



Dear Prospective Volunteer:

Thank you for your interest in volunteering at Step Up!

Step Up is celebrating 30 years of providing the Help, Hope, and a Home that leads to recovery for individuals, families, and communities affected by mental illness. We are proud to say that volunteers are still a vital part of accomplishing Step Up's mission.

Step Up offers a supportive environment that includes showers, laundry, hot meals, referrals, classes, support groups, supported job training and placement, housing, medication support, and case management. All services are free of charge to members, 7 days a week, 365 days a year.

Attached please find an application to participate as a Step Up Volunteer. Volunteers facilitate many of Step Up's classes and support groups, assist with fundraising and other special events, prepare and serve meals, participate in our vocational programs, and contribute professional expertise.

Again, thank you for your interest – it is greatly appreciated!

Sincerely,

A handwritten signature in blue ink, appearing to read "Tod Lipka".

Tod Lipka
President & CEO

Rev: 3/11

VOLUNTEER

JOB DESCRIPTION:

Volunteers are utilized at Step Up to assist staff, either in a specific area of need or on a "as needed" basis.

Areas in which volunteers may serve are:

1. Facilitating socialization, support and educational groups on a weekly basis.
2. Administrative tasks.
3. Fundraising & Special Events.
4. Community Education & Public Relations.
5. Food donation, preparation, and service on holidays, or at any requested time.
6. Errands (if automobile is insured).
7. Carpentry, maintenance, and repairs.

QUALIFICATIONS:

The qualifications for volunteering as an augment to staff are commensurate with the qualifications for paid staff positions, i.e. a baccalaureate degree in mental health (or in-progress); previous experience at a social service agency; and appropriate levels of job skills for the tasks performed at Step Up on Second.

FOR OFFICE USE ONLY

NAME OF STAFF PERSON RECEIVING THE APPLICATION

OUTCOME

NOTES

DATE _____



VOLUNTEER APPLICATION

Name (last, first, middle)

Today's Date

Mailing Address

City

State

Zip Code

Preferred Phone (Home / Business)

Message Phone/Fax (Home / Business)

Preferred E-mail (Home / Business)

Occupation/Title

License or Degree

Driver's License #:

Date of Birth

** Copy for ID purposes required

Personal or professional references

First and Last Name

Telephone

First and Last Name

Telephone

PLEASE RESPOND TO THE FOLLOWING

1. How did you find us? List website, organization or name of person referring you to Step Up.
2. Describe any previous experience (professional or volunteer) working with individuals or families living with mental illness.
3. In what capacity would you like to volunteer with Step Up? Why?
4. What is your current availability to volunteer? Please specify weekdays, evenings, weekends, etc.
5. Describe any special skills relevant to your volunteer experience at Step Up (e.g., facilitating groups, teaching classes or workshops, graphic design, fundraising, event production, community education, job training, specialized professional services, etc.)

THANK YOU!

Notes:

GUIDELINES FOR VOLUNTEERS

1. Scope of practice. Volunteers do not practice psychotherapy or individual counseling. Step Up on Second is a social rehabilitation center with specific contracts through the department of mental Health. State law and insurance restrictions prohibit unlicensed staff and volunteers, not under the auspices of these contracts from practicing psychotherapy or individual counseling.

Specifically this means any activity "designed to impact and/or ameliorate any emotional or psychological state, such as: exploration of feelings, history of a problem, direct or indirect advice, exploration of alternatives, reflection of feelings, or plans for behavioral change." If participants request therapeutic services, refer them to their psychiatrist, the Clinical Director or other licensed mental health professionals. Step Up volunteers help participants facilitate educational groups or other areas of general interest and provide a "listening ear." Volunteers may not conduct counseling or psychotherapy at Step Up on Second.

2. Confidentiality - As a condition of volunteering to help mentally ill adults at Step Up, I agree not to divulge any information obtained in the course of such involvement to unauthorized persons. I further agree not to publish or otherwise make public any information regarding individuals who receive services. I understand that the unauthorized release of confidential information may make me subject to a civil action under provisions of the Welfare and Institutions code, pp. 5328-5330.

3. Solicitation - Step Up complies with Article 9 of Chapter 4, Division 3, Section 6150 of the Business and Profession's Code of California, which prohibits unlawful solicitation. Volunteers are strictly forbidden from referring participants to a private attorney or offering legal recommendations. Any client in need of an attorney will be referred to the Los Angeles County Bar Association.

I understand that I may not provide referrals or solicit for private attorneys. I further agree not to refer Step Up on Second members to other professionals outside Step Up on Second.

4. Transportation - I agree that I will not use my own transportation on Step Up business unless I am fully insured and hold a valid California Driver's License. Volunteers are not allowed to transport participants, unless previously arranged with Clinical Director.

5. Abuse Reporting - Staff of Step Up are obligated to report reasonably suspected instances of child abuse or physical abuse of elderly, dependent, or disabled persons. If, as a volunteer, you suspect that a participant is endangered by physical abuse, inform the Clinical immediately, so reports can be made to the proper authorities. All volunteers must report suspected endangerment.

6. Waiver of Liability - As a volunteer at Step Up on Second, I shall indemnify and hold harmless Step Up on Second Street, Inc., its Board of Directors, employees, and volunteers from and against any and all loss, damages, injury, liability, claims, suits, costs, and expenses, whatsoever.

I agree to follow the rules and procedures of Step Up on Second.

