

UNIVERSITY OF VERMONT EXTENSION
FARMWORKER PROGRAMS VOLUNTEER RECRUITMENT AND SCREENING PROCEDURE

While volunteerism is crucial to the success of the farmworker programs like the Migrant Education Program, Bridges to Health and the High School Equivalency Program, it is a privilege, not a right to be a volunteer. Because of the influence that volunteers have on populations with limited access to needed services, it is critical that volunteers be selected so that the integrity of the volunteer efforts can be maintained. Bridges to Health, the Migrant Education Program and the High School Equivalency Program have funding limitations and volunteers can play an important role in ensuring access to health care and education for program participants. Bridges to Health clients rely on community volunteers to provide transportation to health appointments. The Migrant Education Program works with volunteers to offer home-based English classes to enrolled students. The High School Equivalency Program coordinates with volunteers to offer study support and GED testing transportation for students. Volunteers who are connected to the community through UVM Extension farmworker programs may decide to take on additional roles *on their own* such as assistance with grocery shopping, playgroups for families, transportation to social events and the like. Effective September 2, 2014, University of Vermont Extension implemented a new Farmworker Programs volunteer selection policy and procedure that includes a background screening process with the Vermont Criminal Information Center (VCIC). All Farmworker Programs volunteers will be required to go through a screening process.

Farmworker Programs Screening Process:

Farmworker Programs volunteers are considered representatives of University of Vermont Extension when carrying out Bridges to Health, Migrant Education Program or High School Equivalency Program work, and must adhere to the following procedure when applying to become a Volunteer:

1. Complete the **University of Vermont Extension Volunteer Application form**.
2. Read and sign the **Confidentiality Agreement**.
3. Read and sign the **Release of Liability Form**.
4. Read and sign the **Code of Conduct form**.
5. Complete the **Vermont Child Abuse and Neglect/Adult Protective Services Registry Form**. In addition, please be advised that the UVM Extension will also conduct a Vermont Criminal Information Check and the State Coordinator will review any convictions listed, using the volunteer criteria:
 - a. Conviction of a criminal offense will not automatically disqualify the applicant from eligibility for a volunteer position.
 - b. The severity of the crime and length of time since the last conviction will also be considered.
 - c. A history of no convictions doesn't necessarily guarantee applicant a volunteer position.
6. Fill out UVM vehicle **Driving Record And Verification Authorization** using below [Affiliate Information](#)
Affiliate information: UVM Extension **Department or Group:** Farmworker Programming

Sponsors name: BTH – Naomi Wolcott-MacCausland,	nwolcott@uvm.edu	802-524-6501
MEP – Sarah Braun Hamilton,	sbraunha@uvm.edu	802-476-2003
HEP - Claire Bove	cbove@uvm.edu	802-388-4969
7. Your **references** will be sent a form to be completed and returned to the Extension Office. *If you have resided in Vermont less than one year, at least one reference must be obtained from previous residence and you will be asked to complete an FBI background check which will require fingerprints. Please let the Volunteer Coordinator know so they can provide you with directions.*
8. Complete an in-person or phone interview with BTH, MEP or HEP staff member.
9. Upon acceptance as a Farmworker Programs volunteer you will receive an official letter, a volunteer card and a copy of your **Code of Conduct**.

-Send applications to: Bridges to Health UVM Extension 278 South Main Street St. Albans, VT 05478

-IF **ONLY** applying to be a Migrant Education Program Volunteer send applications to: OSY Coordinator UVM Extension 327 US Route 302, Suite 1 Barre, VT 05641

-IF **ONLY** applying to be a High School Equivalency Program Volunteer send applications to: HEP Coordinator UVM Extension 23 Pond Lane, Suite 300 Middlebury, VT 05753

UNIVERSITY OF VERMONT EXTENSION
VOLUNTEER APPLICATION FORM
(To be completed by all potential Volunteers)

I. GENERAL INFORMATION

Name: _____

Mailing Address: _____

Home Address (if different): _____

Length of time at this address (years)? _____

Phone: Home: () _____ Best Time to Call: _____ a.m. / p.m.

