

FOR OFFICIAL USE	Last name	Application Received	Interview	Orientation	Vol ID



BOTSWANA BAYLOR CHILDREN'S CLINICAL

CENTRE OF EXCELLENCE

VOLUNTEER APPLICATION FORM



Date: _____

Part I: General Information

Instructions: Please **print clearly** and sign this form indicating not applicable in response to questions where that response is appropriate. Please also **attach your CV** to this application form.

Full Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Address in Botswana: _____

Telephone: Cell: _____ Work/Cell 2: _____

Email Address: _____

Driver's License Number: _____ Expiration Date: _____

Omang #/ ID # / Passport #: _____

Name of Emergency Contact in Gaborone: _____

Relationship: _____ Phone: _____

References:

Reference 1 (personal): Name: _____ Relationship: _____

Phone: _____ Email: _____

Reference 2 (professional): Name: _____ Relationship: _____

Phone: _____ Email: _____

Part II: Experience

Circle your highest degree of education:

High School / Senior Secondary

Tertiary / Post Secondary

Post Graduate

Other: _____

Occupation or area of study: _____

Current employer: _____

Do you have previous experience working with children and/or adolescents? In what capacity?

Do you have previous experience working with people living with HIV/AIDS? In what capacity?

Please describe your motivation for volunteering at Botswana-Baylor COE: _____

What skills will you bring to Baylor as a volunteer?

How long do you hope to volunteer with Baylor? Please explain. (Ex. Short term, 6 months, a year...)

Part III: Availability

Teen Club: Teen Club's mission is to empower HIV-positive adolescents to build positive relationships, improve their self-esteem and acquire life skills through peer mentorship, adult role-modeling and structured activities, ultimately leading to improved clinical and mental health outcomes as well as a healthy transition into adulthood. Volunteers (**21 years or older**) are needed every **last Saturday** of the month from **8:30am to 1:30pm**. Volunteer duties include:

- Facilitating activities
- Motivating teens and encouraging participation
- Explaining activities to teens in language teens can understand
- Helping wherever help is needed

Morning Play Group: Volunteers (**18 years and older**) are needed from **Monday to Friday** from **9am to 11am** to play with the children who are waiting for their appointments. Besides drawing, painting or ballgames, volunteers are asked to talk about topics such as hand washing, oral hygiene or basic nutrition referring to our morning play group lesson plans. Volunteer duties include:

- Teaching basic lessons
- Reading to children or helping them read
- Leading games and activities
- Assisting with arts and crafts
- Keeping the play area and toy room tidy
- Helping wherever help is needed

Tutoring: Volunteers (**18 years or older**) are needed **every Saturday** except for the last Saturday of the month from **9:00 to 12:00pm**. Each tutor assists one student on any subject with which the student needs assistance. Volunteer duties include:

- Helping students with homework
- Explaining confusing concepts in terms students can understand
- Assisting with English language literacy
- Reporting student progress to supervisor
- Creating a relationship with the assigned tutee
- Helping wherever help is needed

Office work: Volunteers (**18 years or older**) are needed from time to time to help around the office. Times vary, but tend to be on **week days** from **8 am to 4 pm**. This volunteer position is less regular, but a good way to get experience in an office. Volunteer duties include:

- Calling Teen Club participants
- Translating documents
- Taking inventory of supplies
- Helping wherever help is needed

Baylor-SSI Youth Program: Volunteers (**21 years or older**) are needed **every weekday** from **0900-1200** for the out of school youth program and from **14:30-1800** for the After School Program. Volunteers assist in facilitating life skills sessions, English literacy tutoring and help foster a safe space for participants. Volunteer duties include:

- One on one English literacy tutoring
- Facilitate group life skill sessions
- Supervising and assisting with homework
- Computer literacy training
- Vocational training
- Assisting in meal preparation (afternoon only)
- Helping wherever help is needed

In which program(s) are you interested? Check all that apply.

