



Dear Volunteer Applicant:

Thank you very much for your interest in volunteering at the Children's Advocacy & Protection Center. Volunteers are *crucial* to the work of this organization.

**Be sure to bring your driver's license with you!** We will need a copy of it in order to do the required background check.

With sincere appreciation,

CAPC Staff



## **Children's Advocacy & Protection Center**

### **CONFIDENTIALITY AGREEMENT**

**As a volunteer/intern through the Children's Advocacy & Protection Center of Catawba County:**

- 1. I agree that children/families seen at the CAC have the rights to privacy about their personal affairs as I expect to have.**
- 2. I agree to hold all information about children/families to which I may have access confidential. I will not divulge any information about children/families to any unauthorized persons.**
- 3. I understand that divulging a child's/family's information to unauthorized person(s) may result in civil action being taken against me for the collection of monetary damages.**
- 4. I understand that divulging a child's/family's information to unauthorized person will lead to termination of my services associated with the Children's Advocacy & Protection Center of Catawba County.**
- 5. I understand that I may hear disturbing information, and if I am offended I may leave. I also agree to remain quiet while the interview is in progress.**

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**Signature**

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**Witness**

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**Date**



## Children's Advocacy & Protection Center of Catawba County

### Volunteer Application

Information from this form may be shared with members of CAPC's Board of Directors and/or Professional Advisory Council. Volunteer opportunities may include clerical duties, child care during evaluations, data entry, and assist with special events.

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

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

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

Work Phone: \_\_\_\_\_ Home/cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Occupation/Employment: \_\_\_\_\_

Your educational background, including institutions, dates of completion and degrees

\_\_\_\_\_  
\_\_\_\_\_

Your professional, social and/or community affiliations:

\_\_\_\_\_  
\_\_\_\_\_

If you have had experience working with the following, please check below:

- |   |  |
|---|--|
| <input type="checkbox"/> Administration                                 | <input type="checkbox"/> Human Resources                           |
| <input type="checkbox"/> Assault, Abuse, Neglect (victim's perspective) | <input type="checkbox"/> Information Technology                    |
| <input type="checkbox"/> Child Advocacy                                 | <input type="checkbox"/> Victim assistance Law Enforcement         |
| <input type="checkbox"/> Child Protection                               | <input type="checkbox"/> Law / Judiciary                           |
| <input type="checkbox"/> Education                                      | <input type="checkbox"/> Marketing / Public Relations              |
| <input type="checkbox"/> Financial Management                           | <input type="checkbox"/> Mental Health                             |
| <input type="checkbox"/> Fundraising                                    | <input type="checkbox"/> Other child related field (specify) _____ |
| <input type="checkbox"/> Government                                     | <input type="checkbox"/> Real Estate                               |
| <input type="checkbox"/> Healthcare                                     | <input type="checkbox"/> Strategic Planning                        |

Languages you speak other than English: \_\_\_\_\_

Are you willing to complete an application for a Criminal Record Check and/or a Child Abuse History Clearance from the Department of Social Services, indicating that you have no record listed in the registry of an indicated or founded child abuse? \_\_\_ Yes \_\_\_ No

Why are you interested in volunteering for the CAPC? Please write 100 words or less on the back of this page.

Comments: \_\_\_\_\_  
\_\_\_\_\_

I have lived in North Carolina for at least 5 years: \_\_\_ Yes \_\_\_ No

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

Please send to the CAPC by fax: 828-256-7711, email: [LMoretz@catawbacountync.gov](mailto:LMoretz@catawbacountync.gov),  
or mail: CAPC 4360 County Home Rd., Conover, NC 28613.

