Volunteer Application Checklist

Name: ______________________________ Date: __________________

TO BE COMPLETED BY VOLUNTEER:

_______ Volunteer Profile

_______ Volunteer Agreement and Release

_______ Direct Service Central Registry Clearance Form

_______ Criminal History Self-Disclosure Affidavit (notarized)

_______ Confidential and Proprietary Information Agreement

_______ Drug and Alcohol Policy

COPIES NEEDED:

_______ Fingerprint Clearance Card (Provide copy of card if available or application can be provided.)

          Date Printed: ____________________

          Application #: ____________________

_______ Driver’s License

_______ Proof of Vehicle Insurance

_______ TB Skin Test Results (Must have been tested within one year)

Office Use Only:

_______ CPS Background Check

          Date Returned: ____________________ Results: ____________________

_______ Reference Checks

          Name: ____________________ Date: ____________________

          Name: ____________________ Date: ____________________

_______ Acknowledgement of Receipt of Handbook

_______ Acknowledgement of Receipt of Volunteer ID
Volunteer Profile

Personal Data

Name

Address_________________________________________City____________________Zip____________

Phone____________________Email address__________________________________________

Month and Day of Birth____________________

How did you hear about volunteering at Southwest Human Development?____________________

Employer/School

Current job title or area of study________________________________________________________

Employer/School Name ___________________________Phone____________________

Address_________________________________________City____________________Zip____________

Does your employer provide volunteer matching benefits? _____________________________

Would your employer be interested in group volunteer opportunities?____________________

Educational Background____________________________________________________________

Past Volunteer Experience__________________________________________________________

Availability

Please specify the hours you are available to volunteer on a regular basis.

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Profile Questionnaire

What would you personally like to gain from your volunteer work at SWHD? ______________________
_____________________________________________________________________________________

What have you enjoyed most about your previous volunteer work or your job? ______________________
_____________________________________________________________________________________

Which of your talents would you most like to share with the agency? ____________________________
_____________________________________________________________________________________

Hobbies and interests ________________________________________________________________

Skills and technical abilities _____________________________________________________________

Foreign Language ________________________________________________________________

Do you hold any certifications, i.e. Food Handler’s card, Title IV Alcohol Service certification, or other? ____________________________________________________________________
References

Please provide complete contact information for two references. These may be from work, school or community. (Family members cannot be used as a reference.) References will be contacted before any volunteer assignments are made.

1. Reference Name ________________________________________________________________
   Address________________________________________________________________________
   City________________________________ State_________ Zip________________
   Phone Number_________________________ Cell__________________________________________
   Email Address__________________________
   Relationship_______________________________________________________________________

2. Reference Name ________________________________________________________________
   Address________________________________________________________________________
   City________________________________ State_________ Zip________________
   Phone Number_________________________ Cell__________________________________________
   Email Address__________________________
   Relationship_______________________________________________________________________
Volunteer Medical Consent

If medical care is necessary, Southwest Human Development staff will call 911.

Doctor Name __________________________ Address __________________________ Phone_____________

Do you have any known allergies? ______________________________________________________

Do you have any physical or mobility limitations?____________________________________________

Emergency Contact:

Name______________________________________ Relationship_________________________

Cell Phone ___________________________ Home/Work Phone __________________________

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for my health and safety. I understand any expense incurred for this service will be my responsibility.

Signature_____________________________________

Printed Name______________________________

Date_________________________________________
SOUTHWEST HUMAN DEVELOPMENT ("SWHD")
VOLUNTEER AGREEMENT & RELEASE ("Agreement")

EVENT DATE: __________________________

VOLUNTEER INFORMATION: (PLEASE PRINT)
Name (first and last) __________________________
Personal Email (for SWHD purposes only) __________________________
Telephone Cell/Mobile □ Work □ Home □ __________________________
Company/Organization __________________________
Emergency Contact (first & last name, telephone) __________________________
Is this your first time volunteering with SWHD? Yes ☐ No ☐