- Teen Club
- Morning Play Group
- Tutoring
- Office Work
- Baylor-SSI Youth Program 0900-1200
- Baylor-SSI Youth Program 1430-1800

Please indicate which day(s) of the week and specific times you would like to volunteer.

Example: If you can volunteer on Mondays from 8:30 am to 11:30 am, enter the time in the Monday column.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Volunteer Appreciation

We appreciate all of our volunteers and want to foster a happy and healthy space for volunteers to share their unique skills and experiences with our program participants. Without volunteers, we would not be able to carry out our diverse programming to youth. We would like to recognize all the hard work and time that volunteers put in. Volunteer hours and events will be tracked so volunteers can be formally recognized.

Part IV: Liability

Have you ever been arrested, charged with, convicted of, or received deferred adjudication with respect to any crime resulting in a fine or jail time: If yes, please explain: _____

In the last five years, have you ever been convicted of Driving While Intoxicated under the Influence? If yes, please explain: _____

Has your driver`s license ever been suspended or revoked? If yes, please explain: _____

Have you ever been terminated for cause, asked to resign from a job for misconduct, or suspended or expelled from school? If yes, please explain: _____

Do you use illegal drugs? _____

All the information contained in this application is true and correct to the best of my knowledge. I understand that submitting false or misleading statements on this application or at any other point in the selection process may lead to rejection of my application or termination from placement in the Botswana-Baylor COE volunteer program.

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK

I, the undersigned, hereby give permission for **Botswana-Baylor COE** to obtain information relating to my criminal record. The criminal history record as received from the reporting agencies may include arrest and conviction data as well plea bargains deferred adjudications.

I further authorize **Botswana-Baylor COE** to conduct local, state and national criminal background checks and understand that prior charge or conviction of a crime other than a traffic offense constitutes grounds for rejection or dismissal from the volunteer program. I also understand that conviction of Driving While Intoxicated/Driving Under the Influence within the past five-(5) years may affect my acceptance into the volunteer program.

I understand that this information will be used, in part, to determine my eligibility for a volunteer program position. I also understand that as long as I remain a volunteer, **Botswana-Baylor COE** may repeat the criminal history check at any time.

I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify **Botswana-Baylor COE** and each of its officers, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer member.

PARTICIPATION CONSENT

I, the undersigned, understand and certify that my participation in **Botswana-Baylor COE** and its activities are completely voluntary. I have familiarized myself with the **Botswana-Baylor COE** events and activities with which I will be participating. I recognize that certain hazards and dangers are inherent in these activities. I acknowledge that although the staff and volunteers of **Botswana-Baylor COE** have taken safety measures to minimize the risk of injury to participants **Botswana-Baylor COE** cannot insure or guarantee that the participants, equipment, premises or activities will be free of hazards, accidents or injuries. I recognize the importance of knowing and abiding by the rules, regulations, and procedures of **Botswana-Baylor COE**. Further, I have received approval from a doctor authorizing me to participate in **Botswana-Baylor COE**. I also agree to inform **Botswana-Baylor COE** staff personnel of any activities in which I may not participate.

VOLUNTEER RELEASE FORM

I, the undersigned, understand and agree to abide by all program policies and procedures of **Botswana-Baylor COE**. I understand that any violation of policies and procedures could result in my termination as a volunteer and/or legal action against me.

I understand that participation as a volunteer is voluntary.

I, the undersigned, understand that occasionally accidents occur during activities and that participants may sustain serious personal injury and property damages as a consequence thereof. Knowing the risks of activities, nevertheless, I agree to assume those risks and by signing this liability release, I intend to legally bind myself, my minor children, my heirs, executors, and administrators. I hereby release and forever discharge **Botswana-Baylor COE**, and any of their officers, directors, employees, and agents from all claims, causes of action or damages arising out of any injuries, illness or of any kind, known or unknown, including but not limited to injuries to property or person, to me during or related to my attendance at **Botswana-Baylor COE**.