**CATAWBA COUNTY  
VOLUNTEER AGREEMENT**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

As a volunteer for Catawba County, I understand and agree to the following:

1. I have no employment relationship with Catawba County, or the volunteer activities listed below are not related to my regular duties as an employee of Catawba County. My participation in the volunteer activities outlined below is without valuable consideration.
2. I do not have a formal work appointment for the activities listed. If the activities are considered productive work, I am doing it for civic, humanitarian or charitable purposes.
3. I have no guarantee or expectation that I will receive a job with Catawba County as a result of being a volunteer, and to the best of my knowledge, I am not displacing any employees.
4. I will not earn a salary, wages or benefits and may not be reimbursed for expenses incurred, such as travel expenses.
5. Catawba County has the right to release a volunteer without prior notice or cause.
6. Catawba County does not provide me with accident or medical insurance and is not responsible for any accident or medical expenses incurred by me. Further, I understand that I am neither covered by Workers' Compensation nor entitled to employee benefits as a result of my volunteer status.
7. I, on behalf of myself, my heirs, and my representatives, release, indemnify, and hold harmless Catawba County and any of its elected officials, employees, and agents from any and all liability, damage, or claim of any nature that arises out of or related to my volunteer activities.
8. I may have access to confidential information, and I agree not to disclose any confidential information to a third party or use the confidential information for my own benefit or for the benefit of a third party.
9. I understand the terms of this agreement and attest to the fact that I am 18 years of age or older, or I am the parent/guardian of the volunteer and consent to the terms of this Agreement on behalf of the minor.
10. A criminal background check may be completed before my volunteer activities begin.

**Department:** \_\_\_\_\_

**Volunteer Activities:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Approximate Length of Volunteer Service:** \_\_\_\_\_

We are pleased that you have decided to volunteer your services to Catawba County. Please affirm your acceptance of the terms of this agreement by signing below.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

**Print Name:**

**Supervised by:**

**Catawba County Department of Social Services  
AGREEMENT OF CONFIDENTIALITY**

Employer has the responsibility for information that, by law, regulation, or policy, must be kept in strict confidence and used only in the capacity of specified responsibilities; and,

Employer acknowledges that Employee/Agent, in performing the responsibilities of his position, may need access to information which is confidential. Employer has the responsibility for training the Employee/Agent in the laws/policies governing confidentiality for specific program areas.

Employee/Agent acknowledges that his or her responsibilities may require exposure to confidential information such as identities, services provided, income information, and eligibility for Medicaid recipients and providers.

Employee/Agent agrees to support employer's policy with respect to confidentiality. Employee/Agent agrees to keep this information in strict confidence and use the information only in the performance of his or her duties.

Employee/Agent will protect assigned equipment and be generally responsible for protecting the assets of the employer.

Employee/Agent understands that the computer access codes assigned are for use in connection with official duties only. The codes are not to be placed in written form in any place accessible to the public and other staff. Computer access codes may not be shared with unauthorized persons.

Employee/Agent further agrees to preserve the confidential nature of any information obtained or used by not releasing such information to any person or entity not authorized to receive the information.

Employee/Agent agrees to use personal, micro, mini and mainframe computers, their respective software and other related equipment for official use only.

Employee/Agent understands that copying software for any purpose other than making an authorized backup/archival copy is strictly prohibited without written authorization from the software manufacturer.

Employee/Agent understands, as a result, if employer believes that an Employee/Agent accused of making unauthorized copies, did in fact make such copies, it will not provide legal defense. If employer is subject to legal action because of unauthorized copying of software or unauthorized use of computers by Employee/Agent, it may seek payment from the individuals responsible as well as consider disciplinary action.

Employee/Agent understands that information obtained/disclosed to an employee (hard copy or electronic) can only be used for the purpose of assisting individuals in obtaining social services and any unauthorized disclosure constitutes a felony punishable upon conviction by a fine of as much as \$5000 or imprisonment for as long as five years, or both, together with cost of prosecution. Additionally, it may also result in an award of civil damages against an employee in an amount not less than \$1000 with respect to each instance of unauthorized disclosure. These penalties are prescribed by IRC Sections 7213 and 7431 and set forth at 26 CFR 301.6103(n).

Employee/Agent understands some license agreements restrict the use of software to certain equipment. Employee/Agent understands that he or she may not put any software on the network without the explicit approval of his Supervisor and ITC Staff.

Employee/Agent understands and acknowledges that a violation of this agreement could lead to immediate dismissal or other disciplinary measures.

IN WITNESS WHEREOF, the parties execute this agreement by means of the signatures below.