CONSENT TO PARTICIPATE AND RELEASE OF LIABILITY
I understand that I am participating in activities by my own choice and that I may be volunteering my services to various social service organizations. I further understand that the nature of such volunteer activities may involve physical activity, contact with unidentified/unfamiliar persons, and other potential risks of injury. With full knowledge of the risks associated with such volunteer activities, I agree to release and hold harmless SWHD, the organizations at which or on behalf of I am volunteering, and each of their respective employees, officers, directors, volunteers, agents, agencies, and funding sources, from all liability and responsibility pertaining to any claims, demands, and actions resulting from my participation in such volunteer activities, including claims, demands, and actions resulting from illness or injuries (physical or mental) and/or property damage (including any injury or damage caused by negligence) during my participation, that are incurred by myself and/or arising either directly or indirectly from any cause whatsoever, whether caused by SWHD’s active or passive negligence or otherwise. I understand this release extends to claims that I do not know or do not expect to exist at the time of the signing of this Agreement. I agree to indemnify, defend, and hold harmless SWHD for any liability that may arise as a result of my negligent, criminal, willful, or fraudulent acts or omissions that occur during my participation.

PHOTO RELEASE
This photo release pertains to both SWHD and its third party photographer ("Photographer") if any, and their respective directors, officers, members, managers, agents, representatives, employees, volunteers, licensees, designees, or assigns. Without limitation or compensation, and in exchange for the possibility of having my image used by SWHD or Photographer, I authorize and grant SWHD and Photographer, today and in the future, the following unrestricted and unconditional rights and permissions: (1) to record on any media (photographic, video, digital or otherwise, with or without sound) my image, voice, and likeness (whether alone or with others) (collectively the "Photographs"); (2) to use, re-use, use commercially, publish and re-publish, display and reproduce the Photographs in whole or in part, with or without alteration or modification, individually or in connection with other images (of people, natural elements or any other imagery of any type), and in any and all manners and media, whether now known or later invented, with or without my name or a fictitious name, in any geographic territory, channel of trade or market; (3) to alter, edit, crop or retouch the Photographs without retraction; and (4) to copyright the Photographs. I understand the Photographs may be used for any and all purposes, including without limitation, exhibitions, public displays, publications, commercial art, and advertising purposes, in any media, including without limitation, on billboards or the Internet, and that the Photographs may be displayed publicly and prominently, possibly for a long time or permanently. I waive any right to inspect or approve any use of the Photographs or the rights granted in this Agreement by either SWHD or Photographer. I waive, release, discharge, and hold harmless SWHD and Photographer for any and all claims or demands arising out of or in connection with the Photographs or with SWHD’s or Photographer’s exercise of the rights and permissions granted herein, including all claims for additional compensation, claims of defamation, blur, distortion, alteration, optical illusion, or any claims regarding rights of privacy or publicity. I understand that by releasing SWHD and Photographer from liability, I am giving up certain rights that I would otherwise retain. SWHD and/or Photographer own all rights in the Photographs, including all copyright rights, and I disclaim any rights I may have in the Photographs. This Agreement contains the entire agreement relating to the Photographs and the rights in the Photographs. (I prefer to opt-out of the photo release ☐)

Requests for modification or termination of this agreement must be addressed in writing by the above named volunteer to SWHD at 2850 N. 24th Street, Phoenix, AZ 85008, Attn: Development Department.

VOLUNTEER SIGNATURE:
If volunteer is a minor, the following must be signed by minor’s Parent or Legal Guardian: I HEREBY CONSENT AND AGREE, INDIVIDUALLY AND AS PARENT OR LEGAL GUARDIAN, TO ALL THE TERMS AND PROVISIONS STATED ABOVE.

