



Criminal History Record Check

Have you ever been arrested?

Yes No

If you checked yes, please explain:

Have you lived outside of Texas in the past three years? YES _____ NO _____

I hereby give permission for Rise Recovery to obtain information relating to any criminal history. The criminal history record, as received from the reporting agencies may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for a paid/volunteer position with Rise Recovery. I also understand that as long as I remain a Rise Recovery paid/volunteer staff member, the criminal history records check may be repeated at any time.

The failure or refusal of the applicant to sign or provide information constitutes good cause for refusal to accept/hire the applicant.

Signed: _____

Date: _____

Printed Name: _____

Gender: ___ Male ___ Female Race/Ethnicity: _____

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ State: _____

Circle the activity for which you are applying:

Volunteer Intern Practicum Employee Other _____

Phone-Home _____ Work _____ Cell _____

Email _____

For Rise Recovery office use only

*RR Site _____

**Date* **Results*

*State: _____ _____

*National: _____ _____

Please attach a copy of your driver's license with this application



Circle your group preference(s): Younger Older Family Group New Gens Office only

Center Site: _____

List your addresses for the past three years:

Street	City	State	Zip
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Present: _____

From - To (Past)

How did you hear about us (circle)?

Employer /Family /Friend / Internet /News-Media / School /Other _____

Referred By: _____

Employer: _____

If you are a college student, School Attending _____

Education:

Highest grade completed (circle): 1-12 /GED /HS Diploma /Some College/Associates Degree/
Bachelor's Degree /Master's Degree /PhD /Other _____

College(s) _____ Degree or years completed: _____

Do you speak Spanish? Yes No

Emergency Contact Name: _____ **Relationship** _____

Address: _____

Day time Phone/Pager: _____



Confidentiality Statement of Agreement

“The federal government enacted two laws in the early 1970’s to guarantee the strict confidentiality of information about persons receiving alcohol and drug abuse prevention and treatment services.”

“Key to understanding the regulations is recognizing that they were written to accord people seeking alcohol and drug abuse prevention and treatment services the greatest possible privacy. Because the stigma associated with the labels “addict” and “alcoholic” remains great, confidentiality of patient records must be scrupulously protected if individuals are to be encouraged to seek and remain in substance abuse treatment. Therefore, the regulations are more restrictive of communications in many instances than, for example, the doctor-patient privilege.”

Under 42 C.F.R. Part 2, “Except under certain specified conditions, the regulations prohibit the disclosure of records or other information concerning any patient in a federally-assisted alcohol or drug abuse program. This prohibition on unauthorized disclosure applies whether or not the person seeking information already has the information, has other means of obtaining it, enjoys official status, has obtained a subpoena or warrant, or is authorized by state law. ¹”

As a volunteer for Rise Recovery, I hereby acknowledge and agree to uphold the policy of confidentiality in regard to participant information **or any other program information**.

I understand that records that contain information regarding participant identity of any other program information must be kept strictly confidential as required by 42 C.F.R. Part 2. Further, I agree that information regarding participants will be released only with participant consent or **appropriate** court subpoena.

I understand that violation of 42 C.F.R. Part 2 is justification for immediate termination of services and/or may be subject to legal ramifications according to the federal confidentiality laws.

Signature

Date

Executive Director or Program Director

Date

¹ Confidentiality, A Guide to the Federal Law and Regulations, Legal Action Center, New York, 1996



Volunteer Information

NAME

HOME PHONE

STREET ADDRESS

CELL PHONE

CITY / STATE

ZIP CODE

SKILLS: _____

POSITION: _____

DUTIES: _____

BEGINNING DATE AVAILABLE: _____

DAYS AND HOURS AVAILABLE FOR VOLUNTEER WORK

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>



Volunteer Release of Liability

DATE

I, _____, do hereby affirm and attest that I am offering goods and / or services to Rise Recovery and that I DO NOT expect to be compensated.

I, _____, do hereby release Rise Recovery from any and all liability for injuries, loss of property, or damage to property that I might incur while performing, preparing to perform, delivering, installing or repairing goods and/or services. I do further release Rise Recovery from any and all liability for my person or property while traveling for the purposes of providing goods and/or services.

SIGNATURE

LEGAL GUARDIAN (If applicable)



Volunteer Service Procedures

All individuals who are age 18 years and older and able to perform volunteer services must be screened prior to the start of service. Information to be gathered will include a copy of their state issued ID and contact information. Any sex offender would be deemed ineligible for volunteer opportunities at Rise Recovery.

Volunteers will be educated on the nature of our programs, rules, and schedules. Upon acknowledgement of Rise Recovery's policies and procedures, volunteers are required to complete an Information Form, Confidentiality Statement, Criminal History Record Check, and a Release of Liability.

Rise Recovery reserves the right to refuse or terminate a volunteer worker at any time if it becomes obvious that the individual is not appropriate for the environment, does not show up when scheduled, does not perform duties as assigned, is suspected to be under the influence of alcohol or drugs, breaks the Rise Recovery rules, and/or disrespects or fraternizes with program participants.

I acknowledge that I have read and understand the above policies and accept them in order to perform volunteer services at Rise Recovery.

Date: _____

Printed Name: _____

Signature: _____

Received by Staff: _____

_____ Volunteer Information Form

_____ Confidentiality Statement of Agreement

_____ Criminal History Record Check Form

_____ Volunteer Release of Liability



Photograph & Video Release Form

I hereby grant Rise Recovery permission for my image, likeness and sound of my voice as recorded on video tape to be captured during regular and special Rise Recovery activities and/or events, without payment or any other consideration. I understand that my image may be edited, exhibited, published or distributed and waive the right to inspect or approve the finished product in which their likeness appears. Rise Recovery will only use media to support the mission.

Photographic, audio or video recordings may be used for the following purposes:

- Conference presentations
- Educational presentations and/or videos
- Informational presentations and/or videos
- Promotional materials
- Fundraising purposes
- Publications

By signing this release I understand this permission signifies that photographic or video recordings may be electronically displayed via the Internet or in the public setting.

I will be consulted about the use of my photographs or video recordings for any purpose other than listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where materials may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release terms and agree to be bound thereby. I hereby release any and all claims against any person or organization that may use this material.

Name

Signature

Date