



Dear Volunteer Applicant,

Thank you so much for your interest in volunteering with the Children's Advocacy & Protection Center. Volunteers play a vital role in supporting the work we do to protect and advocate for the children and families in our community, and we're grateful you want to be a part of it.

As a quick reminder, please remember to bring your driver's license with you or include a scanned copy front and back. We'll need a copy to complete the required background check.

We truly appreciate your willingness to give your time and talents to our mission.

With sincere thanks,

The CAPC Team

Please Note: This is not an internship application

Complete an application for a CAPC internship here:



<https://catawbacountync.gov/county-services/social-services/forms/dss-internship/>



CHILDREN'S ADVOCACY AND PROTECTION CENTER

Code of Conduct

The Children's Advocacy and Protection Center (CAPC) values the importance of maintaining a safe environment for its clients, caregivers, employees, volunteers, visitors, and individuals officially associated with the CAPC. This Code of Conduct was developed to reflect the CAPC's commitment to conducting its operations according to the highest standards of integrity, ethics, safety, and professionalism. All persons having business with or associated with the CAPC in any capacity are expected to adhere to the highest standards of personal conduct, integrity, ethical behavior, and professionalism. This specific Code of Conduct applies to all CAPC employees and volunteers.

It is not possible to list all the kinds of behaviors that are considered inappropriate and prohibited. Therefore, the following list, although not all-inclusive, provides examples of such prohibited, harmful, and/or inappropriate behaviors. Violators of this Code of Conduct will be required to meet with the CAPC Executive Director. Depending on the nature and severity of the violation, the CAPC Executive Director will counsel and/or request that the offender leave the CAPC premises immediately.

Actions considered to be inappropriate, harmful, and/or prohibited:

- Theft or inappropriate removal or possession of property
- Falsification or unauthorized alterations of CAPC records/documents
- Possession, use or being under the influence of illegal drugs
- Possession, use or being under the influence of alcohol during CAPC work hours, except for limited use during authorized CAPC functions where alcohol is being served.
- Fighting, use of profanity or threatening violence
- Unauthorized disclosure of confidential or personal contact information
- Violation of safety or health rules
- Any type of harassment or bullying, such as
 - Inappropriate touching, hugging, fondling, or gestures
 - Telling or sharing jokes or cartoons of a sexual, racial or ethnic nature
 - Showing or including CAPC clients in pornography
 - Gestures, written communications or other behaviors that threaten, intimidate or humiliate
 - Unwelcomed sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature.
- Unauthorized interactions behind closed doors
- Unauthorized contact with clients outside of CAPC activity
- Giving or accepting unauthorized individual gifts to/from clients
- Coercing or coaching clients

- Undue favoritism resulting in the conferral of any benefits, rewards or privilege
- Behavior that is illegal, indecent or which reflects negatively on the CAPC

In North Carolina, all adults are mandated reporters for suspected child abuse, neglect, dependency, or maltreatment, and must report their suspicions immediately to the county Department of Social Services (DSS) or law enforcement if it involves certain offenses.

I agree to adhere to the guidelines set forth in this Code of Conduct.

Employee/Volunteer Signature

Date

Print Name

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 an 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.

Signature

Witness

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, childcare, and assistance 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: SPierce@catawbacountync.gov, or

Mail to: CAPC 4360 County Home Rd., Conover, NC 28613.

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 _____

**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



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.

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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.

Signature

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

Signature: _____

Date: _____

**CATAWBA COUNTY GOVERNMENT CONSENT FOR CRIMINAL BACKGROUND CHECK
UNPAID INTERNS AND VOLUNTEERS**

Instructions: Use this form for all post high school graduate unpaid interns as a background check is required. Use this form for volunteers if background check is needed. Original forms must be submitted to the HR Department. Scanned/emailed or faxed copies are acceptable to begin the background process, when followed by originals.

PURPOSE: As an Unpaid Intern or Volunteer with Catawba County Government, I understand that, for reasons of public accountability, background checks will be conducted, which may include but are not limited to, reference checks, criminal background check, sex offender registry check, drug screening and driver's license check. I hereby grant informed consent to Catawba County to conduct any and all of these checks as an investigation of my background. I understand that an unpaid internship or volunteer opportunity may be finalized only after having successfully satisfied all the requirements established by the department.

PARTIES:

This is an **Intern** _____ or **Volunteer** _____ (**check one**) agreement between the Catawba County Department of _____

and

First Name: _____ Middle Name: _____ Last Name: _____

Please list all other names such as maiden name, prior married names that you may also have been known as, or other spellings of name for use in the criminal background investigation.

Full Street Address: _____ City: _____ State: _____ Zip: _____

County: _____ Phone Number: _____ E-mail Address: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number and State of Issuance: _____ Race: _____ Sex: _____

Have you resided outside of the state of North Carolina within the last ten (10) years? Yes _____ No _____

If you answered yes to this question, please list each state: _____

Have you ever been convicted of any criminal offense? Yes _____ No _____

If you answered yes to this question, please explain fully, including the type of offense, location, and conviction date(s) on separate sheet. Please sign and date your statement on this separate sheet and submit in addition to this form.

TERMS AND CONDITIONS: All intern opportunities require a satisfactory drug test result and criminal background investigation. If the position has any other requirements, please check all that apply. At the discretion of the department and based on the volunteer opportunity, these may require a satisfactory criminal background check.

☐

A. Negative Drug Test. Applicant must complete a drug consent form which should be sent with this form to the HR Dept.

☐

B. Satisfactory Criminal Background Check.

☐

C. Driving License Record Check of 4 points or less in the last three years **and** a satisfactory driving record.

(For very limited internship opportunities).

LENGTH OF AGREEMENT: This offer of internship or volunteer opportunity may be immediately withdrawn upon the applicant's failure to meet any of the above terms and conditions or at any time during the process.

Applicant Signature

Date

Department Representative Signature

Date