Work: () _____ Cell: () _____

E-Mail Address: _____

Do you have a preference to be reached by phone or e-mail? (please check) E-mail Phone

Name(s) previously used (including maiden name): _____

Current Employer: _____

Occupation: _____

Employer Address: _____

II. VOLUNTEER INTEREST

Please check the box(es) corresponding to your volunteer interest:

Bridges to Health Volunteer

Description: BTH Volunteers transport immigrant farmworkers and family members to health appointments. BTH will provide volunteers with the necessary information to transport farmworkers from their homes on farms to their health appointments. Occasionally, BTH volunteers are contacted for help picking up an over-the counter medication or prescription. Transportation to appointments is set up a week or two in advance when possible. In this case we send out an email with the dates and appointment times as well as general locations so volunteers can see which trips would fit with their availability. However, many appointments are made last minute due to an illness or injury that has just occurred in which case potential volunteers will receive a phone call or text message.

Requirements: 18 years of age, commitment to health access for all, valid driver's license, reliable access to a registered inspected vehicle

Migrant Education Program Volunteer

Description: MEP Volunteers teach English to enrolled students. Once matched with a student, volunteers will teach a minimum of 1.5 hours a week. MEP can provide volunteers with instructional materials but volunteers are welcome to use their own materials. The MEP OSY coordinator will assess language development and is available for consultation but volunteers work independently to meet the ESL goals of the students.

Requirements: 18 years of age, conversational Spanish, experience teaching English to non-native speakers, valid driver's license, reliable access to a registered inspected vehicle, ability to commit to weekly 1.5 hour lessons for at least 3 months

High School Equivalency Program Volunteer

Description: HEP Volunteers offer study support to enrolled students working towards obtaining their GED. At minimum, conversational Spanish is required to be a HEP student tutor. HEP can provide volunteers with instructional materials but volunteers are welcome to use their own materials as well. HEP volunteers may also transport students to GED final testing appointments. HEP will provide the necessary information to facilitate this.

Requirements: 18 years of age, conversational Spanish, experience teaching or tutoring, valid driver's license, reliable access to a registered inspected vehicle, ability to commit to weekly 1 hour lessons for at least 3 months

Why are you interested in volunteering for the University of Vermont Extension's Farmworker Programs?

What skills, interests or experience do you have that are relevant to the program(s) of your choice?

Please list previous Volunteer Experience (List current or most recent experience first):

<u>Organization</u>	<u>Volunteer Role</u>	<u>Year(s)</u>

When are you available to volunteer?

Weekdays ____AM ____PM Weekends ____AM ____PM

How often are you interested in volunteering?

Once a week More than once a week Every two weeks Once a month Occasionally

With which age group are you interested in working with?

Pre-K 6-12 13-16 Out-of-school-youth aged 16+ Adults No preference

How far are you willing to travel? 30 minutes 45 minutes 1 hour 1.5 hours Anywhere statewide

What is your Spanish speaking ability? (circle one) None Basic Moderate Conversational Fluent

Do you have a valid driver's license and your own reliable transportation? Yes No

Are you over 18? Yes No

How did you hear about us? _____

III. EMERGENCY CONTACT INFORMATION: *In case of emergency, who should be contacted?*

Name: _____ Relationship: _____

Phone (day): _____ Phone (night): _____

Do you have any medical conditions of which we should be aware? ____ No ____ Yes

If yes, please explain: _____

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IV. HISTORY: *Answering "Yes" to these questions is not grounds for automatic rejection. More information may be requested from you before you can be considered a volunteer for University of Vermont Extension's Farmworker Programs.*

1. Have you ever been convicted of a criminal offense? Yes No
2. Have you ever been convicted for sale or use of controlled substances Yes No
3. Have you ever been charged, investigated or convicted of child neglect/abuse or domestic violence? Yes No
4. Have you ever had your license suspended or driving privileges revoked? Yes No
5. Are you aware of anyone currently sharing your residence with you having been convicted of a felony in the last 10 years? Yes No
6. Are you aware of anyone currently sharing a residence with you having been charged, investigated or convicted of child neglect/abuse or domestic violence? Yes No

If the answers to any of the questions asked above change during the course of your service to Farmworker Programs, you are required to notify University of Vermont Extension.

