



VOLUNTEER & MAKE A DIFFERENCE!

WITH PAYNE COUNTY YOUTH SERVICES

Payne County Youth Services is dedicated to providing free quality services for the positive development and recovery of children, youth and families. The purpose of our organization is to establish and maintain a system of programs, facilities, and staff to improve the lives of children, youth and families throughout Payne County, OK.

HOW WILL YOU HELP?

Emergency Youth Shelter Volunteer

- ♦ Work directly with youth & children ages 7-17
- ♦ Assist with daily activities: meals, laundry, playing outside, movies, homework, arts and crafts, field trips, transportation, etc.
- ♦ Flexible Scheduling



Volunteer Tutoring and Mentoring

- ♦ Assist clients in the shelter, Workforce Program, Transitional Living Program and Foster Care Program, as needed
- ♦ Tutor youth and young adults ages 5-24 in areas such as English, Math, Science, History, and GED preparation
- ♦ Flexible Scheduling



Shelter Repair and Maintenance

- ♦ Assist with "handyman" type tasks around the Emergency Youth Shelter
- ♦ May include patching walls, maintenance of HVAC units, generators, or other systems
- ♦ Flexible Scheduling



Fundraising

- ♦ Assist with development, strategy and implementation of funding activities and events

Safe Place Site Check/Site Support Volunteer

- ♦ Coordinate with Prevention Programs Specialist to review Safe Place sites in the community and document site checks
- ♦ Assist with Safe Place week activities (March) and acknowledgement of Safe Place sites
- ♦ Flexible Scheduling



Special Projects Volunteer

- ♦ Assist with various projects based on interest, including but not limited to: National Runaway and Homeless Youth Month; Child Abuse Prevention Month; Annual Art, Poetry and Photography Contest
- ♦ May include writing articles, providing booths at schools or other locations
- ♦ Flexible Scheduling



Volunteer Coordinator

- ♦ Assist Executive Director, Shelter Director and Personnel Assistant with screening and interviewing potential volunteers, providing training, acknowledging and encouraging volunteers, scheduling volunteer groups
- ♦ Flexible Scheduling



Technical Support (IT) Volunteer

- ♦ Assist with troubleshooting computer hardware and software issues, integrating systems, making repairs to computers, printers and scanners
- ♦ Flexible Scheduling

CALL OR E-MAIL BRITNEY HARDIN
FOR MORE INFORMATION

E-mail: britneyh@pcys.org
Phone: 405-377-3380
Fax: 405-377-3499

2224 W 12th Ave
Stillwater, OK 74074
www.pcys.org

volunteer application

Payne County Youth Services

P. O. Box 2647, Stillwater OK 74076-2647 (405) 377-3380

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For: _____ Date of Application: _____ Date in which volunteer work must be completed (if applicable): _____

How did you learn about us?

Advertisement Friend Public Service Announcement
 Employment Agency Relative Inquiry
 Volunteer Agency Teacher Other _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: Number Street City State Zip Code

Telephone Number(s):
 Home Cell _____ Work _____ Other _____
 e-mail address: _____

Best time to contact you is: _____ a.m.; _____ p.m.

Have you ever volunteered with us before?

If Yes, give dates and description of work _____ Yes No

Are you 18 years of age or older?

Yes No

This will not impact your ability to volunteer at our agency.

Do any of your friends or relatives work or volunteer at our agency?

If Yes, state name and relationship: _____ Yes No

Are you willing to travel, if needed?

Yes No

Is volunteer work/internship required for a class?

Yes No

If Yes, how many hours are required? _____

Do you currently volunteer at any other agencies?

Yes No

If Yes, which agency(ies)? _____

Are you currently employed?

Yes No

Would you be interested in attending an event to show appreciation to volunteers of our agency?

Yes No

Date available for work: ____/____/____

WE ARE AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER
 Auxiliary aides and services are available upon request to individuals with disabilities

EDUCATION

School	Name/Address of School	Course of	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

WORK HISTORY

Employer:	Dates Employed From: _____ To: _____	Work Performed
Address:	Hourly Rate/Salary Starting _____ Final _____	
Telephone Number(s)		
Starting / Present Job Title:		
Reason for Leaving:	May We Contact? ____ Yes ____ No	
Employer:	Dates Employed From: _____ To: _____	Work Performed
Address:	Hourly Rate/Salary Starting _____ Final _____	
Telephone Number(s)		
Starting / Present Job Title:		
Reason for Leaving	May We Contact? ____ Yes ____ No	
Employer:	Dates Employed From: _____ To: _____	Work Performed
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Employer:	Dates Employed From: _____ To: _____	Work Performed
Address:	Hourly Rate/Salary Starting _____ Final _____	
Telephone Number(s)		
Starting / Present Job Title:		
Reason for Leaving	May We Contact? ____ Yes ____ No	

Please indicate those items you would like to accomplish through your volunteer/internship work:

- | | | |
|--|---|--|
| <input type="checkbox"/> Work with youth | <input type="checkbox"/> Develop specific skills | <input type="checkbox"/> Teach youth specific skills |
| <input type="checkbox"/> Observe youth | <input type="checkbox"/> Work on event / project | <input type="checkbox"/> Develop a program for youth |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Work with a specific person/position | Other _____ |

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

List professional, trade, business or civic activities and office held:

Additional Information:

Other Qualifications: *Summarize special job-related skills and qualifications acquired from employment or other experience.*

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING:

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Volunteer Emergency Contact Sheet

Volunteer Name:	
Address 1	Street / PO Box: _____ City, State, Zip: _____
Address 2	Street / PO Box: _____ City, State, Zip: _____
Phone Number	(cell) _____; (home) _____ (other) _____
E-Mail address:	

Emergency Contact

Name	
Relationship	
Address 1	Street / PO Box: _____ City, State, Zip: _____
Address 2	Street / PO Box: _____ City, State, Zip: _____
Phone Number	(cell) _____; (home) _____ (other) _____

Primary Care Physician

Physician Name	
Address 1	Street / PO Box: _____ City, State, Zip: _____
Phone Number	(cell) _____; (office) _____ (other) _____
Allergies	
Medical Alert	

If any information changes, please update contact sheet as soon as possible.

