



VOLUNTEER APPLICATION

It is the standard procedure of Bridgeway Recovery Services to reserve the right to confirm your responses to the questions below. Please feel free to discuss this with Human Resources before you complete this form. It is our goal to give you a rewarding volunteer experience, while giving our clients quality service and providing a safe and trauma-informed environment.

PLEASE COMPLETE THE FOLLOWING (Required):

Full Name:	Today's Date:
Other Names Currently or Previously Used:	
Address:	
City:	State/Zip:
Home Telephone:	Alternate Telephone:
E-Mail Address:	Do you have reliable transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Volunteer Driving Positions Only: Driver's License Number/State:</p> <p>(For volunteer driving positions: you will need to complete driver's agreement paperwork; provide proof of valid and unexpired driver's license; and provide proof of valid and unexpired vehicle insurance.)</p>	

PLEASE DESCRIBE YOUR VOLUNTEER EXPERIENCE:

Organization:	Telephone:
From: To:	Supervisor: Title:
Your duties:	
Organization:	Telephone:
From: To:	Supervisor: Title:
Your duties:	
Organization:	Telephone:
From: To:	Supervisor: Title:
Your duties:	

PLEASE TELL US ABOUT YOUR CURRENT OR LAST EMPLOYMENT:

Name of Employer:		Supervisor:
Your Job Title:	From:	To:
Describe Your Duties:		

EDUCATION COMPLETED:

High School:	College:	Graduate:
If College, Degree(s) Received:		

OTHER TRAINING, CERTIFICATION, OR EDUCATION YOU WOULD LIKE US TO KNOW ABOUT (Optional):

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REFERENCES: Please list two people who know you professionally or personally. (No relatives please.)
Please list people you have known for a minimum of 2 years.

Name:	Relationship:	Telephone:
Address:		
Name:	Relationship:	Telephone:
Address:		

QUESTIONS:

WHY DO YOU WANT TO BE A VOLUNTEER FOR BRIDGEWAY RECOVERY SERVICES? _____

WHAT INTERESTS YOU ABOUT THIS FIELD? _____

HOW DID YOU LEARN ABOUT US? _____

AVAILABILITY (Check any/all that apply):

Standard Business Hours (Monday-Saturday 8:00 am - 8:00 pm)

After hours: Evenings Weekends Other: _____

Ability to attend required monthly staff meetings (4th Wed. of every month, 8:30 am)? YES NO

POSITIONS OF INTEREST:

At Bridgeway, we have several different areas of service throughout our programs. All volunteer positions require completion of a basic training provided by Bridgeway Recovery Services. Training must be completed successfully prior to volunteer beginning work.

Please indicate by checking any/all that apply to your area of interest:

Consumer Advocate: Is available as needed. Share your story to inform and educate BRS, express a consumer's point of view and ideas, learn the provider's point of view, discuss and debate topics and issues, share in problem solving, participate in consensus decision-making, speak from direct experience as a consumer/survivor or family member of a consumer/survivor.

Program Support: Is available as needed to provide various program-specific support functions. This can include assisting staff throughout various programs with maintenance tasks, client projects, transportation, client outings, and other program-specific support duties.

Office/Clerical Support: Provide clerical and office support functions. This can include typing, answering the telephone, computer input, filing, mailings, and other support duties. This can be ongoing or on an as-needed basis.

Group Facilitator: Volunteers in program that provide peer-led group facilitation. Includes AA, NA and other peer-led groups where volunteers outside of Bridgeway are pre-approved to facilitate. Please confirm with Human Resources regarding eligibility, and any questions as to which groups are pre-approved.

VOLUNTEER APPLICANT STATEMENT (Required):

I understand that Bridgeway Recovery Services will verify the information in my application and that failure to provide true and complete information is grounds for disqualification from participating in the volunteer program.

I understand that Bridgeway Recovery Services reserves the right to terminate a volunteer from its program at any time.

Signature of Applicant

Date

BRS ONLY:

Interviewed by: _____

Date _____

Recommendation: _____



Bridgeway
Freedom Through Recovery

BRIDGEWAY RECOVERY SERVICES, INC.