NAME (first, last; please print): __________________________ SIGNATURE: __________________________
### DIRECT SERVICE CENTRAL REGISTRY CLEARANCE FORM

**Applicant/Employee:** You are being provided this form because you have applied for a position that requires a search of the Arizona Department of Child Safety’s (DCS) Child Abuse and Neglect Records (CPS/CR) and a Level 1 Fingerprint Clearance Card issued by the Department of Public Safety (DPS). Both are required by Arizona state law. Your information, upon submission by your employer, will be searched through the DCS Central Registry for Employment, and the DCS and DPS Fingerprint Clearance Card databases.

All information on the form must be **typed or printed.** Any form missing information or containing information which is not legible will be returned to the requesting agency.

**Employers:** Return the completed form via secured email to decentralregistry@azdcs.gov within five (5) business days of hire and upon license renewal. This form must be retained as confidential in the employee’s file, and it is subject to audit.

#### NAME OF REQUESTING AGENCY
Southwest Human Development

#### MAILING ADDRESS (No., Street, City, State, ZIP Code) (For return of results)
2850 N. 24th Street

#### APPLICANT/EMPLOYEE’S ADDRESS (No., Street, Apt No., City, State, ZIP Code)

#### APPLICANT/EMPLOYEE’S NAME (Last, First, M.I.)

#### OTHER NAMES USED (including nicknames and maiden names)

#### APPLICANT/EMPLOYEE’S EMAIL ADDRESS
asutfin@swhd.org

#### NAME OF REQUESTING AGENCY EMAIL ADDRESS

#### SOC. SEC. NO.

#### DATE OF BIRTH (mm/dd/yy)

#### FINGERPRINT CLEARANCE CARD OR APPLICATION NO.

#### POSITION
[ ] New Hire  [ ] Rehire  [ ] Volunteer  [ ] Renewal

#### EDUCATION

#### EXPERIENCE

**Are you currently the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction?**
[ ] Yes  [ ] No

**Have you ever been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding?**
[ ] Yes  [ ] No

If Yes:
- **What** was the allegation(s)?
- **When** was the investigation(s) conducted?
- **Where** was the investigation(s) conducted?

**If you wish to provide additional information please use reverse side.**

### STATEMENT OF CERTIFICATION BY APPLICANT/EMPLOYEE

By signing this form, I allow the Department of Child Safety to report final findings of any DCS child abuse investigation and the status of my Level 1 Fingerprint Clearance Card to the agency listed above. I attest under penalty of perjury, that the information provided is true, correct, and complete to the best of my knowledge and belief. I further understand the provision of false information or intentional misrepresentation of information on this form may result in disciplinary action.

**APPLICANT/EMPLOYEE’S SIGNATURE**

**DATE**

### FOR DCS USE ONLY

#### CPS/CR Substantiated Reports

- **Date Checked**
  - [ ] No
  - [ ] Yes
  - [ ] Disqualifying
  - [ ] Non-Disqualifying

#### Fingerprint Clearance Card Status

- **Date Checked**
  - [ ] Valid Level 1
  - [ ] Suspended
  - [ ] Expired
  - [ ] Denied
  - [ ] Driving Restricted

#### NAME/SIGNATURE OF PERSON COMPLETING SEARCH

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Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-255-2801; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.
CRIMINAL HISTORY SELF DISCLOSURE AFFIDAVIT

Your fingerprints will be submitted to the Arizona Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) for a criminal history check. Your self-disclosure on this affidavit and the information provided by your criminal history check will be used, as authorized by Public Law and Arizona Revised Statues, to help us determine your fitness to have unsupervised access to vulnerable persons. Your failure to disclose true and accurate information on this affidavit will be sufficient grounds to end your employment or to deny, suspend, or revoke your license and may be referred to the State Attorney General’s Office for prosecution.

Be sure that you go over all five (5) pages of the self-disclosure affidavit.

You have the right to obtain a copy of any background check report and challenge the accuracy or completeness of information contained in the report. If you challenge the information, you also have a right to prompt determination as to the validity of your challenge. To obtain a copy of your background check report, contact the DPS Records Unit, ACJIS Division at (602) 223-2222.

