



Welcome!

C.A.M.P. University is a non-profit organization that provides opportunities for special needs young adults to continue developing life and social skills after high school and provides a respite for their families.

While volunteering or interning you will be asked to assist the CAMPers and in doing so enhance their quality of life, knowledge, and abilities. You will be assigned a day or days to plan a lesson that will teach a skill or expand the CAMPers thought process and knowledge base. CAMP staff is prepared to help make suggestions and offer guidance. Please don't hesitate to come to any of the staff if there is a question or concern about anything

As a leader we expect you to take initiative, be engaging, and participate. Please don't wait to be asked. Some activities may require you to help transport CAMPers. If you are willing to help we will need to make a copy of your driver's license and insurance.

Here's how to get started:

- Complete the form for a background check.
  - This includes providing your ID, social security card, and \$5 to cover the cost.
- Complete the volunteer or internship application.
- Sign the confidentiality form.
- Optional – Provide a copy of your driver's license and car insurance.

Your willingness to help our CAMPers reach their maximum potential is to be commended and we appreciate your help. If you have any questions about this process please contact us by phone at 956-800-5292 or by stopping by between the hours of 8:30-4:40 Monday through Friday.



### **Confidentiality Policy**

All information concerning clients, former clients, our staff, volunteers, and personal data, medical records, financial data, and business records of [C.A.M.P. University] is confidential. “Confidential” means that you are free to talk about [C.A.M.P. University] and about your program and your position, but you are not permitted to disclose clients’ names or talk about them in ways that will make their identity known. No information may be released without appropriate authorization. This is a basic component of client care and business ethics. The board of directors, staff, and our clients rely on paid and volunteer staff to conform to this rule of confidentiality.

[C.A.M.P. University] expects you to respect the privacy of clients and to maintain their personal and financial information as confidential. All records dealing with specific clients must be treated as confidential. General information, policy statements or statistical material that is not identified with any individual or family is not classified as confidential. Staff members are responsible for maintaining the confidentiality of information relating to other staff members and volunteers, in addition to clients.

Failure to maintain confidentiality may result in termination of your employment, or other corrective action. This policy is intended to protect you as well as [C.A.M.P. University] because in extreme cases, violations of this policy also may result in personal liability.

### *Rational*

Confidentiality is the preservation of privileged information. By necessity personal and private information is disclosed in a professional working relationship. Part of what you learn is necessary to provide services to the applicant or client; other information is shared within the development of a helping, trusting relationship. Therefore, most information gained about individual clients through an assignment is confidential in terms of the law, and disclosure could make you legally liable. Disclosure could also damage your relationship with the client and make it difficult to help the person.

Before you begin your assignment as a staff member/volunteer, you should be aware of the laws and penalties for breaching confidentiality. Although the agency is liable for your acts within the scope of your duty, giving information to an unauthorized person could result in the agency’s refusal to support you in the event of legal action. Violations of the state statutes regarding confidentiality of records is punishable upon conviction by fines or by imprisonment or by both.

### **Certification**

I have read [C.A.M.P. University]’s policy on confidentiality and the Statement of Confidentiality presented above. I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my services with [C.A.M.P. University].

Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_



*Volunteer Application*

**Personal Information:**

Name: \_\_\_\_\_ Female ☐ Male ☐

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Vehicle:**

Make / Model / Year: \_\_\_\_\_

Copy of Insurance Card: yes ☐ no ☐ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Other:**

List your special hobbies, skills, and talents: \_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_

Work experience: \_\_\_\_\_

\_\_\_\_\_ How did you hear about us?

☐ C.A.M.P. Website ☐ Online Search ☐ Other: \_\_\_\_\_

☐ C.A.M.P. University Student/Staff (if so whom) \_\_\_\_\_

☐ School/University (if so which one) \_\_\_\_\_

When are you available to volunteer? (Program Hours are Mon-Fri 9:00am-3:00pm)

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Times Available						

Have you ever worked with individuals with an intellectual disability? Explain:

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What motivated you to seek out the opportunity to volunteer at C.A.M.P. University?

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Please list any special skills, training or experience that you would be willing to share at C.A.M.P. University? (i.e. photography, marketing, sewing, etc.)

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**\*Required for direct work with C.A.M.P. University students**

Are you willing to complete a background check? ☐ Yes ☐ No

**Confidentiality Agreement:**

It is understood and agreed to that certain information regarding C.A.M.P. University individuals must be kept confidential to respect and protect their identities. Please refrain from disclosing personal information including but not limited to full names, diagnosis, personal history and addresses of the individuals as well as any photography or sound recordings to anyone that is not directly affiliated with C.A.M.P. University unless prior permission is granted.

I, \_\_\_\_\_, have read, understand and voluntarily accept this agreement.

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

*C.A.M.P. University does not discriminate on the basis of race, color, ethnicity, religion, age, or gender in its admissions policies or program.*