Signature

Date

ETHICS AND VALUES

By assuming a volunteer role at Step Up, you ask that you comply with the following Code of Ethics. Each of these policies is designed to ensure a safe, supportive environment for staff, participants, and volunteers.

1. Your safety is primary. If you ever feel threatened, if a participant is behaving in a threatening manner or if you suspect a participant is feeling suicidal/homicidal, inform the Clinical Director or Coordinator or available staff immediately. Do not attempt intervention yourself.
2. Maintain appropriate boundaries with members and do not engage in social activities or other contact with participants outside of the center. This would include but is not limited to making loans, providing transportation, distributing your home phone number or address, offering employment or housing, permanent or temporary. *Step Up strictly forbids volunteers from engaging in sexual relationships or illegal activity with anyone receiving services here.*
3. Respect confidentiality. Please do not discuss Step Up participants by name outside of the center or disclose their personal information. Confidential information should be shared with staff only.
4. Never make any statements to the media about Step Up or its members without the approval of the Executive Director. All fundraising solicitations, public speaking engagements, and promotional activities must be approved by the Executive Director.
5. If you observe any other volunteer or staff person behave in an inappropriate or unethical manner, you must inform the Clinical Director or Executive Director immediately.

I understand the ethical policies above. I agree to uphold and abide by Step Up's ethical policies and to seek clarification from staff when needed.

Signed

Date

SAFETY RULES FOR STEP UP VOLUNTEERS:

1. Work Safely! Learn the rules and practices of safety and apply them. Report possible hazards to a staff person immediately.
2. Maintain a clean and safe center. Keep aisles, work space, and program area clean, clear of debris, and well lit. Do not block fire extinguishers, sprinkler valves, sprinkler heads, or emergency exits. Close drawers and store belongings securely. Refrain from stacking objects. Report potential hazards. Any condition or practice that you suspect of being unsafe or hazardous must be reported immediately to a staff person.
3. Do not operate any equipment that is not in safe condition. Remove defective machinery from the program area to be repaired or disposed of safely.
4. Lifting/Ladder Use. Keep your back straight, bend at the hips, and at the knees so that you are closer to the load. Lift with your leg muscles and not your weaker back muscles. Do not lift heavy or awkward materials or any weight over 40 lbs. by yourself. Use the hand truck. Inspect all ladders before use. Do not lean the ladder against a movable object or too close to the wall. Only one person on the ladder at a time. When ascending or descending, grasp the side rails or rungs with both hands. Do not use a stepladder as a straight ladder.
5. In case of an accident. Report all accidents, no matter how slight the injury, to a staff person immediately. Prevent infection - obtain or administer first aid immediately. First aid kits are located in the member services office as well as all other departments.
6. Be observant. Watch for tension between participants and warning signs of possible aggressive or suicide attempts. Inform staff immediately. Early intervention through a coordinated staff effort can prevent escalation of incidents.
7. Adequate coverage. No volunteer or staff person should ever be alone with a member in the building. A supervisor or their designee should be on the premises at all times during business hours. During regular operating hours, at least two staff must be "on the floor" preferably one male. First floor staff must notify their supervisor before leaving the building.
8. Be respectful of Non-Smoking Policy. Smoking is not allowed in program areas of the building or in any satellite office or outdoors immediately surrounding the building.
9. Seek clarification. If you are given instructions that you do not understand, ask questions rather than proceeding. If you consider an assigned task to be dangerous or have a medical/physical limitation, notify a supervisor.

I have read, understood, and agree to abide by the above safety procedures related to my position at Step Up.

Signature

Date

TRANSPORTATION

All staff and volunteers who may use their own car on Step Up business must have a valid driver's license and be insured.

Examples of Step Up business:

- Any type of errand
- Outreach to member's homes
- Job coaching
- Food pick-up

If you are unable to meet the above criteria but still require transportation in order to meet the demands of your job, please see the Program Director who will arrange for bus fare.

Confirmation of your compliance with the above policy will be obtained each year.

In order to comply with Step Up's Transportation Policy, please complete and return this notice to the Clinical Director.

I have read and understand Step Up's Transportation Policy. I agree that I will not use my own transportation on Step Up on Second business unless I am fully insured and hold a valid California driver's license.

Signature

Date

MEDICAL CONSENT FORM FOR VOLUNTEERS

I understand that there is always the possibility that an accident could occur while I am volunteering at Step Up. Therefore, in case of an emergency, I the undersigned:

Hereby authorize Step Up to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care rendered by a licensed physician under the provisions of the MEDICAL PRACTICE ACT, or to consent to any X-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered by a dentist licensed under the DENTAL PRACTICE ACT.

I understand that, whenever possible, I will be asked to give consent in person and that immediate attempts will be made to reach my designated emergency contact. I understand that I am financially responsible for costs incurred by medical treatment.

Signature

Date

EMERGENCY CONTACT INFORMATION

Print Name _____

Date of Birth _____ Home Phone () _____

PRIMARY EMERGENCY CONTACT

Name _____ Relationship _____

Address _____

Day Phone Numbers _____ Other (cell) _____

Secondary EMERGENCY CONTACT Optional

Name _____ Relationship _____

Address _____

Day Phone Numbers _____ Other (cell) _____

PHYSICIAN & MEDICAL INSTRUCTIONS

Name of Physician _____

Phone Number _____

Insurance _____

Allergies _____ Penicillin? yes no

Other medical conditions such as diabetes, hx seizures, etc.

