Delaware Health and Social Services  
Division of Developmental Disabilities Services

Title: Volunteer Applicant Screening  
Approved By: [Signature]

Written/Revised By: Policy & Records Committee  
Date of Origin: August 2008

Revision Date:

I. Purpose  
To ensure that individuals volunteering with the Division of Developmental Disabilities Services (DDDS) are screened, in accordance with this policy.

II. Policy  
The Division of Developmental Disabilities Services (DDDS) shall establish a process of required minimum screening for all volunteer applicants.

III. Application  
DDDS Employees  
DDDS Contracted Agencies  
Volunteer Applicants

IV. Definitions  
A. Volunteer Applicant: A person at least 14 years old who performs an assignment that enriches the quality of life for people served by the DDDS. A volunteer provides services within a DDDS program, as opposed to an individual relationship (sponsor).

V. Standards  
A. Individuals interested in volunteering in a DDDS operated program shall complete the approved, standardized Volunteer Enrollment form.  
B. The application process shall include the provision of two (2) personal references from non-relatives and an inquiry with the Adult Abuse Registry (AAR) and the Child Protection Registry (CPR).  
C. A volunteer applicant shall not begin providing service until two (2) acceptable personal references are received as well as a review of the AAR and CPR, with no adverse actions noted.  
D. Volunteer (applicants), to be assigned at Stockley Center, shall have PPD testing completed at the time of application and yearly thereafter.  
E. DDDS employees may serve as volunteers if their volunteer assignment is not during his/her regular work hours and the assignment is significantly different from his/her usual work responsibilities.  
F. Volunteers shall not be unsupervised with individuals receiving services unless the Volunteer Services Coordinator has a copy of the volunteer’s State Criminal Background Check.

VI. Procedures  

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<tr>
<th>Responsibility</th>
<th>Action</th>
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<tr>
<td>Volunteer Services Coordinator (VSC)</td>
<td>1. Provides interested volunteer applicant with a Volunteer Enrollment Form. Requests that it be completed and returned to the VSC.</td>
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<td>2. Interviews applicant following established process.</td>
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<td>3. Completes Volunteer Interview Record and files in applicant’s</td>
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Volunteer Applicant Screening Policy (cont)
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4. Requests applicant to give written permission to check the Adult Abuse Registry and Child Protection Registry, as well as contact personal references.
5. Requests applicant (for Stockley Center) to sign the PPD Authorization form.
6. Contacts Stockley Center Nurse Supervisor to arrange a time/date for SC volunteer applicant to receive PPD testing.
7. Reports for PPD testing as directed by the VSC and the Nurse Supervisor.
8. Reports to Nurse Supervisor, as scheduled, to assess the PPD results.

Volunteer Applicant (for Stockley Center)

Volunteer Services Coordinator (VSC)

9. Contacts personal references and interviews following the Personal Reference Check form protocol.
10. Contacts SC Nurse Supervisor to obtain the results of the applicant’s PPD test.
11. Faxes CPR and AAR authorization forms to the respective agencies.
12. Determines if applicant is acceptable based on results of AAR/CPR checks, personal references and PPD, if applicable.
13. Notifies applicant volunteer of the outcome of his/her application.
14. Notifies the applicable SC Program Manager or CS Program Director, whenever an applicant has been approved to volunteer in his/her area.

VI. Synopsis
This policy standardizes the process for screening people who apply to volunteer with individuals who live at Stockley Center or receive services within the Community Services/Adult Special Population program.

VII. Exhibit
A. Volunteer Enrollment Form
B. Volunteer Interview Record
C. Personal Reference Check Form
D. PPD Authorization Form
Delaware Health and Social Services
Division of Developmental Disabilities Services
Volunteer Enrollment Form

Name: __________________________  Date of Application: ________________
Address: ________________________  Telephone: (Day) ___________________
                                      (Evening) __________________
Previous Address if at current address less than 5 years: __________________________

Background Information:
Education or Technical Training: __________________________
Current Occupation: __________________________
Hobbies, Skills, Interests: __________________________
Previous Volunteer Experience: __________________________

Preferences in Volunteering:
Is there a particular type of volunteer work that interests you? Please check all that apply.