VOLUNTEER PERSONAL CONTACT INFORMATION

Name: _____

Work Location: _____ Department: _____

Phone Number: _____ Email: _____

VOLUNTEER EMERGENCY CONTACT INFORMATION

The person you designate on this form will be contacted in the event you experience an emergency on site and are unable to contact this person yourself. This person may be contacted by your director, supervisor, human resources, or executive director. This information is and will remain confidential.

If, at any time you would like to change this information, please see Human Resources.

In case of an emergency, please contact:

Name: _____

Relationship: _____

Phone Number 1: _____ Phone Number 2: _____

If primary contact is unavailable, please contact:

Name: _____

Relationship: _____

Phone Number 1: _____ Phone Number 2: _____

BRIDGEWAY RECOVERY SERVICES

Advanced Reporting

VOLUNTEER CRIMINAL BACKGROUND CHECK INFORMATION FORM

PERSONAL INFORMATION:		
First Name:	Middle Name:	Last Name:
Maiden Name(s), AKA(s), or Alias(es) - <i>If you have gone by any other name currently or previously, other than name(s) listed above, please list the additional name(s) here :</i>		
Social Security Number:	Date of Birth:	
Day Phone:	Evening Phone:	

ADDRESS HISTORY FOR THE LAST 7 YEARS:		
1) Street Address:		
City:	State:	ZIP:
2) Street Address:		
City:	State:	ZIP:
3) Street Address:		
City:	State:	ZIP:
4) Other Street Address(es) with City/State/ZIP (if applicable):		

I UNDERSTAND AND AUTHORIZE BRIDGEWAY RECOVERY SERVICES TO PROVIDE THE INFORMATION ABOVE TO *ADVANCED REPORTING* FOR THE PURPOSES OF CONDUCTING A CRIMINAL BACKGROUND CHECK / CRIMINAL RECORDS INVESTIGATION. I VERIFY THAT THE ABOVE INFORMATION IS ACCURATE. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION COULD LEAD TO MY DISQUALIFICATION FOR VOLUNTEER WORK.

VOLUNTEER SIGNATURE

DATE

HR SIGNATURE

DATE

Bridgeway Recovery Services Drivers Agreement

(APPROVED VOLUNTEER DRIVING POSITIONS ONLY)

Bridgeway Recovery Services, Inc. (BRS) is committed to promoting safe and responsible driving for all of its volunteers. To ensure that this commitment is followed through, BRS has adopted a vehicle policy that requires all volunteers who operate company owned, leased/rented, or car allowance vehicles during performance of their jobs, to do so in a lawful manner.

Since BRS has a sole discretion in determining who may operate company or company-sponsored vehicle's, BRS reserves the right to review any appropriate documents including driving record, proof of valid license, automobile insurance information etc. and must be made aware of any driving violations, changes to driver information and driver status immediately.

Volunteers are expected to take all steps necessary in avoiding endangering themselves and other while operating company or company-sponsored vehicles on company business. To ensure this, while operating company/company-sponsored vehicles are expected to:

- *Ensure that all occupant, including the driver, wear safety belts when the vehicle is in operation.
- *Maintain a valid US driver's license and notify HR promptly of any changes in license status.
- *Ensure that the vehicle in use by authorized Volunteer(s) is maintained in a safe driving condition.
- *Operate vehicles in accordance with Federal, State, and local regulations, traffic laws and ordinances.
- *Utilize safe driving practices at all times.
- *Report unsafe vehicle conditions or concerns promptly to the Safety Committee or Vehicle Manager.
- *Report all accidents, license suspension, and traffic violations (including parking citations) to the driver's direct supervisor as well as to the Vehicle Manager.
- *Refrain from using cellular telephones, personal listening devices, and from conducting any other activities which may impede the driver's ability to focus on safely operating the vehicle while it is in motion.
- *Maintain the interior of the vehicle in a clean and orderly manner; no trash, etc., left in vehicle.
- *The use of alcohol or smoking in company vehicles is strictly prohibited at all times.
- *Driver is responsible for the payment of all fines or traffic violations associated with the use of company vehicles.

Any individual who is in violation with the safety expectations listed above may be subject to potential disciplinary action by BRS up to and including termination.

