# VOLUNTEER HANDBOOK

# VOLUNTEER POLICIES AND PROCEDURES

2005

**Addiction Resource Council, Inc.**
**Volunteer Application**

**Date**:_____

**Name**:_____

**Address**:_____

**Telephone**: (____)_____ **Email**: _____

**City**:_____ **State**:_____ **Zip**:_____

**Date of Birth**:_____

**Previous Work Experience:**

_____

_____

_____

**Do you belong to any organizations (civic, church, volunteer, school, etc.)?:**

_____

_____

_____

**Please list any previous volunteer work you have done:**_____

_____

_____

_____

_____

**What interested you in volunteering for the Addiction Resource Council?:**

_____

_____

_____

**What skills, abilities, interests, or experiences do you believe would contribute to your performance of a volunteer assignment at the Council? Please list:**

_____

**Have you had any previous contact with this agency?** Yes_____No_____

**If yes, please explain:** _____

**Please list three adult references that are not related to you:**

Name Address Telephone

_____

_____

_____

**What volunteer areas are you most interested in?:**

? Office & clerical support staff ? Recovery Support & Mentoring

? Fund Raising/Special Events ? Community Awareness & Support

? WI Wins

**What days/times would you be able to volunteer?:**

? Mon. ? Tue. ? Wed. ? Thur. ? Fri. ? Sat. ? Sun.

? Mornings ? Afternoons ? Evenings

**Person to contact in case of emergency:** _____

**Relationship**: _____ **Telephone:** (___)_____

**Family Health Practitioner**:_____**Telephone:** (___)_____

**Hospital Preferred**:_____

_____

**Applicant's Signature** **Date**

## DESCRIPTION OF CURRENT VOLUNTEER OPPORTUNITIES

1. **Office & Clerical Support**: The suitable volunteer should possess basic computer skills, be able to work with the public, be able to communicate well with others. Duties include: answering phones, filing, photocopying, helping with mailings, performing information searches, purging files, collating, preparing information packets. Training will be provided by Addiction Resource Council, Inc.

2. **Community Awareness and Support:** The suitable volunteer should possess excellent written and oral communication skills, the ability to work well with the public. It would be helpful if the volunteer has a basic knowledge of substance abuse and addiction as well as possessing group facilitation skills. Duties include: helping prepare, set-up and staff community information booths and displays; public speaking, group facilitation, writing for print materials. Training will be provided by the Addiction Resource Council, Inc.

3. **Recovery Support and Mentoring:** The suitable volunteer should possess excellent oral communication and active listening skills as well as the ability to provide feedback in a positive, non-judgmental manner, knowledge of local A.A. and other community support group meetings, times and locations. Personal knowledge of recovery would be a benefit, but is not required. Duties include: providing assistance in understanding and maneuvering through the local treatment and community recovery support system, introducing clients into A.A. and other local recovery support, active listening during times of personal crisis, providing a role model for recovery support. Training will be provided by the Addiction Resource Council, Inc.

4. **Special Project Volunteer**: Volunteers are needed to help with specific projects as needs arise. These may include events such as the annual conference. Training will be provided by the Addiction Resource Council, Inc.

5. **Helpline**: The suitable volunteer should possess excellent oral communication and active listening skills as well as the ability to provide feedback in a positive, non-judgmental manner. Duties include: taking calls on the Addiction Resource Council, Inc. Helpline during business hours, screening for referral to community resources and/or other Council services. Training will be provided by the Addiction Resource Council, Inc.

6. **Wisconsin WINS**: The suitable volunteer must be at least 18 years old, possess a valid Wisconsin Driver's license and an insured vehicle and be able to communicate well with youth and the public. Duties include: providing transportation and supervision to youth 15-17 performing local compliance checks for tobacco sales to minors, informing clerks of non-compliance and/or rewarding clerks for following the law. Training will be provided by the Addiction Resource Council, Inc.

7. **Fund-raising:** The suitable volunteer should possess excellent oral and written communication skills and have prior experience in soliciting contributions from local businesses and individuals. Duties include: assisting Council staff and Board members in planning, coordinating and performing fund-raising events such as a raffle, and other activities as determined by the staff and board. Training will be provided by the Addiction Resource Council, Inc.

**MISSION AND BELIEFS**

The mission of the Addiction Resource Council (ARC), is "to serve the residents of Waukesha County by providing alcohol and other drug abuse prevention education, intervention, assessment, and referral services; as well as, leadership for collaboration among institutions, organizations and community-based agencies."

