



Community
Inclusive
Recreation

VOLUNTEER APPLICATION

Community Inclusive Recreation
is a community led-resource that reduces
barriers to personal growth and provides
opportunities for vulnerable populations.

www.cirFUN.com

Community Inclusive Recreation
Volunteer Service Application

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Employment

Employer: _____ Position: _____

Hours: _____ Full Time: _____ Part Time: _____

Education

Are you a student? Yes _____ No _____ High School _____ College _____

Positions of interest to you: Special Events _____ Fundraisers _____ Office Projects _____

Art Program Assistant _____ Volunteer Driver _____ Activity Asst. _____ Odd Jobs _____

What accommodations may you need for this volunteer position?

When are you available to volunteer? Time of day _____ until _____

Morning _____ Afternoon _____ Evening _____ Day of the Week: M T W TH F Sat Sun

What experience or skills can you bring to Community Inclusive Recreation?

Please provide two personal or professional references (not family members):

Name: _____ **Phone:** _____

1. _____

2. _____

I agree to sign a confidentiality agreement form: Yes _____ No _____

I authorize Community Inclusive Recreation to conduct a criminal history check: Yes ___ No ___

Have you been convicted of a felony within the past five years? Yes _____ No _____

I hereby attest that the above information is true to the best of my knowledge.

Signature: _____ Date: _____

Guardian (if applicable): _____ Date: _____



Community Inclusive Recreation, Inc. NO Smoking Policy

CIR is dedicated to providing a healthy, comfortable and productive work environment for our employees.

The United States Surgeon General, in his 1986 report on Involuntary Smoking, concluded:

- Involuntary Smoking is a cause of disease, including lung cancer, in healthy non-smokers.
- The simple separation of smokers and non-smokers within the same air space may reduce, but does not eliminate, the exposure of non-smokers to environmental tobacco smoke.

In 1993, the Environmental Protection Agency (EPA) classified environmental tobacco smoke as a Group A carcinogen, that is, a substance known to cause cancer in humans. The EPA recognizes no safe level of exposure for Group A carcinogens.

In light of these findings, CIR is entirely smoke free.

Smoking is strictly prohibited within company owned vehicles and buildings including offices, hallways, restrooms, lunch rooms, meeting rooms and all community work areas. This policy applies to all employees, contractors, casual labor and visitors.

Smoking shall only occur at a reasonable distance (e.g. 20 feet or more) outside any enclosed area where smoking is prohibited to insure that environmental tobacco does not enter the area through entrances, windows, ventilation systems or any other means.

Copies of this policy shall be distributed to all employees. Signs shall be posted at all building entrances. The success of this policy will depend upon the thoughtfulness, consideration and cooperation of smokers and non-smokers. All employees share in the responsibility for adhering to and enforcing this policy.

I understand CIR'S position on smoking in the workplace and will comply with the policy.

Signed: _____ Dated: _____



Community Inclusive Recreation, Inc.
Employment Addendum B
Effective: 2/1/2005

**Authorization for a
Criminal Records Check**

I understand that I am being considered for a position with Community Inclusive Recreation, Inc., a non-profit 501(c) 3 that will involve the following activities:

- Supervision and coordination of social and recreational opportunities
- Involving youth and adults with and without disabilities.
- Collection of registration fees for services rendered.

I authorize Community Inclusive Recreation, Inc., through the Michigan State Police Central Records Division, Michigan Department of Public Safety or any other agency, to conduct a criminal history file check or investigation by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to Community Inclusive Recreation, Inc.

Full Name: _____

Maiden Name or Alias: _____

Date of Birth: _____ Sex: _____ Race: _____

MI Driver License #: _____

Social Security #: _____

I understand that the records checking process may take up to three weeks, and further understand if the information provided is less that favorable, my employment may be terminated.

Signed: _____

Date: _____



Community Inclusive Recreation, Inc. Basic Confidentiality Policy & Agreement

During your experience with Community Inclusive Recreation/CIR as an employee or board member you will have access to information on participants with disabilities, especially with regard to medical conditions, medications, income and related financial information.

It is vital to the integrity of our agency that this information is kept in strictest confidence and only be used in the event of a medical condition or emergency. Information of this nature must not be made available to any person or persons outside the agency unless conditions demand it (e.g. providing information to medical personnel, case managers).

Sharing this information is a serious violation of policy and may result in termination of employment.

I have read the above policy and had any questions or concerns regarding the policy explained to my satisfaction.

I understand that violation of this policy may result in my termination.

Signature: _____ Date: _____

Ten Commandments for Communicating With Individuals Who Have a Disability

1. Speak directly rather than through a companion or sign language interpreter who may be present.
2. Offer to shake hands when introduced. People with limited hand use or an artificial limb can usually shake hands and offering the left hand is an acceptable greeting.
3. Always identify yourself and others who may be with you when meeting someone with a visual disability. When conversing in a group, remember to identify the person to whom you are speaking. When dining with a friend who has a visual disability, ask if you can describe what is on his or her plate.
4. If you offer assistance, wait until the offer is accepted. Then listen or ask for instructions.
5. Treat adults as adults. Address people with disabilities by their first names only when extending that same familiarity to all others. Never patronize people in wheelchairs by patting them on the head or shoulder.
6. Do not lean against or hang on someone's wheelchair. Bear in mind that people with disabilities treat their chairs as extensions of their bodies. And so do people with guide dogs and help dogs. Never distract a work animal from their job without the owner's permission.
7. Listen attentively when talking with people who have difficulty speaking and wait for them to finish. If necessary, ask short questions that require short answers, or a nod of the head. Never pretend to understand; instead repeat what you have understood and allow the person to respond.
8. Place yourself at eye level when speaking with someone in a wheelchair or on crutches.
9. Tap a person who has a hearing disability on the shoulder or wave your hand to get his or her attention. Look directly at the person and speak clearly, slowly, and expressively to establish if the person can read your lips. If so, try to face the light source and keep hands, cigarettes and food away from your mouth when speaking. If a person is wearing a hearing aid, don't assume that they have the ability to discriminate your speaking voice. Never shout to a person. Just speak in a normal tone of voice.
10. RELAX. Don't be embarrassed if you happen to use common expressions such as "See you later" or "Did you hear about this?" that seems to relate to a person's disability.