

Clinton County Board of  
Developmental Disabilities

**Volunteer Packet**

Kyle Lewis  
Superintendent

Dear Potential Volunteer,

Thank you for your interest in volunteering with the Clinton County Board of Developmental Disabilities. This packet has been created to give insight into our agency and the expectations of our volunteers. An application has been included at the end of this packet. If you desire to become a volunteer, complete the application and return it to:

Clinton County Board of DD  
4425 State Route 730  
Wilmington, OH 45177

Volunteering is an opportunity to share your time, talents, creativity, and understanding with the agency, the community, and with people we serve.

*Who can volunteer?*

CCBDD accepts volunteers from many spheres and capacities; homemakers, retirees, area professionals, students, and many more.

*How can I help?*

The Clinton County Board of DD offers a variety of volunteer opportunities. Our staff will meet with you and discuss your areas of interest: self-advocacy activities, extracurricular activities, early intervention, grounds work, maintenance, office work, etc. Your interest and skills will be matched with agency needs.

*How do I become a volunteer?*

There are a few requirements that must be completed and agreed upon before a person is able to become a volunteer. You must:

- Complete and submit an application; An interview will be scheduled once received
- Accept the Principles of Service
- Agree to uphold the Rights of Persons with a Developmental Disability
- Consent to a background/fingerprint check and database checks in accordance with rule
- Commit to a specific amount of time

*We hope that you will consider becoming part of our team and supporting people with disabilities in this community!*

Clinton County Board of Developmental Disabilities

**VOLUNTEERS**

*Volunteers are a valuable asset to our agency. In order to utilize this resource in the most advantageous manner, the following guidelines are to be used by all departments of the Clinton County Board of Developmental Disabilities.*

Use of volunteers will be determined by:

- a. The departments' needs
- b. The volunteers' likes, dislikes, skills, interests, etc.
- c. Availability of appropriate volunteers

Volunteer application process:

- a. All volunteers will complete a volunteer application form
- b. All volunteers will be interviewed by at least one supervisor and an interview form will be completed at that time
- c. All volunteers will have a minimum of two references checked by the department working with the volunteer for the first time. All paperwork (application, interview form, and reference checks) must be completed and on file in the administrative office prior to the volunteers start date.

Volunteer orientation:

- a. Each volunteer will be given a complete overview of the agency by the director/supervisor working with the volunteer for the first time
- b. Confidentiality of information will be reviewed and prioritized
- c. Written guidelines will be given to the volunteers listing volunteers' responsibilities (volunteers are not to be utilized in place of regular staff but to supplement regular staff)

Clinton County Board of Developmental Disabilities

**MISSION STATEMENT**

*To inspire people of all abilities to embrace the pursuit of self-advocacy, choice, and integration.*

**PRINCIPLES OF SERVICE**

1. The Mission Statement will be known, owned, and implemented by each CCBDD volunteer
2. Each volunteer will serve as an advocate for the highest quality of services for all people served by CCBDD
3. Each volunteer will strive to know the needs of his or her persons served in order to deliver quality services and deliver those services as prescribed by Section 5123.62 of the Ohio Revised Code
4. Collaboration and team efforts are valued and reflected in the daily work of CCBDD volunteers
5. Each volunteer will fulfill individual work responsibilities as well as demonstrate his or her commitment to established CCBDD goals
6. Continuous improvement for personal and organizational growth shall be each person's responsibility
7. Each volunteer who receives a request or complaint by an individual served will be responsible for facilitating its solution
8. Each volunteer shall be an ambassador for CCBDD inside and outside of the work place and consistently model a positive attitude toward people served, coworkers, and the citizens of Clinton County
9. Protecting the resources of CCBDD is the responsibility of each volunteer
10. Each volunteer shall be respectful, dependable, honest and ethical in dealing with each other and with each person served

State of Ohio

**THE RIGHTS OF PERSONS WITH A DEVELOPMENTAL DISABILITY**

Ohio Revised Code Section 5123.62

*Section 5123.62; the rights of persons with mental retardation or a developmental disability include, but are not limited to, the following:*

- (A) The right to be treated at all times with courtesy and respect and with full recognition of their dignity and individuality;
- (B) The right to an appropriate, safe, and sanitary living environment that complies with local, state, and federal standards and recognizes the persons' need for privacy and independence;
- (C) The right to food adequate to meet accepted standards of nutrition;
- (D) The right to practice the religion of their choice or to abstain from the practice of religion;
- (E) The right of timely access to appropriate medical or dental treatment;
- (F) The right of access to necessary ancillary services, including, but not limited to, occupational therapy, physical therapy, speech therapy, and behavior modification and other psychological services;
- (G) The right to receive appropriate care and treatment in the least intrusive manner;
- (H) The right to privacy, including both periods of privacy and places of privacy;
- (I) The right to communicate freely with persons of their choice in any reasonable manner they choose;
- (J) The right to ownership and use of personal possessions so as to maintain individuality and personal dignity;
- (K) The right to social interaction with members of either sex;
- (L) The right of access to opportunities that enable individuals to develop their full human potential;
- (M) The right to pursue vocational opportunities that will promote and enhance economic independence;
- (N) The right to be treated equally as citizens under the law;
- (O) The right to be free from emotional, psychological, and physical abuse;
- (P) The right to participate in appropriate programs of education, training, social development, and habilitation and in programs of reasonable recreation;