We believe that:

- All human beings are unique, valuable, worthwhile and deserving of respect.
- Alcohol and other drug abuse affects everyone.
- Alcohol and other drug abuse can be prevented and treated.
- Alcohol and other drug abuse services should be easily accessible and available to everyone.
- It is essential that services be individualized to the person's identified needs.
- Alcohol and other drug abuse information and education can assist people in making positive choices.
- There is hope.
-

Incorporated in 1971 as an affiliate of the National Council on Alcoholism and Drug Dependence, the ARC has been highly successful in establishing linkages with community leaders demonstrating the strong commitment in Waukesha County to increase opportunities for early intervention and treatment. The ARC has worked collaboratively with state and local behavioral health professionals, medical professionals, educational systems, law enforcement, political leaders, and the general public. Our belief in community ownership of [its] service needs and integrated care systems has enabled us to achieve significant milestones throughout our history. One of our earliest accomplishments was working collaboratively with community leaders to remove the public inebriate from police station *drunk tanks* by encouraging and assisting medical service providers to establish detoxification programs. We are deeply committed to

- promoting organizational cultures and partnerships that improve the quality, effectiveness and efficiency of services through the adoption of best practices for program management and service delivery;
- developing resources aligned with program goals, incorporating performance measures and outcomes standards, and ensuring resources sufficient to cover costs and support reinvestment;
- employing a clear strategic framework committed to leadership, establishing and maintaining healthy internal partnerships, and strong external collaborations; and
- changing attitudes that work together to promote community health, social and environmental development.

The ARC sees itself in the role of advocate for people who need programming identifying and filling niches then handing them off to search for other unmet needs. A small organization with only 12.47 FTEs we see over 10,000 individuals annually by being highly efficient and well-linked through technology and collaborations.

**COUNCIL HISTORY**

The Addition Resource Council, Inc. (ARC) formerly the Waukesha County Council on Alcoholism and Other Drug Abuse, Inc., a 31-year affiliate of the NCADD, was incorporated on November 23, 1971 under the name of the Alcoholism Council of Waukesha County, Inc. The name of the Waukesha County Council on Alcoholism and Other Drug Abuse, Inc. was adopted on July 10, 1973 and our current name was adopted on January 1, 2001.

Originating as a small, grassroots agency to be available as a "drop-in" center for individuals experiencing drinking-related problems, the ARC has grown to be a highly respected, professional assessment, intervention, and referral center in Waukesha County. Over the years the "Council" took on new areas of responsibility. In 1974, we were designated as the facility which would provide the Intoxicated Driver assessments in Waukesha County. That department expanded in 1988 to include intoxicated boating and cocaine-related offenses assessments. We provide assessments for the courts in both criminal and civil cases for juveniles and adults, including underage drinking, involuntary commitments, custody and alcohol / drug related crimes.

Our Prevention /Education Department has greatly expanded over the years. Our modest beginnings offered a few educational presentations in limited topic areas; today we provide the complete continuum of prevention-intervention services including community education, professional continuing education, student internships, outreach, information and referral, case management, and crisis intervention services throughout Waukesha County. We serve preschoolers to "golden-agers" and everyone in between. In 1996, we began a

cooperative effort with Up Connection to provide perinatal substance abuse case management to pregnant women in Waukesha County. The program was initiated through a grant from OSAP. In 1999, we were presented the "Exceptional Collaboration" award from the State of Wisconsin's Material Child Health Coalition for this program with our co-recipient, Up Connection, Parenting and Pregnancy Support Services. Also in 1999, we expanded our professional continuing education services to include an annual, 2-day conference on Women and Special Topics in Addiction that now has gained a reputation through the Midwest.

Our Volunteer Services have always been an integral part of the work at ARC. Nearly every aspect of our services utilizes volunteers working together with our professional staff. Most notably, we have developed a cooperative teaching program with Waukesha County Technical College in which students from within their AODA counselor training program intern in a variety of services at the Council. In addition, we use volunteers to provide transportation for our older adult services, staff health fair booths and informational fairs, and to work on our publications review. In 2002 we received almost 625 hours of service from volunteers within our community.

The Council has been deeply committed to our mission to the community. In 2000, we received a grant from the Non-Profit Management Fund of Waukesha County to utilize our knowledge and access to various high-risk populations to explore the addition of a research component to the Council's service delivery system. The project encompasses working with the Board, staff and consumers to explore the development of a broadened mission and a strategic reorganization plan to bring the agency in line with its broadened mission and assist in implementing the reorganization plan and its evaluation.

In 2002, we received a Venture Grant from the United Way in Waukesha County to create and maintain the Waukesha County Alcohol and Other Drug Abuse Impact Index that will provide community leaders and decision-makers with a sense of the severity and breadth of the local alcohol and drug problem. It will give a general assessment of the problem, which will assist the United Way and its funded organizations as well as government decision-makers to develop the long-term program for our community.

We have worked closely over the years with the AODA and Mental Health treatment community as well as with law enforcement and the general public to achieve significant milestones such as seeing the public inebriates removed from the police station "drunk tank" and placed in detoxification programs. We have seen legislative strengthening penalties for AODA related offenses but have also managed to achieve the addition of AODA assessments / referral in the legal system so that we can help direct those individuals to receive treatment services. The Council worked extensively with law enforcement and the community to establish in 1989, the **Alcohol Assessment Alternative Program** for the underage drinker. We have become forerunners in establishing and maintaining support groups and other community programming for the mentally ill / chemically dependant individual and have taken the lead in establishing, expanding and maintaining AODA programming to the Spanish-speaking population in Waukesha County. We are very proud to be able to serve the needs of the community in the area of alcohol and other drug abuse and will continue to strive to be advocates for those individuals suffering from the effects of alcohol and other drug abuse in their lives.