V. REFERENCES: *List three (3) persons not related to you who are familiar with your character and qualifications. References will be checked and kept confidential.*

1. Name: _____ Relationship to Applicant: _____
E-mail Address: _____
Mailing Address: _____ Phone: _____
2. Name: _____ Relationship to Applicant: _____
E-mail Address: _____
Mailing Address: _____ Phone: _____
3. Name: _____ Relationship to Applicant: _____
E-mail Address: _____
Mailing Address: _____ Phone: _____

I authorize the University of Vermont Extension to contact listed references. I understand that misrepresentation or omission of facts requested in this application is cause for rejection as a Farmworker Program volunteer. I agree to fulfil the responsibilities of this volunteer position to the best of my ability if appointed.

Applicant's Signature

Date

University of Vermont Extension and U.S. Department of Agriculture, cooperating, offer education and employment without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation and marital or familial status.

Confidentiality Agreement

“Confidential Information” is any information in any media that is not generally known to the public and cannot be readily obtained by proper means by the general public. Confidential information includes, but is not limited to, (1) information relating to the mental or physical health of an individual or individuals, (2) names and other identifying information about individuals, (3) financial details of an organization or individual, and (4) background or personal information told in confidence.

I, the undersigned, recognize that my work with UVM Extension’s Farmworker Programs requires considerable responsibility and trust. I understand that I may be entrusted with sensitive and confidential information, including Protected Health Information (PHI) or information protected by Family Educational Rights and Privacy Act (FERPA) in the course of my field visits.

I agree not to improperly use or disclose any Confidential Information, including PHI or protected FERPA information, that is disclosed to me as a result of my working with Farmworker Programs. I agree to bring any questions or concerns about this agreement directly to the Bridges to Health, Migrant Education Program or High School Equivalency Program Coordinator.

Name of Participant

Signature of Participant and Date

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Release of Liability

WHEREAS, I wish to participate as a volunteer in the University of Vermont Extension's Program/s known as **Bridges to Health/Puentes a la Salud, the Migrant Education Program and/or the High School Equivalency Program.**

WHEREAS, I understand that my work will consist of transportation of, interpretation for, and/or educational outreach with migrant farmworkers throughout Vermont for the purposes of accessing health care and/or providing educational services: and,

WHEREAS, I understand and accept that I am responsible for my own transportation to and from the project(s) on which I will be volunteering; and,

WHEREAS, I understand and recognize that there exists the possibility and risk of bodily injury to me or damage to my property while traveling to and from volunteer locations and during my participation in Bridges to Health, the Migrant Education Program and/or the High School Equivalency Program; and,

WHEREAS, I acknowledge that my participation in the Program is voluntary and that my volunteer work does not create an employment relationship with the University of Vermont. I acknowledge that I will not receive monetary payment and am not entitled to any benefits of employment under UVM policies, including but not limited to Workers Compensation. Finally, I will not receive academic credit for my volunteer participation.

NOW, THEREFORE, for and in consideration of the University of Vermont allowing me to participate in this voluntary Program, I hereby release, relieve, and hold harmless the University of Vermont, its trustees, officers, employees, and agents from any liability or claim of liability, including liability for bodily injury or property damage arising out of or in connection with my participation in the Program, including my travel to, from and around the location where I will be working during the Program, except such liability or claim of liability that may result from intentional wrongful acts committed by, or from the sole negligence of the University of Vermont or its trustees, officers, or employees.

By signing below, I acknowledge that I have read this release of liability and am signing it voluntarily.

Name of Participant

Signature of Participant and Date

The following guidelines are to assist volunteers in understanding what conduct is expected while serving in the capacity of a Farmworker Programs Volunteer.

