***REDWOOD COMMUNITY ACTION AGENCY APPLICATION***

FOR VOLUNTEER, INTERN or TRAINING PROGRAM PARTICIPANTS

··' Position/Program Applied For:

*Applicable law and Agency Policy prohibits discrimination based on race, color, religion, sex, national origin, age, marital status, military service, sexual orientation/preference, disability unrelated to job performance, or another legally protected status. RCAA is an E.OE / A.A. employer. Form revised 5/2018*

**INSTRUCTIONS:** Please fill out this application accurately and completely. All statements are confidential.

Name (print):

Address:

 Email Address:

Phone: ( ) Message #

***Circle Y (Yes) or N (No)***

Have you been employed with us before? Y N DATE:

Are you currently employed? Y N HOURS/DAYS:

May we contact your present employer? Y N

EXPERIENCE: Please give an accurate, complete, employment or volunteer history:

|  |  |
| --- | --- |
| Company Name | Telephone |
| Address | Employed (state month and year) From: To: |
| Name of Supervisor: | Reason for Leaving: |
| State Job Title and Describe Job Duties: |

|  |  |
| --- | --- |
| Company Name | Telephone |
| Address | Employed (state month and year) From: To: |
| Name of Supervisor: | Reason for Leaving: |
| State Job Title and Describe Job Duties: |

**RELEVANT EDUCATION AND TRAINING:**

|  |
| --- |
| **REFERENCES:** List below any persons not related to you who have knowledge of your work, training, or education: |
| **Name:** | **Phone#** | **Relationship:** |
| **Name:** | **Phone#** | **Relationship:** |

**RCAA Waiver of Liability**

For all Volunteers, Interns or Training Program Participants

* Redwood Community Action Agency (RCAA) does not provide workers' compensation coverage for Volunteers, Interns or Training Program Participants. You must be responsible for injuries and medical bills which may be incurred from your activities. Youth under 18 years of age must have signed authorization from parents or legal guardians. Parents or legal guardians who are volunteering along with their children must accept responsibility for the safety and welfare of these children.
* The undersigned agrees and certifies that if they have personal medical coverage and in the event of accident or injury agree to use said insurance and further, in the event of an emergency, gives permission to have the necessary treatment administered at the discretion of the project supervisor.
* The undersigned hereby agrees to hold RCAA, its employees, agents, volunteers and/or sponsors free and harmless from any and all claims, demands, damages, costs, expenses, loss of service, action and causes of action resulting from the use of the facilities, equipment, photos and videos.
* Volunteers, Interns, and Training Program Participants must always act in a safe and responsible manner

**I do hereby certify that I have read, understand and agree to the above rules:**

Full Name (Please print):

Signature: Date:

If under age 18, signature of parent or guardian:

Signature: Relationship: Date:

**EMERGENCY CONTACT INFORMATION:**

Name: Phone#

Name: Phone#

In the event of a medical emergency, I give permission to my supervisor, at their discretion, to arrange for any necessary medical treatment.

Other pertinent information that you want us to be aware of (allergies, etc.)

Name (print): Signature: Date:

**Redwood Community Action Agency**

**Policy** & **Procedures**

**Volunteers, Interns, Training Program Participants**

**Manner of Conduct, Code of Ethics, and Confidentiality:**

All persons are expected to conduct themselves in a manner consistent with the rules, regulations and policies of the Agency and all State/Federal guidelines concerning discrimination, harassment and workplace violence.

RCAA has a zero tolerance policy for any acts involved in pornography or violence. Termination is immediate.

***REQUIREMENTS:***

1. Maintain a professional attitude at all times; treating clients, colleagues, and community partners with fairness, courtesy and good faith.
2. Show respect towards all clients, co-workers, and community partners.
3. Maintain all private, confidential or personal information about clients, participants, co-workers or the Agency in an appropriate manner.
4. Not engage in or condone any violations of misconduct, harassment, bullying, workplace violence or unethical behavior; and to immediately report that behavior to their Supervisor, Division Director or the Human Resources Department.

### Confidentialitv:

All information about individuals, families or organizations served by RCAA is confidential. No information may be shared with any person or organization outside RCAA without prior written approval by the individual, family, or organization and RCAA's Executive Director. This confidentiality clause applies to all coworkers, volunteers and the agency.