## DEFINITION OF ALCOHOLISM

The Addiction Resource Council, Inc. adheres to the disease concept of alcoholism as defined below by which recovery may only begin with abstinence. Although we do recognize other treatment modalities such as controlled drinking do exist, we consider them to be experimental and will adhere to abstinence as the only acceptable mode of treatment recommended by this agency.

Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic: impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial.

-primary refers to the nature of alcoholism as a disease entity in addition to and separate from other pathophysiologic states which may be associated with it. Primary suggests that alcoholism, as an addiction,

is not a symptom of an underlying disease state.

-disease means an involuntary disability. It represents the sum of the abnormal phenomena displayed by a group of individuals. These phenomena are associated with a specified common set of characteristics by which these individuals differ from the norm, and which places them at a disadvantage.

-often progressive and fatal means that the disease persists over time and that physical, emotional, and social changes are often cumulative and may progress as drinking continues. Alcoholism causes premature death through overdose, organic complications involving the brain, liver, heart, and many other organs, and by contributing to suicide, homicide, motor vehicle crashes and other traumatic events.

-impaired control means the inability to limit alcohol use or to consistently limit on any drinking occasion the duration of the episode, the quantity consumed, and / or the behavioral consequences of drinking.

-preoccupation in association with alcohol use indicates excessive, focused attention given to the drug alcohol, its effects, and / or its use. The relative value thus assigned to alcohol by the individual often leads to a diversion of energies away from important life concerns.

-adverse consequences are alcohol related problems or impairments in such areas as: physical health (e.g. alcohol withdrawal syndrome, liver disease, gastritis, anemia, neurological disorders); psychological functioning (e.g. impairments in cognition, changes in mood and behavior); interpersonal functioning (e.g. marital problems and child abuse, impaired social relationships); occupational functioning (e.g. scholastic or job problems); and legal, financial or spiritual problems.

-denial is used here not only in the psychoanalytic sense of a single psychological defense mechanism disavowing the significance of events, but more broadly to include a range of psychological maneuvers designed to reduce awareness of the fact that alcohol use is the cause of an individual's problems rather than a solution to those problems. Denial becomes an integral part of the disease and a major obstacle to recovery. This definition was prepared by the Joint Committee to study the Definition and Criteria for the Diagnosis of the National Council on Alcoholism and Drug Dependence and the American Society of Addiction Medicine. It was approved by the Board of Directors of NCADD on February 3, 1990 and the Board of Directors of ASAM on February 25, 1990.

## BOARD OF DIRECTORS' MEMBERSHIP

The Board of Directors of the Addiction Resource Council, Inc. consists of a group of dedicated volunteers who serve two-year terms. Election of the Board of Directors is voted upon at the Council's Annual Meeting.

Within the full Board of Directors exists the Executive Committee composed of the President, Vice President, Secretary, and Treasurer. Additional subcommittees on the Board of Directors include the Nominating/Board Membership Committee, Business/Finance Committee, Fund-Raising Committee , and Marketing & Public Relations Committee. Other committees may be formed from time to time as needs dictate.

The following is the list of current Board of Director members

**Executive Committee**
Clark Skelton - President
John Hopkins - Vice President
Lesli Schmit – Treasurer
Kathy Bullermann - Secretary

**Directors**
Lynn Bardele
Chester Dobrowski
Sue Kaczmarek
Anita Pagel
Duane Stamsta
James Wroblewski
Natalie Zimmerman

Claudia Roska - Executive Director

## CONFIDENTIALITY

The confidentiality of alcohol and drug abuse client records maintained by the Addiction Resource Council, Inc. is protected by Federal and State law and regulations. Generally, no one may reveal that a person received or is receiving services or disclose any information which would identify a client as an alcohol or other drug abuser unless:

1. The client consents in writing
2. The disclosure is allowed by a court order (a subpoena is not sufficient for this purpose)
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit program evaluation

Receipt of any subpoena or court order for confidential information should be directed to the Executive Director.

Any other requests for confidential information should be responded to with the following statement I'm sorry but that information is considered confidential and is generally not available". If the request is accompanied by any of the three exceptions above, then the information shared should only be that which is absolutely necessary.

If a client is requesting to review their file or requests, direct that request to the Executive Director. All confidential documents released from this agency must be stamped with our confidentiality statement. Only staff members who have a need for confidential information in order to perform their job functions should have access to that information. Curiosity is not a valid reason for accessing confidential client information. Discussion of any client or situation where names or other identifying information are used should not take place in public areas.

Violations of the Federal and / or State law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations (42CFR Part 2).