YOUR NAME (First, Middle, Last) __________________________ DATE OF BIRTH (MM/DD/YY) __________________________

ADDRESS (No., Street, Apt. No., City, State, ZIP) ________________________________________________________________

Check one of the following and provide information as directed:

☐ I have not been arrested for, convicted of, nor am I under pending indictment for any crimes.

☐ I have been arrested for, convicted of, or I am under pending indictment for the following crime(s) (Provide dates, location/jurisdiction, circumstances and outcome. Attach additional pages as needed):

ALSO – Check one of the following:

☐ I am not subject to registration as a sex offender in Arizona or in any other jurisdiction.

☐ I am subject to registration as a sex offender in Arizona or in any other jurisdiction. (If you are subject to registration as a sex offender in this state or any other jurisdiction, DPS will deny you a Level 1 Fingerprint Clearance Card and you WILL NOT be eligible to appeal the decision.)

I certify that I understand this affidavit. My self-disclosure is true, accurate, and complete to the best of my knowledge.

Your Signature ___________________________________________ Date __________________________

Notary Public __________________________

State of Arizona, County of __________________________

Subscribed and sworn or affirmed and acknowledged before me this __________________ day of __________________ , 20__

Commission Expiration date __________________________ Notary Public’s Signature __________________________
Non-Appealable Offenses
Are you awaiting trial for or have you ever been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes in this state or a similar crime in another jurisdiction? Mark “Yes” or “No” as applicable.

If you are subject to registration as a sex offender in this state or any other jurisdiction, or awaiting trial on or been convicted of committing, attempting to commit, soliciting or facilitating, or conspiring to commit one or more of the crimes in this section DPS will deny you a Level 1 Fingerprint Clearance Card and you WILL NOT be eligible to appeal the decision.

Expunged convictions from any court other than juvenile court must be identified.

YES NO

1. Sexual abuse of vulnerable adult
2. Incest
3. Homicide, including first or second-degree murder, manslaughter and negligent homicide
4. Sexual assault
5. Sexual exploitation of a minor or vulnerable adult
6. Commercial sexual exploitation of a minor or vulnerable adult
7. Child prostitution as prescribed in A.R.S. § 13-3212
8. Child abuse
9. Felony child neglect
10. Sexual conduct with a minor
11. Molestation of a child or vulnerable adult
12. Dangerous crime against children as defined in A.R.S. § 13-705
13. Exploitation of minors involving drug offenses
14. Taking a child for the purposes of prostitution as defined in A.R.S. § 13-3206
15. Neglect or abuse of a vulnerable adult
16. Sex trafficking
17. Sexual abuse
18. Production, publication, sale, possession and presentation of obscene items as prescribed in A.R.S. § 13-3506
19. Furnishing harmful items to minors as prescribed in A.R.S. § 13-3506
20. Furnishing harmful items to minors by internet activity as prescribed in A.R.S. § 13-3506.01
21. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in A.R.S. § 13-3512
22. Luring a minor for sexual exploitation
23. Enticement of persons for purposes of prostitution
24. Procurement by false pretenses of persons for purposes of prostitution
25. Procuring or placing persons in a house of prostitution
26. Receiving earnings of a prostitute
27. Causing one’s spouse to become a prostitute
28. Detention of persons in a house of prostitution for debt
29. Keeping or residing in a house of prostitution or employment in prostitution
30. Pandering
31. Trafficking of persons for forced labor or services as defined in A.R.S. § 13-1308
32. Transporting persons for the purpose of prostitution, polygamy and concubinage
33. Portraying adult as a minor as prescribed in A.R.S. § 13-3555
34. Admitting minors to public displays of sexual conduct as prescribed in A.R.S. § 13-3558
35. Any felony offense involving contributing to the delinquency of a minor
36. Unlawful sale or purchase of children
37. Child bigamy
38. Any felony offense involving domestic violence as defined in A.R.S. § 13-3601, except for a felony offense only involving criminal damage in an amount more than $250, but less than $1000 if the offense was committed before June 29, 2009.
39. Felony indecent exposure
40. Felony public sexual indecency
41. Felony driving under the influence, driving under the extreme influence or aggravated driving under the influence if committed within 5 years of the date you apply for a Level 1 Clearance Card.
42. Terrorism
43. Any offense involving a violent crime as defined in A.R.S. § 13-901.03
Appealable 5 Years After Conviction

