by friend/volunteer  Other \_\_\_\_\_

Last name and phone numbers of 2 personal references:

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

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

Please return this form to: \_\_\_\_\_



# Agency/Volunteer Agreement

*This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the agreement is to assure you both of our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.*

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## I. Agency

Opportunity Builders Inc. agree to accept the services of \_\_\_\_\_ beginning \_\_\_\_\_ and we commit to the following:

1. To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of their position.
2. To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
3. To respect the skills, dignity and individual needs of the volunteer, and to do our best to adjust to these individual requirements.
4. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
5. To treat the volunteer as an equal partner with agency staff, jointly responsible for completion of the agency mission.

## II. Volunteer

I, \_\_\_\_\_, agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to agency rules and procedures, including record-keeping requirements and confidentiality of agency and client information.
3. To meet time and duty commitments, or to provide adequate notice so that alternate arrangements can be made.

## III. Agreed to:

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Staff Representative

\_\_\_\_\_  
date

\_\_\_\_\_  
date

This agreement may be cancelled at any time at the discretion of either of the parties, but will expire automatically on \_\_\_\_\_ unless renewed by both parties.

## Volunteer/Employee Fundamental Rights

1. You have the right to work in the least restrictive setting possible.
2. You have the right to participate fully in the development of your individual habilitation plan with respect and privacy. You have the right to work that is meaningful and appropriate to your individual needs.
3. Unless you have been declared incompetent by a court of law, and as an adult, you have the right to handle your personal affairs including making contract, the control of your money and personal possessions.
4. You have the right to be assisted in the assertion of your civil rights, to see a lawyer or advocate at any time and be represented by him/her. You also have the right to be visited by your clergy at any time while attending programming.
5. You have the right to receive and send unopened letters.
6. You have the right to freedom of thought, conscience, and religion.
7. You have the right to have access to telephones during breaks or with prior permission from your supervisor during work times.
8. You have the right to unrestricted private communications during breaks.
9. You have the right to make complaints and to have your unresolved concerns heard and resolved promptly.
10. You have the right not to be subjected to any harsh or unusual treatment and to be free from mental and physical abuse.
11. You have the right to not engage in labor that is forced or productive labor for which you are not legally compensated.
12. You have the right to be free of the forced wearing of distinguishing marks, clothing, or labeling that will subject you to prejudicial treatment.
13. You have the right to not be discriminated against in the area of employment because of race, creed, color, national origin, sex, age, mental or physical disability or sexual preference.
14. As an adult, your freedom of movement may not be involuntarily restricted without due process administered by a court of law.
15. You or your guardian have the right to give informed consent when receiving medications.
16. You or your guardian have the right to voluntarily agree to restriction of rights and privileges for a limited period and as a condition of your habilitation plan, provided you, your guardian, or a court of law feel such restrictions are in your best interest and are not in violation of your civil rights.
17. You have the right to be treated with courtesy, respect, and full recognition of human dignity and individuality.

If you feel that any of these rights are threatened, restricted, or violated, you should follow the steps outlined in OBI's grievance policy. If this does not resolve your concerns or if you feel that you were subjected to prejudicial treatment, you should contact on of the following: The Maryland Human Rights Commission, Legal Aid , Maryland Association of Retarded Citizens, The American Civil Liberties Union, Maryland Disability Law Center, Development Disabilities Administration.

I, \_\_\_\_\_, hereby acknowledge that a copy of the "Employee Fundamental Rights" for Opportunity Builders Inc. was read, explained and given to me.

Signed \_\_\_\_\_

Dated \_\_\_\_\_