## Policy against Harassment and Bullying:

Redwood Community Action Agency prohibits harassment or offensive conduct in any form; including harassment or offensive conduct directed toward the protected status of all coworkers, clients, community partners, or outside contractor's.

* "Protected status" includes race, color, religion, sex, sexual orientation/preference, national origin, age, veteran's status, disability/genetics and any other status protected by law.

Harassment/bullying is any offensive action directed at a person's protected status. Some examples of prohibited conduct, if directed at a person' s protected status, include foul language, jokes, slurs, derogatory comments, negative stereotyping, threatening or intimidating acts or accessing, obtaining, posting or circulating offensive written or visual material, including electronic communications. Additional examples of harassment include unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature.

## RCAA's Technology and Electronic Communications Policy:

### Acceptable Use of Organization Property:

Use of RCAA's computers and electronic communications technologies is for programmatic and business activities of RCAA. All use of such resources shall be in an honest, ethical, and legal manner that conforms to applicable license agreements, contracts, and policies regarding their intended use. Although incidental and occasional personal use of RCAA's communications systems are permitted with a supervisor's approval, users automatically waive any right to privacy.

### Prohibited Uses of RCAA's communication systems include, but are not limited to:

* 1. Engaging in any communication that is discriminatory, defamatory, pornographic, obscene, racist, and sexist or that evidences religious bias, or is otherwise of a derogatory nature toward any specific person, or toward any race, nationality, gender, marital status, sexual orientation, religion, disability, physical characteristics, or age group.
	2. Browsing or downloading and/or forwarding and/or printing pornographic, profane, discriminatory, threatening or otherwise offensive material from any source including, but not limited to the internet.
	3. Engaging in any communication that is in violation of federal, state or local laws.
	4. Proselytizing or promoting a religious belief or tenet.
	5. Campaigning for or against any candidate for political office or any ballot proposal or issue.
	6. Sending, forwarding, redistributing or replying to "chain letters".
	7. Unauthorized use of passwords to gain access to another user's information or communications on RCAA systems
	8. Advertising, solicitation or other commercial, non- programmatic use.
	9. Knowingly introducing a computer virus into RCAA's communication system.
	10. Using RCAA's system in a manner that interferes with normal business functions in any way; including but not limited to, streaming audio from the Internet during business hours, installing unauthorized software, etc.
	11. Personal use of RCAA's technologies that preempts any business activity or interferes with Organizational productivity (such as shopping, eBay, the personals and other dating sites, chat rooms, etc.)
	12. Sending E-mail messages under an assumed name or obscuring the origin of an E-mail message sent or received.

I **acknowledge that** I **have read and agree to abide by all of these Policies and Procedures:**

**Name: Signature: Date:**

APPLICANTS STATEMENT

# IMPORTANT - PLEASE READ, INITIAL AND SIGN

I authorize any representative of RCAA to thoroughly investigate my background, including, but not limited to, my references, educational record and work history. This information includes, but is not limited to, my work achievements, performance, attendance, disciplinary history, salary record and personal history. I authorize and direct all of my former schools, employers, and any other individuals that possess information about my background, to release such information about me upon request by a representative of RCAA, regardless of any prior direction to the contrary that I may have given. I also authorize disclosure to RCAA of all transcripts, reports, letters and other education or work records, without prior notice to me. I release all schools, past and present employers, and all other individuals and entities from any and all liability for damage of whatever kind which may at any time result to me because of compliance with this authorization and request to release information. I also understand and agree to RCAA conducting a Post-Offer criminal background check. I understand that the position is contingent upon the outcome of the fingerprint results; however, RCAA will consider the nature of the crime, nature of the position we have offered you, length of time since the conviction, and any evidence you may submit concerning good conduct or rehabilitation.

I declare that all statements and answers in this application are true and complete and agree that any untruth, misleading answer, omission, concealment or failure to answer any question fully, completely and accurately will be grounds for terminating my employment. I agree that if employment is offered to and accepted by me, it is mutually understood and agreed that any employment is not confined to a fixed term and may be ended by either party without prior notice, unless otherwise affected by written company policies.

**PRINTED NAME: DDATE: \_ SIGNATITRE OF APPLICANT:**

Date:

Human Resources Approval: Yes No

Position:

No

Recommend for Volunteer position: Yes

Date:

This application has been reviewed by:

This section is to be filled out by an RCAA Division Director or Program Manager