The following felony offenses are non-appealable if committed within 5 years before the date you apply for a Level 1 Fingerprint Clearance Card. If you have been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of the crimes in this section within 5 years of applying for a Level 1 Fingerprint Clearance Card, DPS will deny you a Level 1 Fingerprint Clearance Card and you WILL NOT be eligible to appeal the denial.

If the conviction was more than 5 years before you apply for a Level 1 Fingerprint Clearance Card, DPS will deny you a Level 1 Fingerprint Clearance Card, but you will be eligible to appeal the denial to the Arizona Board of Fingerprinting.

Mark “Within 5 Years,” “Over 5 Years” or “No” as applicable.

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1. Endangerment
2. Threatening or intimidating
3. Assault
4. Aggravated assault
5. Unlawfully administering intoxicating liquors, narcotic drugs or dangerous drugs
6. Dangerous or deadly assault by prisoner or juvenile
7. Prisoners who commit assault with intent to incite to riot or participate in riot
8. Assault by vicious animals
9. Drive by shooting
10. Assaults on public safety employees or volunteers and state hospital employees
11. Discharging a firearm at a structure
12. Prisoner assault with bodily fluids
13. Aiming a laser pointer at a peace officer
14. Possession and sale of peyote
15. Possession and sale of a vapor-releasing substance containing a toxic substance
16. Selling or giving nitrous oxide to underage persons
17. Sale of regulated chemicals
18. Sale of precursor chemicals
19. Production or transportation of marijuana
20. Possession, use or sale of marijuana, dangerous drugs or narcotic drugs
21. Possession, use, administration, acquisition, sale, manufacture or transportation of prescription-only drugs
22. Administration, acquisition, manufacture or transportation of dangerous drugs or narcotic drugs
23. Manufacturing methamphetamine under circumstances that cause physical injury to a minor under the age of 15
24. Involving or using minors in drug offenses
25. Possession, use, sale or transfer of marijuana, peyote, prescription drugs, dangerous drugs, or narcotic drugs or manufacture of dangerous drugs in a drug-free school zone
26. Possession, manufacture, delivery and advertisement of drug paraphernalia
27. Use of wire communication or electronic communication in drug-related transactions
28. Using a building for sale or manufacture of dangerous or narcotic drugs
29. Manufacture or distribution of prescription-only drug
30. Manufacture, distribution, possession, or possession with intent to use imitation controlled substances, imitation prescription-only drugs or imitation over-the-counter drugs
31. Manufacture of certain substances and drugs by certain means
Appealable Offenses
Are you awaiting trial for or have you ever been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes in this state or a similar crime in another jurisdiction? Mark “Yes” or “No” as applicable.

If you are awaiting trial on or been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes, DPS will deny you a Level 1 Fingerprint Clearance Card, but you will be eligible to appeal the decision to the Arizona Board of Fingerprinting.