Federal law and regulations do not protect any information about a crime committed by a client at the program or against any person who works for the program or about any threat to commit such a crime. Information about criminal behavior committed outside of the program, but reported in the context of the program is protected with the exception of child abuse or neglect. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate and local authorities. We are in fact, mandated by Wisconsin Law to report any information about suspected child abuse or neglect to appropriate authorities.
( See 42 U.S.C. 290dd-3 and U.S.C. 290cc-3 for Federal laws)

Any violation of the confidentiality of any client information may result in punitive action.

You will be required to sign a Nondisclosure Agreement.

**BULLETIN BOARDS**

Continuing Education / professional enrichment opportunities may be available as this bulletin board contains information about workshops and conferences being offered in the Human Service Field. This board is located in the staff lunch area.

**CLIMATE CONTROL**

No one is allowed to adjust the thermostats without prior authorization from management. Opening doors should not be necessary while heater and / or air conditioning are functioning.

**EQUIPMENT**

Copy Machine: The copy machine is provided for agency business unless special permission has been given by the Executive Director.

Please limit your copies to only those necessary. Training will be provided as to the proper use of the copy machine. Acquaint yourself with the instructions on how to use the machine.

If large numbers of copies (100 or more) are necessary, consult the Administrative Assistant as to the most cost efficient method for reproducing those materials.

All agency business forms are printed on a routine basis. Photocopies of agency forms should only be made in small quantities when printed copies are not readily available. Inform the designated clerical staff person if additional forms are needed.

If the copy machine breaks down during use, the problem should be reported to the designated staff person.

Computers: The Council does have computers specific for agency business. Only authorized personnel are allowed to use the computer at all times.

Other Office Equipment: If any other office equipment is to be used, proper training will be provided. If additional equipment is needed, it is to be requisitioned through the Administrative Assistant.

**MAINTENANCE**

Any damage or malfunction of property and equipment must be reported to management. Only the Executive Director or his/her designee should call a vender to request repair services for any property or equipment.

**OFFICE SUPPLIES**

The Administrative Assistant is in charge of the purchase and inventory of office supplies such as pens, paper, envelopes, and other general supplies. Office supplies are made available for business use only. If additional supplies are necessary for use on a specific project, the staff person providing supervision should be notified of those needs.

**PRESS RELEASES AND PUBLIC ANNOUNCEMENTS**

Any public statements of opinions of this agency **must** be approved by the Executive Director. It is prohibited to make any public statements regarding the Council without first receiving permission from the Executive Director.

**ROOMS**

The Council makes meeting space available to community organizations and agencies from time to time. Anyone desiring to reserve a room should contact the Executive Director.

**SMOKING POLICY**

It is the policy of this agency that smoking is not permitted in the building. This includes staff, clients, volunteers, etc. Smoking is permitted outside the building in designated areas.

**TELEPHONES**

Telephones will be answered primarily by the Receptionist.

Collect calls are not allowed except in emergency situations and should be reported to the Executive Director or his/her designee. Long distant calls are allowed for business purposes only and must be recorded on a long distance log form, and given to the Administrative Assistant.

Personal calls should be kept to a minimum.

**ETHICS**

**Code of Ethics**

All volunteers of this agency are expected to maintain high standards in their relationships and business. The standards shall include but are not limited to the following:

1. The maintenance of just and courteous professional relation with board members, staff members, clients and others.

2. The maintenance of their own work efficiency and knowledge of their development in their field of volunteerism.

3. Directing any staff criticism of other staff or of any program of the agency toward the improvement of the agency. Such constructive criticism should be made directly to the supervisor or employee who has the administrative responsibility for improving the situation and then to the Executive Director if deemed necessary.

4. The proper use and protection of all agency property, equipment, and materials.

5. The compliance with federal and state laws regarding treatment of alcohol and other drug abuse clientele within alcohol and other drug abuse programs.

**SAFETY RULES**

Our foremost concern is for your personal safety when you are volunteering. In order to assure your safety the following guidelines have been established:

1. If at any time during your encounter with any client(s) you are serving, you are threatened directly or indirectly, please report the incident to the Executive Director immediately.

2. If a client or staff member makes inappropriate sexual gestures towards you, report the incident to the Executive Director immediately.

3. If a client or staff member contacts you outside the agency and threatens you or makes inappropriate gestures, notify the Executive Director of the incident as soon as possible.

4. If at any time during your encounters with a client you feel that he/she is an immediate threat to themselves or someone else and refuses appropriate help, contact the police for possible emergency detention and notify the Executive Director of the incident.
5. If you are aware of any crime committed by a client against this agency, notify the Executive Director immediately.

6. If you are injured on the job, follow the first aid instructions as necessary and notify the Executive Director immediately.

7. There must be two staff members present in the building at all times when a client(s) is present. If there are no clients present and only one staff member is present, the door is to remain locked.