AUTHORIZATION TO BE PHOTOGRAPHED

I, the undersigned, give Botswana-Baylor COE the right to interview and/or to take photographs, audio or audio-visual recordings of me to be used in promotional, educational or fundraising materials including, but not limited to

videotapes, pamphlets and brochures. I understand my name may be used in connection with these materials. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Botswana-Baylor COE shall have the right to use photographs or other images of me in promotion, educational or fund-raising materials. I acknowledge that the Botswana-Baylor COE shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release the Botswana-Baylor COE and its officers, agents and employees from all liability connected with the taking and the use of these materials as is authorized by Botswana-Baylor COE. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the name is mentioned above.

CONFIDENTIALITY POLICY

I, the undersigned, understand the following confidentiality policy for Botswana-Baylor COE:

Botswana-Baylor COE staff will protect client confidentiality by obtaining specific written permission from the client release any information (including client status) to any person or agency for any reason. ANY ASSOCIATION OF THE CLIENTS'S NAME WITH YOUR NAME AND/OR AGENCY AFFILIATION THAT IS DISCLOSED TO ANY THIRD PARTY COULD CONTITUTE A RELEASE OF CONFIDENTIAL INFORMATION (i.e., HIV DIAGNOSIS). This includes, but is not limited, to written and verbal communication and photographic images.

- All case information must be safeguarded against any possibility of disclosure to unauthorized persons, even anonymous descriptions of situations or circumstances.
- No information regarding any case should be talked about in public, regardless of how “harmless” or generic it might be. This applies to conversations in person or by public phone, with other staff members or volunteers, or service providers.
- Client names or other identifying material must be discussed in private offices only. Care should be taken to avoid talking about a client`s case.
- If you encounter a client in public, exercise some discretion by “hanging back” a bit to allow the client to speak to you or not to. The client may find it very difficult to explain who you are to others in his or her company.
- Photography is strictly **NOT** allowed for any reason.

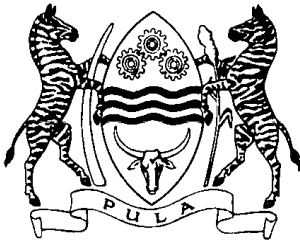
My signature indicates that I understand and assent to the above information:

Printed Name: _____

Signature: _____

Date: _____

**BOTSWANA BAYLOR CHILDREN'S CLINICAL CENTRE OF EXCELLENCE
CONFIDENTIALITY AGREEMENT**



Between

(Volunteer's name)

And

**BOTSWANA BAYLOR CHILDREN'S
CLINICAL CENTRE OF EXCELLENCE**



Non disclosure of information binding upon the volunteer for all time upon leaving the service of the Centre of Excellence

I Declare that I will keep in strictest confidence any personal details or confidential information, particularly that concerning the Centre, patients or staff matters, which may be known to me during the course of my duties with Botswana Baylor Children's Clinical Centre of Excellence. I understand that I am required to comply with the Conditions of Employment, which governs the disclosure of confidential information.

For the purpose of this clause information shall be deemed to be any information, whether written or verbal

I understand that the term "personal and confidential information" includes any information concerning a patient's personal details, diagnosis or treatment, any information about their condition or their social affairs. I also understand that I should not disclose names of any patient, either inpatient or outpatient, I have met or been aware of in my capacity as an employee, nor make any references, which would identify them to unauthorized persons.

I undertake neither to disclose any such information to an unauthorized person nor to discuss it with any person in any public place or where others could overhear it.

At the termination of expiry of the volunteer period, I shall return forthwith to the Centre any and all manuals, equipment or any other property whatever nature which may have come into my possession and which is the property of the Centre.

I understand that Photography is strictly NOT allowed for any reason.

I further understand that any unauthorized disclosure of information by me will result in the termination of my role and may also render me **liable to legal action.**

By signing this declaration, I indicate that I **understand** and **agree** to these conditions.

Date

PRINT NAME

Signature