YES NO

1. Theft
2. Theft by extortion
3. Shoplifting
4. Forgery
5. Criminal possession of a forgery device
6. Obtaining a signature by deception
7. Criminal impersonation
8. Theft of a credit card or obtaining a credit card by fraudulent means
9. Receipt of anything of value obtained by fraudulent use of a credit card
10. Forgery of a credit card
11. Fraudulent use of a credit card
12. Possession of any machinery, plate or other contrivance or incomplete credit card
13. False statements as to financial condition or identity to obtain a credit card
14. Fraud by persons authorized to provide goods or services
15. Credit card record theft
16. Misconduct involving weapons
17. Misconduct involving explosives
18. Depositing explosives
19. Misconduct involving simulated explosives
20. Concealed weapon violation
21. Misdemeanor indecent exposure
22. Misdemeanor public sexual indecency
23. Aggravated criminal damage
24. Adding poison or other harmful substance to food, drink or medicine
25. A criminal offense involving criminal trespass under Title 13, Chapter 15
26. A criminal offense involving burglary under Title 13, Chapter 15
27. A criminal offense involving organized crime or fraud as prescribed in Title 13, Chapter 23, except terrorism
28. Misdemeanor offenses involving child neglect
29. Misdemeanor offenses involving contributing to the delinquency of a minor
30. Misdemeanor offenses involving domestic violence as defined in A.R.S. § 13-3601
31. Felony offenses involving domestic violence if the offense only involved criminal damage in the amount of $250 but less than $1000 and the offense was committed before June 29, 2009
32. Arson
33. Criminal damage
34. Misappropriation of charter school monies as prescribed in A.R.S. § 13-1818
35. Taking identity of another person or entity
36. Aggravated taking identity of another person or entity
37. Trafficking in the identity of another person or entity
38. Cruelty to animals
39. Prostitution as described in A.R.S. § 13-3214
40. Sale or distribution of material harmful to minors through vending machines as prescribed in A.R.S. § 13-3513
41. Welfare fraud
42. Kidnapping
43. Robbery, aggravated robbery or armed robbery
44. Misdemeanor endangerment
45. Misdemeanor threatening or intimidating
46. Misdemeanor assault
47. Misdemeanor aggravated assault
48. Misdemeanor unlawfully administering intoxicating liquor, narcotic drugs or dangerous drugs
49. Misdemeanor dangerous or deadly assault by prisoner or juvenile
50. Misdemeanor prisoners who commit assault with intent to incite riot or participate in riot
51. Misdemeanor assault by vicious animals
52. Misdemeanor drive-by shooting
53. Misdemeanor assaults on public safety employees or volunteers and state hospital employees
54. Misdemeanor discharging a firearm at a structure
55. Misdemeanor prisoner assault with bodily fluids
56. Misdemeanor aiming a laser pointer at a peace officer
57. Misdemeanor possession and sale of peyote
58. Misdemeanor possession and sale of a vapor-releasing substance containing a toxic substance
59. Misdemeanor selling or giving nitrous oxide to underage persons
60. Misdemeanor sale of regulated chemicals
61. Misdemeanor sale of precursor chemicals
62. Misdemeanor production or transportation of marijuana
63. Misdemeanor possession, use or sale of marijuana, dangerous drugs or narcotic drugs
64. Misdemeanor possession, use, administration, acquisition, sale, manufacture or transportation of prescription-only drugs
65. Misdemeanor administration, acquisition, manufacture or transportation of dangerous drugs or narcotic drugs
66. Misdemeanor manufacturing methamphetamine under circumstances that cause physical injury to a minor under the age of 15
67. Misdemeanor involving or using minors in drug offenses
68. Misdemeanor possession, use, sale or transfer of marijuana, peyote, prescription drugs, dangerous drugs, or narcotic drugs or manufacture of dangerous drugs in a drug-free school zone
69. Misdemeanor possession, manufacture, delivery and advertisement of drug paraphernalia
70. Misdemeanor use of wire communication or electronic communication in drug-related transactions
71. Misdemeanor using a building for sale or manufacture of dangerous or narcotic drugs
72. Misdemeanor manufacture or distribution of prescription-only drug
73. Misdemeanor manufacture, distribution, or possession with intent to use imitation controlled substances, imitation prescription-only drugs or imitation over-the-counter drugs
74. Misdemeanor manufacture of certain substances and drugs by certain means
CONFIDENTIAL and PROPRIETARY INFORMATION AGREEMENT IN COMPLIANCE WITH HIPPA GUIDELINES

NOTE: All offers of employment are made contingent upon the applicant signing a Confidential and Proprietary Information Agreement on the first day of employment. Continued employment is contingent upon the abiding by the Agreement and the “Confidential Information” and “Company Files and Records” policies in the SWHD Employee Relations Manual.