**8. To call for EMERGENCY help dial: 8-911 (you must dial 8 before dialing any number) and remember to give the address of the building. It is: W228 N683 Westmound Drive in the City of Pewaukee. Only the mailing address is Waukesha.**

**In Case of Fire**

1. Call 8-911 if you find a fire or smell smoke.

2. Inform floor caption and receptionist of the fire.

3. If possible and appropriate, locate the nearest fire extinguisher and attempt to extinguish the fire.

4. The floor captain is responsible for the following duties:
-Check all bathrooms, closets and work areas to make sure all individuals have evacuated the building

-Take attendance

5. Evacuate the building by the nearest emergency exit. Escort any non-staff member with you. Meet at designated area for attendance check and remain there until floor captain instructs you to return to the building or go home.

6. Periodic fire drills will be conducted which you are required to participate in.

**In Case of Inclement Weather**

If a tornado or sever weather watch has been issued for our area, be prepared to seek shelter immediately according to the procedure for severe weather warning.

Evacuate yourself and any non-staff member to the designated area. Take along a flashlight if you have been issued one. The floor caption will take attendance. You may not return to your workstation unless instructed to do so by the floor captain.

## ETHICS GUIDELINES

1. I regard as my obligation the welfare of the individual or group served, which includes action for improving conditions in the community.
   i.e.: Community education and development of personal philosophy regarding chemical dependency.

2. I give precedence to my professional responsibility over my personal interests.
   i.e.: Exploiting clients (a good car deal, etc.) “Friends” vs. “Clients”.

3. I hold myself responsible for the quality and extent of the service I perform.
   i.e.: Self-discipline, keeping up-to-date by reading, etc.

4. I respect the privacy of the people I serve.
   i.e.: Confidentiality.

5. I use in a responsible manner, information gained in professional relationships.
   i.e.: Is what I say about a client being said for the good of the client or as a learning experience for me?

6. I treat with respect the findings, views and actions of colleagues and use appropriate channels to express judgement on these matters.

i.e.: The “whisper” and/or “closed door” syndromes.

7. I practice counseling within the recognized knowledge and competence of the profession.
i.e.: Do not underestimate yourself, but know your limits and seek help if needed. Do not categorize everything under alcoholism.

8. I recognize my responsibility to add my ideas and findings to the body of knowledge and practice in the field.
i.e.: Your ideas, etc. are important.

9. I accept the responsibility to help protect the community against unethical practice by any individual(s) or organization(s) engaged in the field.
i.e.: I speak out when aware of misuse.

10. I distinguish clearly, in public, between my statements and actions as an individual and as a representation of an organization.
i.e.: Speak for yourself and not for the agency unless authorized to do so.

11. I distinguish my relationship and obligation to the client served as in keeping with my position as a volunteer.
i.e.: Dating clients. Counseling relationships end when personal friendships develop.

12. I support the principal that professional practice requires professional education.
i.e.: Ongoing education is always essential.

13. I accept responsibility for working toward the creation and maintenance of conditions within agencies which enable volunteers to conduct themselves in keeping with this code.
i.e.: Do not abuse time off for continuing education, in-services, etc.

14. I contribute my knowledge, skills and support to programs on addiction.
i.e.: Volunteer time to organizations if needed.

**I further agree to adhere and subscribe to the following:**

*The disease concept of alcoholism as a chronic, progressive and treatable disease by which recovery may begin only with abstinence.

*The best interest of the client shall always be the practitioner’s first and only concern.

*To hold in confidence all client information, which by its inherent nature may in some way be damaging now or in the future to the client.

The following descriptions are intended to outline in a clear and concise manner the general and specific expectations of persons appointed to each position. It is essential that we participate as team members working toward the accomplishment of the aforementioned mission. Through our mutual cooperation and assistance, all of our responsibilities will be easier to accomplish.

Volunteer Signature_____

Date_____

**LETTER OF AGREEMENT BETWEEN VOLUNTEER & ADDICTION RESOURCE COUNCIL, INC.**

**I_____ understand and agree that as a volunteer with the Addiction Resource Council, Inc. I am responsible for the following:**

That I will respect and observe clients' rights at all times.

That I will keep confidential all matters which are confidential.

That I will interact with clients and staff in a courteous, cordial manner and expect the same in return.

That I am responsible for familiarizing myself with and observing the rules and policies of this agency, especially those rules prohibiting client abuse, firearms, alcohol and drugs.

To accept training and guidance as negotiated with the Program Director or from agency staff.

To be accepted as a non-paid staff member.

To notify the Program Director of any problems, suggestions, and / or concerns I have regarding my job or the agency.

**The Addiction Resource Council, Inc. understands and agrees to provide the following to _____**

A job description that summarizes duties of the job placement and limits of responsibility.

To provide orientation to the agency, clients served, rules and policies and on-the-job training.

To assign a staff supervisor to the volunteer to provide guidance and support supervision.

To keep accurate records of the volunteer's involvement and provide references when requested.

To evaluate and provide feedback to the volunteer regarding job performance.