- (Q) The right to participate in decisions that affect their lives;
- (R) The right to select a parent or advocate to act on their behalf;
- (S) The right to manage their personal financial affairs, based on individual ability to do so;
- (T) The right to confidential treatment of all information in their personal and medical records, except to the extent that disclosure or release of records is permitted under sections 5123.89 and 5126.044 of the Revised Code;
- (U) The right to voice grievances and recommend changes in policies and services without restraint, interference, coercion, discrimination, or reprisal;
- (V) The right to be free from unnecessary chemical or physical restraints;
- (W) The right to participate in the political process;
- (X) The right to refuse to participate in medical, psychological, or other research or experiments.

## Clinton County Board of Developmental Disabilities

### **VOLUNTEER POLICIES**

#### Appearance and Apparel

- a. All volunteers are required to wear appropriate dress; shorts, halter tops, leggings, and t-shirts with imprinted messages are not considered appropriate dress. The Board of DD reserves the right to prescribe appropriate dress and grooming, and to set standard which are in the best interests of the agency and position. Appropriate standards of cleanliness shall be required.
- b. Consideration of peoples' behavior should be considered when wearing jewelry into program areas. Necklaces and hoop/long earrings may be inappropriate around some people.
- c. All clothing shall be conducive to the safe and effective performance of required job assignments. Any questions should be directed to your immediate supervisor.

#### Training Period

- a. Every volunteer will be provided with on-the-job training which may be conducted by a member of the staff
- b. Volunteers will be given a tour of the agency and job assignments will be explained at the time of interview and scheduling.

#### Absences

- a. Volunteer agreements and schedules are sent to the volunteer's assigned area and are depended upon. Volunteers should contact the main office to be directed to the appropriate department and report anticipated absences as soon as possible.

CCBDD Main Office: (937) 382-7519

#### Substance Abuse

- a. CCBDD prohibits its employees and volunteers from the possession, use, or sale of illegal drugs, or the misuse of legal drugs. Being under the influence of alcohol or other performance impairing substance while on CCBDD property or while acting in the course and scope of volunteering is also prohibited and will result in immediate dismissal.

#### Smoking Policy

- a. In an effort to provide an environment that protects the safety, health, and comfort of employees, volunteers, people served, visitors, and others, all buildings and vehicles operated by the Clinton County Board of DD are smoke and tobacco free.

While the Board discourages any smoking or tobacco use on campus, there are designated smoking areas and your immediate supervisor will advise you of these areas.

Clinton County Board of Developmental Disabilities

**HIPAA CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT**

As a volunteer, or student doing training, or job shadowing, agency representative or a person in some other way affiliated with CCBDD, you may have access to confidential information. "Confidential Information" includes but is not limited to, records pertaining to our business operations, people we serve (including their protected health information or PHI), business associates, health care professionals, employees, and volunteers. PHI is defined under HIPAA regulation as almost any type of health information that is transmitted or stored in any form or medium, including spoken information that may be used to identify an individual. Because this information is vital to the operation of our agency in providing quality care and services to the people we serve and is the subject of extensive regulations and laws, including HIPAA, it must be protected. As such, in accordance with current HIPAA regulations and CCBDD policies governing the access, use, and disclosure of confidential information, you have the responsibility to protect such data.

You may learn about admission, medical care provided, testing, condition, education, or personal data of someone who is receiving or has received services at CCBDD. The purpose of this agreement is to provide you with information to assist you in understanding your duty and obligations relative to confidential information. Your signature on this document indicates that the information contained herein has been explained to you, you received a copy of this document, and that you understand the rules set forth.

YOU AGREE: To respect the privacy and confidentiality of any information you may have access to throughout the agency. You will access or use only that information necessary to perform your assigned job function.

To refrain from communicating information about a person in any manner or in a public area of the facility such as hallways or the restroom facilities that would allow others to overhear such information. To refrain from discussing any person's information in accordance with the CCBDD's established policies.

Not to release or disclose the contents of any person's record or report except to fulfill your assigned work function.

Not to remove or copy any protected information or reports for the records location except to fulfill assigned work function.

Not to access or request any protected information that is not necessary to perform your assigned work function.

To report any suspected or known unauthorized access, use, or disclosure of protected information.

To abide by the HIPPA policies and procedures set forth by CCBDD as well as current regulations governing privacy issues.

I further understand that the duties and obligations set forth in this document will continue after the termination, expiration, or cancellation of this agreement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_