☐ Working one on one with a single person with staff oversight  ☐ No Preference
☐ Working with a staff person  ☐ Working with a small group
☐ Other: __________________________

Check the location where you prefer to volunteer:
☐ Stockley Center (Georgetown)  ☐ Georgetown Center
☐ First State Senior Center (Milford)  ☐ Woodside Center
☐ New Edge Center (Bear)
Volunteer Enrollment Form- Page 2 of 2

Availability:
What times of the day would you prefer to volunteer?
☐ I am flexible ☐ Weekdays ☐ Evenings
☐ Weekends ☐ Days
Do you have transportation to and from a volunteer site? ☐ Yes ☐ No

Background Check
Have you ever been convicted of a Felony or Class A misdemeanor? ☐ Yes ☐ No
If yes, please explain: ______________________________________________________________

Have you ever been accused of abuse, neglect, mistreatment or financial exploitation?
☐ Yes ☐ No If yes, please explain: __________________________________________________

Has your driver’s license ever been suspended or revoked in any state? ☐ Yes ☐ No
If yes, please explain: _____________________________________________________________

Please list two non-family references for DDDS to contact:
Name: ___________________________________________ Phone: __________________________
Name: ___________________________________________ Phone: __________________________

Volunteer Statement
As a Division of Developmental Disabilities Services volunteer, I agree to abide by their rules and regulations. I understand that volunteering with DDDS is contingent upon the receipt of satisfactory background screening. I authorize the DDDS to contact my personal references, the Child Protection Registry and the Adult Abuse Registry.

Signature: ___________________________________________ Date: __________________________

Required if Under 18 Years of Age
I certify that ____________________________, my son/daughter is fully capable of (Name) participating as a volunteer and has my permission to participate as a volunteer with the Division of Developmental Disabilities Services.

_________ D.O.B. ________ Signature of parent or guardian ________ Date ________

PARC Approved: 08/06/08
Form #54 Admin
Volunteer Applicant: __________________________ Date of Interview: __________
Interviewer: ________________________________

Review and discuss information on Volunteer Enrollment Form. Explain various volunteer situations within the DDDS. Correct any misinformation on the enrollment form and document comments below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

1. What attracted you to the DDDS? Is there any aspect of DDDS that motivates you to volunteer here?

________________________________________________________________________

2. What would you like to get out of volunteering at DDDS?

________________________________________________________________________

3. What have you enjoyed the most about your previous volunteer work? Previous employment?

________________________________________________________________________
________________________________________________________________________

4. Discuss the volunteer applicant’s comfort and preference for working (i.e., 1:1, with another volunteer or staff, in a group, ect.).

________________________________________________________________________
________________________________________________________________________

5. What do you have to contribute to a volunteer situation (i.e., special gifts, talents, skills, ect.)?

________________________________________________________________________
6. Is there anything that I can explain to you?

Can you perform volunteer services with our without accommodations? Please explain.

Discuss potential volunteer positions
1. 
2. 
3. 

Recommended Action:
All screening background checks have been received and are acceptable (PPD, if required, 2 personal references, Child Protection Registry, Adult Abuse Registry). Yes No

Volunteer arrangement with: 
Start date of volunteer service: 
Not suitable for DDDS at this time. Explain.

Signature and Title
Date

PARC Approved: 08/06/08
Form # 55 Admin
Delaware Health and Social Services
Division of Developmental Disabilities Services
Personal Reference Check Form

Name of Applicant: _______________________
Name of Reference: ________________________ Phone #: ______________

- How long have you known the applicant? ____________________________
- In what capacity do you know him/her? ____________________________
- Have you worked with the applicant in either a volunteer or professional capacity? _____
  If yes to the question above, please explain the nature and quality of the applicant’s work. Also, please explain who well he/she was able to get along with others. ______________
- In your opinion, would the applicant be reliable and committed to working with persons with developmental disabilities? Please explain. ______________
- Is there anything else that you can add that will help us to identify the best possible volunteer situation for the applicant (i.e., special qualities, abilities, etc.)? ______________
- Is there any reason why you believe the applicant should not be considered for volunteer service with the DDDS? Please explain. ______________

_____________________________  __________________________
Signature and Title of Interviewer  Date of Interview

PARC Approved: 08/06/08
Form # 56 Admin
Delaware Health and Social Services
Division of Developmental Disabilities Services
PPD Authorization

I, ________________________________, authorize a Stockley Center Nurse to
perform a Tuberculin test, in accordance with the Stockley Center policy.

__________________________________________  ______________________________________
Print Name                                      Home Address

__________________________________________  ______________________________________
Signature                                       Date

__________________________________________  ______________________________________
Witness                                          Date

__________________________________________  ______________________________________
Parent or Legal Guardian of Person               Date

*** A parent or legal guardian must give written approval if the volunteer applicant is
under the age of 18.

PARC Approved 08/06/08
Form #57 Admin