To provide appropriate and public recognition of volunteers.

To advocate for volunteers' rights.

To provide adequate space, equipment and working conditions for volunteers.

_____ _____

VOLUNTEER'S SIGNATURE DATE

_____ _____

ASSOCIATE DIRECTOR'S SIGNATURE DATE

**CONFIDENTIALITY POLICY**

CONFIDENTIALITY IS OF THE HIGHEST PRIORITY WITHIN THIS AGENCY. EACH INDIVIDUAL WHO CONTACTS US CAN BE ASSURED OF OUR BEST EFFORTS TO MAINTAIN THEIR CONFIDENTIALITY.

For this reason, each volunteer must read, understand and sign the following:

## ADDICTION RESOURCE COUNCIL, INC.
## EMPLOYEE / VOLUNTEER NON-DISCLOSURE AGREEMENT

IMPORTANT: Please read all sections below. If you have any questions regarding this agreement, please ask them of your supervisor before signing. You will receive a copy of this agreement for your own records.

DISCLOSURE OF CLIENT / PROVIDER INFORMATION

The employee / volunteer recognizes and acknowledges: the services the Addiction Resource Council, Inc. performs for clients / providers are confidential and that to enable the Addiction Resource Council, Inc. to perform those services, its clients / providers furnish to the Addiction Resource Council, Inc. confidential information concerning their affairs; that the good will of the Addiction Resource Council, Inc. depends, among other things, upon its keeping such services and information confidential; ant that by reason of the employee's / volunteer's duties, the employee / volunteer may come into possession of information concerning the services performed by the Addiction Resource Council, Inc. for its clients / providers even though the employee / volunteer does not take any direct part in or furnish the services performed for those clients / providers. The employee / volunteer accordingly agrees that, except as directed by the Addiction Resource Council, Inc., the employee / volunteer will not at any time during or after his/her employment by the Addiction Resource Council, Inc., disclose any of such services or information to any person whatsoever, or permit any person whatsoever to examine or make copies of any reports or other documents prepared by the employee / volunteer or coming into his/her possession or under his/her control, that have in any way to do with clients / providers of the Addiction Resource Council, Inc. Employee / volunteer recognizes that the disclosure of information by the employee / volunteer may give rise to irreparable injury to the Addiction Resource Council, Inc. or to the owner of such information, and that accordingly, the Addiction Resource Council, Inc. or the owner of such information may seek any legal remedies against the employee / volunteer which may be available.
The employee / volunteer agrees that he/she will at all times comply with all security regulations in effect from time to time at the Addiction Resource Council, Inc. premises, and externally for all materials belonging to the Addiction Resource Council, Inc.
(See Security Regulations 42 CFR part 2).

The employee / volunteer certifies that he/she will retain all information belonging to the provider with whom the Addiction Resource Council, Inc. has negotiated contacts and any information belonging to the Addiction Resource Council, Inc. in strictest confidence, and will not release such information or material to anyone who has not signed a written agreement expressly binding himself/herself not to use or disclose it. The employee / volunteer recognizes that irreparable harm can be occasioned to the Addiction Resource Council, Inc. by disclosure of information relating to its business and, accordingly, that the Addiction Resource Council, Inc. or the owner of such information may seek any legal remedies against the employee / volunteer which may be available.

The employee / volunteer agrees that any developments, modifications, procedures, ideas, innovations, systems, programs, know-how or designs by the employee / volunteer during his/her employment shall be the property of the Addiction Resource Council, Inc. and agrees further to execute copyrights thereon to the extent so requested by the Addiction Resource Council, Inc. and / or to assign the same to the Addiction Resource Council, Inc.

I UNDERSTAND AND AGREE THAT IN THE PERFORMANCE OF MY DUTIES AS AN EMPLOYEE / VOLUNTEER OF THE ADDICTION RESOURCE COUNCIL, INC., I MUST HOLD ALL CLIENT INFORMATION IN

CONFIDENCE. I UNDERSTAND THAT ANY VIOLATION OF THE CONFIDENTIALITY OF ALL CLIENT INFORMATION MAY RESULT IN PUNITIVE ACTION.

_____ _____

DATE SIGNATURE OF EMPLOYEE / VOLUNTEER

I _____ have read and reviewed the Volunteer Handbook and understand the material within, and agree to follow all guidelines and rules.

_____ _____

Signature Date

**ADDICTION RESOURCE COUNCIL, INC.**
**POSITION DESCRIPTION**

**Position Title:** OFFICE & CLERICAL SUPPORT VOLUNTEER

**Accountability:** Reports to the Executive Assistant or designee

**Position Objective:** The primary responsibility of the Office & Clerical Support Volunteer is to provide clerical support to the Council.

**Qualifications:** Desire to help the Addiction Resource Council, Inc. carry out its mission with a preference to work in nonprofit, mission-based service.