Employee/Agent \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

## **County Campuses to Go Smoke and Tobacco -Free Effective: March 1, 2013; Revised February 11, 2014**

**Catawba County Government buildings have been tobacco free since 1990. The Public Health campus has been tobacco free since 2005 and the Catawba Valley Medical Center campus has been tobacco free since 2006 and smoking is not allowed at County parks. County grounds have been smoke-free since January 1, 2011. Effective March 1, 2013, all Catawba County buildings and grounds will be smoke and tobacco free.**

### **BACKGROUND**

Catawba County recognizes that smoking and tobacco are health, safety and environmental hazards for employees and visitors. Catawba County recognizes its obligation to promote a healthy environment, free from unwanted smoke and tobacco usage for everyone within its facilities and on its grounds.

Catawba County recognizes that adopting a 100% smoke and tobacco-free campus policy is an effective way to help protect its employees and visitors from the harmful effects of smoke and tobacco.

As a government entity and large employer, Catawba County is on the forefront of promoting healthy behaviors and is ranked among one of the healthiest counties in the State. A major benefit of adopting a smoke and tobacco-free policy is a healthier workforce. In fact, the #1 reason why most people quit smoking and using tobacco is because their workplace has gone smoke and tobacco-free. To be a strong proponent of healthy lifestyles, it is a necessity for Catawba County to implement a 100% smoke and tobacco-free policy for all facilities.

Catawba County Public Health adopted a 100% tobacco free campus in 2005. In addition, all schools and hospitals in Catawba County have also adopted 100% tobacco free policies. It is important that Catawba County have a 100% smoke and tobacco-free campus policy in order to set an example as a government entity and also as a large employer.

### **SMOKING AND TOBACCO PRODUCTS PROHIBITED**

Smoking or using any cigarette, electronic cigarette, cigar, pipe or any other tobacco product is prohibited at all times.

- In any building, facility, or vehicle owned, leased or rented (when County is Lessor), or chartered by Catawba County or any of its departments; and
- On any grounds or property, including parking lots, owned, leased or rented (when County is Lessor), or chartered by Catawba County or any of its departments.
- While on County property.

**SIGNAGE**

Signs will be posted in a manner and location that adequately notify employees and visitors of the smoke and tobacco-free policy.

**EDUCATION**

Public Health Administration and the County's Public Information Officer will conduct tobacco free campus outreach through Spirit Newsletter articles; posting information and a FAQ page on SharePoint; posting information on Facebook and Twitter pages; a press release for the public; a recording for the main health department phone line; posting on the County website, and creating a flyer/document for the E-bulletin system.

**ENFORCEMENT**

Consequences for employees who violate this smoke and tobacco free policy will be in accordance with personnel policies and may include verbal or written warning, or termination. Visitors who smoke or are seen using tobacco will be asked to refrain while on County property or leave the premises. Law enforcement officers may be contacted to escort the person off the premises or cite the person for trespassing if the person refuses to comply and leave.

This policy applies to the following County buildings and campuses:

- Catawba Valley Medical Center, Public Health, Social Services, the Family Services Center, LifeSkills
- Social Services Family Builders and group homes
- Riverbend, Bakers Mountain, and St. Stephens parks
- Justice/Government Center Complex, Animal Shelter, Garage, Maintenance
- Libraries
- Landfill/Eco Complex/Convenience Center sites
- Agricultural Resources Center Complex
- 1924 Courthouse
- EMS Bases



## catawba county social services

Agency staff affirm their commitment to both the agency mission and goals and pledge adherence to the following Code of Ethics and Professional Conduct Statement. The guiding principles of the Code include personal integrity, responsibility for one's actions, respect and concern for clients/customers and co-workers, and the ideals of professional competence in all aspects of one's work. All staff are expected to be knowledgeable of and adhere to the Code of Ethics of the respective professions in addition to this Code.

Therefore, we as an agency and each of us individually, adopt the following Code of Ethics and Professional Conduct Statement.