In case of an accident the following steps should be taken:

- *Stop, look and assess the situation; call for police assistance if deemed necessary.
- *Depending on the severity of any injuries, call 911. Do Not move an injure person.
- *Request that the attending officer file a written report, regardless of the extent of the damages.
- *Move the vehicle only when directed to do so or if possible to avoid obstructing traffic.

I have read and understand the terms of use of this policy and agree to operate designated BRS vehicle(s) for company use only. Any disregard of the terms as stated above may result in suspension of use of company vehicle(s) up to and including permanent loss of use of vehicle(s) owned & operated by Bridgeway Recovery Services, Inc.

Volunteer's Signature

Department Name

Volunteer's Name (Print)

Date

PLEASE ATTACH COPY OF A VALID DRIVERS LICENSE

Bridgeway Recovery Services, Inc. Driver Acceptability Guide

6 Points Major Violations

- DUI or DWI Driving Under the Influence of Alcohol or Intoxicants, Driving While Intoxicated
- Driving While Impaired
- DIVR Diversions
- Hit & Run or Failure to Perform the Duties at the Scene of an Accident
- DWS-Driving While Suspended depending upon circumstances
- Reckless Driving
- Eluding an Officer
- Speed Racing
- Open Container
- Unauthorized Use of an Auto
- Involuntary Manslaughter
- Altered Driver's License

3 Points Intermediate Violations

- Careless Driving
- DWS-Driving While Suspended depending upon circumstances
- Speeding > 25MPH Over Limit
- Passing a School Bus While Lights Flashing

2 Points Accidents

- All Chargeable **Except:**
 - Other party paid all repair costs
 - Hit by Hit & Run driver
 - Struck while stopped or parked
 - Other party cited for negligence (Failure to Yield, Disobeying Traffic Signal, etc.)

1 Point Minor Violations

- All other Moving Violations

UNACCEPTABLE DRIVERSE FOR ANY DUTIES

- 4 Points or More in the 3-Year Experience Period (1 accident + 1 ticket)
- No more than 1 INTERMEDIATE violation during the 3- Year Experience Period
- No more than 3 Minor violations during the Experience Period
- No more than 1 NEGLIGENT accidents and 1 MINOR violation During the 3- Experience Period
- Licensed less than 3 years
- Unverifiable driving record

UNACCEPTABLE DRIVERS FOR CARRYING PASSENGERS

Under 21 years of age

21-25 years of age with a neglect accident or more that 1 minor violation during the 3-Yea Experience Period

21-25 years of age with 1 INTERMIDATE violation during the 3- year Experience Period

Any request for an exception must come from the executive director or their designee.

BRIDGEWAY RECOVERY SERVICES

VOLUNTEER CONFIDENTIALITY AGREEMENT

I acknowledge that during the course of my work at Bridgeway Recovery Services I may have access to, use, or disclose confidential health information. I hereby agree to handle such information in a confidential manner at all times during and after my job duties and commit to the following obligations:

- A) I will use and disclose confidential health information only in connection with and for the purpose of performing my work
- B) I will request, obtain or communicate confidential health information only as necessary to perform my work and shall refrain from requesting, obtaining or communicating more confidential health information than is necessary to accomplish my work
- C) I will take reasonable care to properly secure confidential health information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users.
- D) I will not disclose my personal password(s) to anyone without the express written permission of my department head or record or post it in an accessible location and will refrain from performing any tasks using another's password

I understand that as a volunteer of Bridgeway Recovery Services, which is a health care provider, the use and disclosure of patient information is governed by the rules and regulations established under HIPAA, the Health Insurance Portability and Accountability Act of 1996, and related policies and procedures of the State of Oregon and Bridgeway Recovery Services. Therefore, with regard to patient information, I commit to the following additional obligations:

- A) I will use and disclose confidential health information solely in accordance with the federal, State, and agency policies set forth above or elsewhere. I also agree to familiarize myself with any periodic updates or changes to such policies in a timely manner.
- B) I will immediately report any unauthorized use or disclosure of confidential health information that I become aware of to the appropriate supervisor using the reporting procedure provided in Bridgeway Recovery Services' HIPPA Privacy Policies Guidebook.

I also understand and agree that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action, up to and including, termination of my employment.

Volunteer Printed Name:	
Volunteer Signature:	
Date:	

(1) Copy of signed document to Volunteer (1) Original signed document to HR.