**Knowledge and Skill Base**

1. Ability to use PC as a professional tool.
2. Ability to work with the public.
3. Ability to communicate well with others both in writing and orally.
4. Ability to handle multiple-step tasks and provide documentation of their progress and completion.

**Principal Duties**

1. Answer telephones and route messages to staff and voicemail.
2. Provide clerical support to staff such as photocopying, filing, and word processing as needed.
3. Assist in the purging of old files.
4. Perform data entry on PC.
5. Conduct Internet information searches as requested.
6. Prepare information packets for educational presentations as instructed by Council staff.
7. Other duties as assigned.

_____ _____

Volunteer's Signature Date

_____ _____

Executive Assistant's Signature Date

**ADDICTION RESOURCE COUNCIL, INC.**
**POSITION DESCRIPTION**

**Position Title:** COMMUNITY AWARENESS & SUPPORT VOLUNTEER

**Accountability:** Reports to the Program Coordinator or designee

**Position Objective:** The primary responsibility of the Community Awareness and Support Volunteer is to work with Council staff in providing Prevention Education, Outreach, and Information and Referral programs.

**Qualifications:** Desire to help the Addiction Resource Council, Inc. carry out its mission with a preference to work in nonprofit, mission-based service.

**Knowledge and Skill Base**

1. Ability to use PC as a professional tool.
2. Ability to work with the public.
3. Ability to communicate well with others both in writing and orally.
4. Ability to handle multiple-step tasks and provide documentation of their progress and

completion.
5. Ability to speak in public.
6. Basic knowledge of addiction helpful, but training will be provided.
7. Ability to facilitate educational/support groups.

**Principal Duties**

1. Assist Council staff to prepare, set-up and oversee community information booths and displays.
2. Prepare and present community education presentations on topics related to substance abuse and addiction as directed by Council staff.
3. Present community education presentations on the Council and its programs and services.
4. Facilitate community-based educational support groups.
5. Write and help edit print literature such as the Council's newsletter and other educational materials.
6. Other duties as assigned.

_____ _____
Volunteer's Signature Date

_____ _____
Associate Director's Signature Date

**ADDICTION RESOURCE COUNCIL, INC.**
**POSITION DESCRIPTION**

**Position Title:** RECOVERY SUPPORT & MENTORING VOLUNTEER

**Accountability:** Reports to the Program Coordinator or designee

**Position Objective:** The primary responsibility of the Recovery Support & Mentoring Volunteer is to work with Council staff in providing ongoing support and mentoring for individuals entering recovery.

**Qualifications:** Desire to help the Addiction Resource Council, Inc. carry out its mission with a preference to work in nonprofit, mission-based service.

**Knowledge and Skill Base**

1. Ability to work with the public.
2. Ability to communicate well with others orally and utilizing active listening skills in order to provide positive feedback in a non-judgmental manner.
3. Knowledge of addiction recovery strategies.
4. Knowledge of local A.A. and other community recovery support group meetings, times and locations and their philosophy.
5. Personal knowledge of recovery a benefit, but not required.

**Principal Duties**

1. Provide assistance to Council clients in understanding and maneuvering through the local treatment and recovery support system.

2. Introduce clients into A.A. and other local recovery support activities.
3. Provide active listening during times of personal crisis for clients by providing a role model for recovery support.
4. Other duties as assigned.

_____ _____
Volunteer's Signature Date

_____ _____
Associate Director's Signature Date

**ADDICTION RESOURCE COUNCIL, INC.**
**POSITION DESCRIPTION**

**Position Title:** HELPLINE VOLUNTEER

**Accountability:** Reports to the Program Coordinator or designee

**Position Objective:** The primary responsibility of the Helpline Volunteer is to take information and crisis calls from the Council's Helpline during business hours.

**Qualifications:** Desire to help the Addiction Resource Council, Inc. carry out its mission with a preference to work in nonprofit, mission-based service.

**Knowledge and Skill Base**

1. Ability to communicate well with others orally and utilizing active listening skills in order to provide positive feedback in a non-judgmental manner.
2. Ability to remain calm and provide telephone support to individuals in crisis.
3. Ability to maintain accurate written documentation of calls and action taken.
4. Knowledge of local addiction resources helpful, but training will be provided.

**Principal Duties**

1. Answer the Council's Helpline calls during business hours.
2. Provide information on local assessment, treatment and educational resources.
3. Provide support to callers in crisis or desiring information on local addiction services.
4. Document calls appropriately as required.

_____ _____
Volunteer's Signature Date

Associate Director's Signature Date

**ADDICTION RESOURCE COUNCIL, INC.**
**POSITION DESCRIPTION**

**Position Title:** SPECIAL PROJECT VOLUNTEER

**Accountability:** Reports to the Program Coordinator or designee

**Position Objective:** The primary responsibility of the Special Project Volunteer is to assist with special projects as needs arise.

**Qualifications:** Desire to help the Addiction Resource Council, Inc. carry out its mission with a preference to work in nonprofit, mission-based service.