READ CAREFULLY BEFORE SIGNING

I understand and agree that I have had or may have access to or contact with confidential or proprietary information, data, records, paper files, or computer files regarding Southwest Human Development, its client and/or vendors.

I agree, as a term and condition of employment or continued employment, to not use such information to benefit myself or other employees of SWHD. I agree to not disclose, divulge, or communicate such information to any person, firm, corporation, or entity other than SWHD. And I agree to not copy such information on paper or disk without prior knowledge and approval of the Chief Executive Officer of SWHD. I also agree to not take such information, data, records, paper files, or computer files, or copies of same, from my usual place of work without prior knowledge and approval of the Chief Executive Officer of SWHD.

I agree as a term and condition of employment or continued employment to abide by the “Confidential Information” and “Company Files and Records: policies in the SWHD Employee Relations Manual and in accordance to the HIPPA compliance guidelines. I also understand and agree that if I am employed by SWHD, any violation of this Agreement or the policies identifies above is grounds for immediate termination of my employment. When my employment with SWHD ends, voluntarily or involuntarily, I agree to return to SWHD all confidential or proprietary information, data, records, paper files, or computer files, or copies of same, that I have in my possession or that I have control of.

I agree that I represent to Southwest Human Development, that employment with Southwest Human Development does not violate any contractual obligation or other duty I may owe to former employers or other parties, including obligations not to compete, and/or obligations not to disclose proprietary or confidential information.

I agree further that I have not disclosed an will not disclose to Southwest Human Development any such propriety or confidential information, and that I have not brought, and will not bring with me to your employment with Southwest Human Development any documents, records, or other confidential information belonging to my former employers.

___________________________
Employee Printed Name

___________________________
Employee Signature Date Signed

___________________________
Witness Printed Name

___________________________
Witness Signature Date Signed
Drug and Alcohol Policy

Southwest Human Development is committed to maintaining a safe and healthy workplace free from the influence of drugs or alcohol. In order to promote the health and safety of its employees, volunteers, clients and associates, Southwest Human Development has a zero tolerance substance abuse policy. Southwest Human Development reserves the right to terminate the relationship with any volunteer reporting for duty under the influence of alcohol or illegal narcotics. Compliance with this policy is a condition of volunteerism and a continued volunteer role with the agency. This policy is applicable to all of Southwest Human Development’s volunteers and employees.

My signature below indicates that I agree to abide by Southwest Human Development’s Drug and Alcohol Policy.

__________________________________________   ________________________
(Volunteer Signature)       (Date)
Volunteer Fingerprint Clearance Card Contribution Form

The fee to apply for a fingerprint clearance card is $65. You may choose to pay this fee as a donation to Southwest Human Development. If you choose to make a donation, Southwest Human Development will send the payment and application for processing upon your completion of this form, your fingerprints and completed application. (Additional donations above $65 are appreciated but not required.)

Name: ____________________________________________________________

Mr. ☐ Ms. ☐ Mrs. ☐ First ☐ Middle ☐ Last ☐ Suffix

Billing Address: __________________________________________________

Street Address __________________________ City __________ State ________ ZIP Code __________

Preferred Phone: __________________________ Preferred Email: __________________________

☐ Home ☐ Work ☐ Mobile ☐ ☐ Home ☐ Work

CREDIT CARD:

☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Name on Credit Card: ________________________________________________

Account Number: __________________________________________________

Expiration Date: _____/_____ Security Code: _____ Amount of Donation: $________

CASH/CHECK: Please make check payable to: Southwest Human Development

Check # ___________ Check Date: ___________ Amount of Donation: $________

SIGNATURE: __________________________________________________________ DATE: ____________