VOLUNTEER APPLICATION

521 Route 228 Mars, Pa 16046
Telephone (724) 625-3141 Fax (724) 625-2226

Thank you for your interest in volunteer opportunities at MHY Family Services. Please take a few minutes to complete this volunteer application, so together we can find a position that aligns with your interest, skill and availability.

Name: _____

Address: _____

City, State, Zip: _____

Phone (H): _____ Phone (C):_____

Email: _____

Are you at/over the age of 21? Y: _____ N: _____ Birthday: _____

Known allergies: _____

Known medical conditions (please include monitoring physicians name & number): _____

_____

Are you a college student?

☐ Yes ☐ No

Are you fulfilling a school/community service requirement?

☐ Yes ☐ No

If yes, please describe: _____

Emergency Information:

Emergency Contact Name: _____

Relationship: _____ Phone: _____

How did you hear about MHY Family Services? _____

_____

Volunteer Type (Check all that apply):

- ☐ Individual Activity
- ☐ Church Group
- ☐ Company/Business Group
- ☐ Friends & Family Group
- ☐ Other: _____

Media Photo Release:

MHY Family Services may use my photo in media advertising and promotion, including but not limited to Facebook, website, printed publications, newspaper advertising, newsletters…

I agree: _____ I do not agree: _____

Signature: _____ **Date:** _____

If you have any questions, please contact Kayla McGrath, Development Assistant, at kmcgrath@mhy-mars.org or call 724-625-3141 x283

M·H·Y
FAMILY SERVICES

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CONFIDENTIALITY AGREEMENT FOR VOLUNTEERS

I am aware that I may come in contact with confidential client and/or employee information in the performance of my duties at MHY Family Services. I am aware that Pennsylvania State Mental Health Laws prohibit me from releasing ANY client information to any person or agency. I have been informed that this includes basic information such as: client's name, name of client's family members, medical diagnosis, and reasons for placement at this facility, etc.

I understand that written consent of the client (or his/her legal representative) is required for release of information and that all requests for release of client information should be forwarded to the Records Department at MHY Family Services

I understand that any unauthorized release of client information is considered a breach of confidentiality and penalties exist for violation of this trust in accordance with Pennsylvania State law. I understand that unauthorized release of employee information may result in termination of any future business dealings and/or legal action.

I understand that the taking of photographs or videos of youth is not permitted while on campus. Any accidental or intentional capturing of a youth is a violation of the youth's rights under HIPPA regulations. I understand that ONLY authorized MHY Family Services Staff who have written consent are permitted to take photographs or videos while on campus.

Professional boundaries must be maintained with clients and staff of MHY Family Services at all times.

Volunteer Assignment_____

Print Name _____ Date_____

Signature _____ ☐ I have read the Confidentiality Agreement

M·H·Y
FAMILY SERVICES

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Disclosure Statement

I swear/affirm that I have not been named as perpetrator of a founded report of child abuse or have been named as the individual responsible for injury or abuse in a founded report for working with children.

I swear/affirm that I have not been convicted of one or more of the following crimes under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crime in another state within the preceding five years:

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709 (relating to harassment)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122 (relating to statutory rape)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4303 (relating to concealing death of child born out of wedlock)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- A felony offense under Section 5902 (b) (relating to prostitution and related offenses)
- Section 2903 (c) or (d) (relating to obscene and other sexual materials
- Section 6301 (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)
- Any offense designated as a felony under the act of April 14, 1972, (P.L. 233, No. 64), known as “The Controlled Substance Drug, Device and Cosmetic Act.”

I understand that my services must cease immediately if I have been named as a perpetrator of a founded report of child abuse or named as the individual responsible for injury or abuse in a founded report for working with children.

I understand that my services must cease immediately if I am reported to have been convicted of any of the crimes listed above within the past five years.

I understand that my services may cease immediately if I have been convicted of any of the above crimes longer than five years ago or named as a perpetrator of an indicated report of child abuse, or named as the individual responsible for injury or abuse in an indicated report for working with children.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to section 4903(b) of the Crimes Code.

Print Name_____ Date _____

Signature_____