**Knowledge and Skill Base**

1. Varies depending on the special project

**Principal Duties**

1. Varies depending on the special project.

Volunteer's Signature Date

Associate Director's Signature Date

**ADDICTION RESOURCE COUNCIL, INC.**
**POSITION DESCRIPTION**

**Position Title:** WISCONSIN WINS VOLUNTEER

**Accountability:** Reports to the Tobacco Services Coordinator or designee

**Position Objective:** The primary responsibility of the Wisconsin WINS Volunteer is to assist youth in conducting local compliance checks for tobacco sales to minors.

**Qualifications:** Desire to help the Addiction Resource Council, Inc. carry out its mission with a preference to work in nonprofit, mission-based service.

**Knowledge and Skill Base**

1. Ability to communicate well youth and the public.
2. Must possess a valid Wisconsin Driver's License and an insured vehicle.
3. Ability to maintain accurate written documentation of compliance check visits and action taken.

**Principal Duties**

1. Provide transportation and supervision to teams of 15-17 year old youth conducting local tobacco compliance checks.
2. Remind clerks of the law and/or reward clerks for following the law.
3. Document checks appropriately as required.

_____ _____
Volunteer's Signature Date

_____ _____
Tobacco Services Coordinator's Signature Date

**ADDICTION RESOURCE COUNCIL, INC.**
**POSITION DESCRIPTION**

**Position Title:** FUND-RAISING VOLUNTEER

**Accountability:** Reports to the Associate Director or designee

**Position Objective:** The primary responsibility of the Fund-Raising Volunteer is to assist the Board and staff in planning and holding fund-raising events.

**Qualifications:** Desire to help the Addiction Resource Council, Inc. carry out its mission with a preference to work in nonprofit, mission-based service.

**Knowledge and Skill Base**

1. Ability to communicate well with others orally and in writing.
2. Ability to solicit donations on behalf of the Council from local businesses and organizations.
3. Ability to produce written materials.
4. Ability to plan events and maintain timelines and deadlines.
5. Ability to operate a PC and use ACCESS mailing database.
6. Ability to work with a variety of people.

**Principal Duties**

1. Provide support to staff and board in planning and carrying out fund-raising activities.
2. Solicit donations on behalf of the Council from local businesses and organizations as directed by staff.
3. Develop print materials such as invitations, programs as needed.
4. Communicate with caterers and/or hotels to schedule events and plan menus.
5. Facilitate mailings using ACCESS mailing database.
6. Other duties as assigned.

_____ _____
Volunteer's Signature Date

_____ _____
Associate Director's Signature Date

# HEALTH QUESTIONNAIRE

SECTION ONE
PERSONAL DATA

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LAST NAME FIRST NAME MIDDLE INITIAL

DATE OF BIRTH (AREA CODE) HOME TELEPHONE NUMBER

STREET ADDRESS APT. #

CITY STATE ZIP CODE

---

SECTION TWO
EMERGENCY CONTACT INFORMATION

LAST NAME FIRST NAME

ADDRESS APT. #

CITY STATE ZIP CODE

(AREA CODE) DAYTIME TELEPHONE (AREA CODE) EVENING TELEPHONE

RELATIONSHIP

---

SECTION THREE
PHYSICIAN CONTACT INFORMATION

PHYSICIAN'S NAME (AREA CODE) TELEPHONE NUMBER

CLINIC NAME

STREET ADDRESS

CITY STATE ZIP CODE

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SECTION FOUR
MEDICAL HISTORY

1. HAVE YOU EVER BEEN TREATED FOR ADDICTION? _____YES _____ NO
   IF YES, PLEASE EXPLAIN:

_____

_____

_____

2. HAVE YOU EVER BEEN TREATED FOR MENTAL ILLNESS? _____ YES _____ NO
   IF YES, PLEASE EXPLAIN:

_____

_____

_____

3. ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE FOR ANY REASON? _____ YES _____ NO
   IF YES, PLEASE EXPLAIN:

_____

_____

_____

4. ARE YOU CURRENTLY TAKING ANY MEDICATIONS? _____ YES _____ NO
   IF YES, PLEASE EXPLAIN:

_____

_____

_____

5. DO YOU HAVE ANY PHYSICAL PROBLEMS, DISABILITY OR LIMITATIONS WHICH REQUIRE(S) ANY SPECIAL ACCOMMODATIONS? _____ YES _____ NO
   IF YES, PLEASE EXPLAIN:

_____

_____

_____

**VOLUNTEER ORIENTATION CHECKLIST**

Training for volunteers will be held quarterly. Exceptions may be accommodated for training dates as needs arise.

January - March _____

April - June _____

July - September _____

October - December _____

**Handouts / Paperwork**
Application
Handbook
Health questionnaire
Background Check
Ethics
Confidentially
Letter of agreement
Signature sheet
(File Check)
Mission statement
Annual report
Nonprofit private agency -define
Services overview
Confidentially - consequences & legal
Ethics
Tour of agency