PAYNE COUNTY YOUTH SERVICES, INC.

CONFIDENTIALITY and INFORMATION SECURITY

Throughout the following document, the word "employee" is meant to include all employees, interns, work study students, volunteers, and guest speakers at Payne County Youth Services, Inc.

Payne County Youth Services, Inc., has the responsibility to protect the confidentiality of all client information, to ensure that the interests of the client are protected. Throughout the employment experience, the employee may have access to confidential information of clients, clients' families, employees and others. This information is to be respected and not discussed in any manner with other clients, employees, or those outside the confines of Payne County Youth Services, Inc.

Employees of PCYS are not permitted to disclose any information concerning a client's admission to the Agency, condition of the client/client chart information, clinical records, or information regarding care received by the client to anyone other than those individuals directly involved with the client in the admission/care/discharge process. Employees also agree never to give or release his/her computer password to anyone. An employee found in violation of this policy will be subject to termination.

I understand and agree that in the performance of my duties as an employee of PCYS, I must hold client and employee information in strict confidence, only access information I have a need to know, and not disclose any confidential information concerning clients, employees and others. Further I understand, that intentional or involuntary violation of this confidentiality statement is basis for disciplinary action and possible termination.

I certify that I will not allow clients to use my electronic devices at any time for any reason. I understand that clients are not able to make contact with unapproved individuals while at either PCYS facility or in PCYS care. Additionally, I will not engage in any personal relationship for at least 2 years with any client following my association with PCYS.

Information Systems--Any mode of data, software application, equipment, and/or computer technology used to conduct the mission of PCYS is the property or duly leased/supplied property of PCYS and is open to administrative review.

It is very important that each employee understands that the security of the information systems is their responsibility, including ensuring that terminal/PC access is not left unattended or unsecured. In addition, each employee must understand the importance of client confidentiality and also understand that any entry made via the system that affects clients is the very same as making an entry into the client record.

Your designated password/security code is unique to you and is for your knowledge and use only. Any unauthorized use of another employee's password/security code, disclosure of your password/security code, or failure to maintain security of the terminal during periods of access by use of your password/security code may result in termination of your employment at PCYS.

I have read and understand the above pages, and agree to comply with Confidentiality and Information Security Policy.

Signature

Date

Printed Name

NOTICE OF DRIVING PRIVILEGES FOR PCYS

I have been informed that I will not be qualified to perform any driving tasks for the benefit of Payne County Youth Services until I have:

- Reached the age of 21; and
- Submitted a current clean Motor Vehicle Report to the PCYS HR/Accounting Specialist and been notified by the HR/Accounting Specialist that the company liability insurance carrier has been informed of the authorization of my driving privileges; and
- Provided proof of my current liability insurance for my vehicle (for use of non-agency owned vehicles). The coverage must be maintained or my privileges to drive a non-agency vehicle will be immediately revoked.

Printed Name: _____

Signature: _____

Date: _____

Code of Ethics

I hereby affirm that...

My primary goal is to respect the dignity and promote the recovery of each client and his/her family. I have a total commitment to provide the highest quality care for those who seek services at Payne County Youth Services, Inc.

I shall present a genuine interest in all clients and their families and do hereby dedicate myself to the best interest of the clients and to helping them to help themselves.

I shall maintain at all times an objective, non-possessive, professional relationship with all clients.

I shall be willing to recognize when it is in the best interest of the clients to release them or refer them to another program or individual.

I shall adhere to all the professional rules of confidentiality of all maintenance and distributions of records, material, and knowledge concerning the client and respect the integrity and protect the welfare of the person or group with whom I am working.

I shall not in any way discriminate between clients, families, or fellow professionals based on age, color, culture, disability, ethnic group, gender, race, religion, spiritual orientation, sexual orientation, marital status, or socioeconomic status.

I shall maintain respect for PCYS policies and management functions, but will take the initiative toward improving such policies when it will better serve the interest of the residents/clients.

I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis; that I shall continuously strive for self-improvement; and that I have a personal responsibility for professional growth through further education and training.

I shall not have any type of outside involvement, including sexual intimacies, with clients and I shall not counsel persons with whom I have had a personal relationship.

I shall be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. I shall inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that will protect the client's interest.

I shall respect clients' rights to privacy. I shall not solicit private information unless it is essential to providing service. Once private information is shared, standards of confidentiality apply.

I shall not use derogatory language in written or verbal communications to or about clients.

When I act on behalf of clients who lack the capacity to make informed decisions, I shall take reasonable steps to safeguard the interests and rights of those clients.

I shall respect confidential information shared by colleagues in the course of their professional relationships and transactions.

I shall advocate for adequate resources to meet client's needs.

I shall be a diligent steward of the resources of PCYS and I shall wisely conserve funds where appropriate and never misappropriate funds for unintended purposes.

I shall not participate in, condone, or be associated with dishonesty, fraud, deception, or conduct that could affect my resident/client relationship or the relationship of PCYS with the community.

I shall cooperate with the Ethics Committee and promptly supply necessary information.

I have a responsibility to myself, the clients, the community and associates to maintain my physical and mental well-being and shall adopt a personal and professional stance, which promotes the well being of all human beings.