CODE OF CONDUCT—University of Vermont Extension Farmworker Programs Volunteer

Upon receiving a Farmworker Programs Volunteer Card, signed by the designated representative, all volunteers shall:

1. Respect the individual rights, safety, and property of others;
2. Follow UVM Extension Confidentiality Agreement and Release of Liability Agreement;
3. Be an active participant in the local volunteer farmworker programs and, when available, participate in volunteer training opportunities;
4. Maintain a courteous and respectful manner, exhibit good sportsmanship, demonstrate reasonable conflict management skills, and act with dignity and pride;
5. Remember that the purpose of the Farmworker Programs is to increase access to health care services and education for migrant farmworkers in the state, and act in a way supportive of the Farmworker Programs and its policies and procedures;
6. Recognize and support the responsibilities of the Farmworker Programs staff in setting program standards, priorities and direction through clear communication and direct feedback;
7. Observe all policies, procedures or practices relating to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or familial status, and any other basis prohibited by law;
8. Provide a safe environment, free from sexual harassment, violence, verbal or mental abuse, neglect or other harmful behavior;
9. Abstain from alcohol and/or illegal drugs (or being under the influence thereof) while involved in any UVM Extension event, meeting or activity;
10. Refrain from the use of tobacco products while involved in any UVM Extension event, meeting, or activity;
11. Acknowledge that it is a privilege to represent the UVM Extension and act as a positive role model providing encouragement and support to the migrant farmworker community.

PENALTIES FOR INFRACTIONS

Infractions of the Code of Conduct should be reported by anyone observing them to the leadership of the Farmworker Programs and/or UVM Extension Administrators. Penalties may include any or all of the following:

1. Discussion with the Farmworker Programs volunteer on the expectations outlined in the code of conduct.
2. Referral to the appropriate law enforcement agency.
3. Termination as a Farmworker Programs volunteer.

By my signature, I acknowledge receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document. I understand that my appointment as a Farmworker Programs volunteer is contingent upon my agreeing to this document and failure to comply with these guidelines may result in termination as a volunteer.

NAME OF VOLUNTEER

SIGNATURE

DATE

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Agency of Human Services

Adult Protective Services, HC 2 South, 280 State Drive, Waterbury, VT 05671-2060
AND
Child Abuse Registry Unit, 280 State Drive, HC 1 North Bldg. B, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

**** This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: LAST FIRST Middle Initial Gender:

Address:

Last four digits of social security number: XXX-XX

Phone number: Birth Date: Place of Birth: City, State, Country

Other FIRST names I have used, if any (i.e. Nicknames, Aliases): (Type or Print)

Other LAST names I have used, if any (i.e. Maiden Names, Aliases): (Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to:

(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature

Date

FORM D



DRIVING RECORD AND VERIFICATION AUTHORIZATION

PLEASE PRINT LEGIBLY

Name (AS APPEARS ON LICENSE) _____
Address (AS APPEARS ON LICENSE) _____
City _____ State _____ Zip _____
Operator's License I. D. Number: _____ Expiration date: ____/____/20____
Date of birth: ____/____/____ Male ____ Female ____
e-mail _____ or Home/Local Phone _____
OTHER states in which you have held a driver's license within the past 3 years _____

Affiliate Information: (please circle) UVM Extension volunteer / Student / Staff / Faculty / Temp. Staff / Job Applicant
Department or Group for which you are driving: _____
Sponsor's Name (Supervisor, faculty or staff contact): _____
Sponsor's e-Mail Address: _____ Sponsor's Work phone: _____

UVM asks faculty, staff, students and volunteers to supply a history of MOTOR VEHICLE MOVING VIOLATIONS and ACCIDENTS that have occurred during the LAST THREE (3) YEARS.

Table with 3 columns: Year of Accident or Violation, Type of Accident or Violation, City and State where the accident or violation took place. Includes instruction: PLEASE INDICATE N/A IF THERE ARE NONE

FAILURE TO DISCLOSE VIOLATIONS MAY AFFECT YOUR ABILITY TO DRIVE FOR UVM

CERTIFICATION: I have read the preceding instructions and certify the information provided by me is true, correct and complete. I understand that it is my responsibility to notify UVM of any changes in my driver's record or license status...

I hereby give authorization to the University of Vermont to seek verification from the Department of Motor Vehicles in the state(s) in which I hold a license to confirm the information provided above.

Signed _____ Date: _____

Witnessed by _____ (Please verify license expiration date) Date: _____

PLEASE RETURN TO: UVM DEPARTMENT of RISK MANAGEMENT, 284 EAST AVENUE, BURLINGTON, VT 05405
PH: 802-656-3242 FAX: 802-656-8682 risk.management@uvm.edu