- I regard the well-being of the clients/customers served as my primary obligation.
- I respect the worth and dignity of each individual.
- I hold utmost every person's right to privacy and confidentiality and will not disclose client/customer information to any unauthorized individual nor will I discuss clients/customers or services provided to clients/customers in common areas nor in the presence of others.
- I am responsible for quality services to all persons served.
- I hold myself responsible for the quality and extent of the service I render. I will practice/serve within the realm of my competence and training and will seek supervisory consultation when necessary.
- I will avoid dual relationships both within and outside the agency. I will disclose any personal relationship to an appropriate supervisor in any instance where there could be the appearance of a conflict of interest or potential for harm to a client/customer or the agency. I will maintain appropriate professional interactions with clients/customers and will respect boundaries necessary between clients/customers served and staff. This includes compliance with the County Social Media Usage Policy and the Social Services Communication Action Plan.
- I will self-disclose to my supervisor any situation in which certain activities and/or conduct must be reported as required by the Division of Health and Human Services (DHHS), the NC Division of Social Services, and federal, state, or local laws or regulations.
- I will not use my position or client/customer related information for my personal advantage or advantage of a third party. Employees are prohibited from processing applications, determining ongoing eligibility, or accessing or reviewing case records of individuals in which they have a personal relationship with outside of the workplace.
- I will not engage in personal fundraising or political activities of any kind with clients/customers.
- I will not engage in activities that misuse public time.
- I will maintain a professional work place environment free of harassment in any form and will conform to all federal, state and county laws, regulations, policies and procedures and adhere to all ethical codes and standards that affect the performance of my work.

[catawbacountync.gov](http://catawbacountync.gov)

3030 11th Avenue Drive SE | Hickory NC 28602 | Ph 828.695.5600

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**MAKING. LIVING. BETTER.**



- I acknowledge the obligation that I represent the agency, and my conduct in community activities and interactions must maintain public confidence and trust.
- I value diversity and recognize the professional and unique contributions made by each staff member toward the effectiveness of the agency's mission and vision.
- I will treat with respect the views, actions, and findings of other staff and utilize the chain of command within the organization to express and discuss individual differences on these matters.
- I will manage all fiscal resources and agency property with sound stewardship and business practices to attain the highest standards of efficiency.
- I recognize my obligation to treat and work with individuals in the community – including agency board members, other service providers, volunteers and citizens – in a respectful and dignified manner.
- I accept responsibility to help protect the community against unethical practices by any individual(s) or organization(s) engaged in public or private service activities and will report suspected activity to the appropriate authority or governing body as well as informing the appropriate agency supervisor or management.
- I support the principle that the practice and improvement of my particular skills requires continuing education and training, coaching, and quality improvement activities and I will take advantage of opportunities for knowledge, skill development, and implement those within best practice of my work.
- I will comply with the County electronic communication policy.
- I will provide courteous, prompt, professional customer service to clients/customers and will follow the agency's client/customer complaint procedures when addressing a client/customer complaint.
- I will comply with HIPAA rules and regulations. I understand I could be held personally and criminally liable for violating confidentiality.
- I will report any suspected violations of the agency Code of Ethics and Professional Conduct Statement to an appropriate supervisor or management.

I acknowledge that I have read and will comply with the Catawba County Social Services Code of Ethics and Professional Conduct Statement. Furthermore, I understand a violation of this Code could potentially result in disciplinary action and/or legal action.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**CONSENT TO BACKGROUND INVESTIGATION**  
**NON-EMPLOYEE**  
**(Intern, Volunteer, Contractor)**

As a non-employee for the position of \_\_\_\_\_ with the Catawba County Department of \_\_\_\_\_, I understand that a background investigation, including reference checks, a criminal background check and a driver's license check may be undertaken by the Department, for reasons of public accountability, as part of a screening process. I hereby grant informed consent to Catawba County Department of Human Resources to conduct an investigation of my background.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

Permanent Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_

Date of Birth \_\_\_\_\_ Area Code \_\_\_\_\_ Phone # \_\_\_\_\_

(Driver's License Number and State of Issuance) \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_

Please list all other names such as maiden name, prior married names that you may also have been known as or other spellings of your name you have used for use in the criminal background investigation. **(Please Print)**  
\_\_\_\_\_

Please list any addresses where you have resided within the last 5 years for use in the criminal background investigation. **(Please Print)**  
\_\_\_\_\_

**By my signature, I acknowledge the receipt of the consumer notification rights pursuant to the Fair Credit Reporting Act.**

\_\_\_\_\_  
Non-employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized HR Representative

\_\_\_\_\_  
Date