



Oconee County Disabilities and Special Needs Board

The Tribble Center

116 South Cove Road Seneca, SC 29672

864-885-6055 FAX 864-885-6058

Mike McNulty, Chair

Renee Woodall, Vice-Chair

Meloney stokes, Executive Director

Volunteer Application

Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ email: _____

Drivers License #: _____ DL Expires: _____ DL Issued: _____

Has your license ever been suspended or revoked? Yes No

If yes, explain: _____

SS#: _____

Date you are available to begin volunteering: _____

Abuse/Neglect Statement:

I hereby certify that I have never been involved in a substantiated case of abuse or neglect.

Your Signature: _____ Date: _____

Testing:

I hereby agree to submit to a two-step tuberculin (PPD) skin test upon beginning the Volunteer program and annually thereafter. I further consent that if I exhibit symptoms of Tuberculosis, I will undergo a chest x-ray as necessary.

Your Signature: _____ Date: _____

Witness Signature: _____

Police and Driving Record:

Per stipulations of policy 3.9 of the Oconee DSN Board Policy Manual, I submit to a criminal background check through SLED and in the state in which I resided before moving to South Carolina. (If you do not live in South Carolina, a check will be done in the state in which you currently reside.)

With the exception of any offenses committed prior to your eighteenth birthday, list below all offenses against the law (other than minor traffic violations) which you were found guilty and where charges are pending adjudication; where you plead guilty or nolo contendere; where the adjudication was withheld or where you were placed on probation or in a supervised program. You DO NOT have to list charges that were dropped or of which you were found innocent. Criminal convictions are not an automatic bar from Oconee DSN’s Volunteer Program and will and will only be considered in relation to the position for which you are applying. However, omissions or deceptive statements may disqualify you from appointment or retention.

There are no charges Yes, there have been charges (list below)

Your Signature: _____ Date: _____

Volunteer Agreement:

I, _____, of my own free will, volunteer my time and service for activities of the Oconee DSN Board. My time and service are given without expectation of pay or wages and I will not accept any form of compensation or benefits. I understand that the activity is purely voluntary and I may withdraw from the activity at any time.

I understand that, as a volunteer, I am not an employee under any state or federal law and I am not subject to workers’ compensation insurance in the event of any injury or illness that is related to the performance of the activities or entitled to any other employee right or any employee benefits provided by agency practice, policy, state or federal law. Thereby release Oconee DSN Board, the directors and management, from any and all liability resulting from claims or injury or illness, claims for compensation, including minimum wage and overtime, and volunteer service.

Your Signature: _____ Date: _____

Volunteer Coordinator: _____ Date: _____

Confidentiality Statement:

As a volunteer with this organization, I agree to hold all information I may have access to, to be confidential and will not share any information with any unauthorized persons. I further agree that if any time in the future I should end my volunteer involvement with Oconee DSN Board, this confidentiality agreement still applies.

Your Signature: _____ Date: _____

Volunteer Coordinator: _____ Date: _____

Rules of Conduct:

I, _____, have read and agree to the attached Rules of Conduct and Dress Code policies of the Oconee DSN Board. As a volunteer with this agency, I will adhere To these rules at all times I am engaged in activity with persons served by this agency.

Your Signature: _____ Date: _____

Volunteer Coordinator: _____ Date: _____

OCONEE COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS MANUAL OF POLICIES

Section: Personnel Services

Subject: Rules of Conduct

All employees of the Oconee County DSN Board are obligated to the following list of rules of conduct. It is not possible to list all acts or omissions which might result in disciplinary action or even in termination of employment. The following list includes some of the actions that are expected to be followed by all employees. Failure to comply will result in disciplinary action or termination.

The agency reserves the right to apply the appropriate level of discipline which the circumstances warrant, as determined by the agency in its sole discretion. Which factors are to be considered and the weight to be given them are in the discretion of management.

1. Adhering to scheduled hours. The Executive Director will establish working hours for all personnel, and hours will be recorded on individual job descriptions.
2. Requesting vacation days in advance except in case of an emergency.
3. Calling supervisor in case of illness at the earliest possible time, but not later than two (2) hours prior to expected work arrival time.
4. Use of tobacco products in designated areas outside the buildings and at designated times only.
5. Using business telephone for personal reasons is prohibited unless absolutely necessary. Phone calls should be limited to no more than five minutes.
6. Adhering to dress code. The Oconee DSN Board specifically reserves the right to enforce this policy according to its sole discretion. See Dress Code.
7. Refraining from bringing alcohol, illegal drugs, knives, firearms onto premises.
8. Remaining awake and alert while on duty at all times.
9. Refraining from lewd conduct with staff or individuals enrolled.
10. Handling grievances in a professional manner, according to policy, and without demonstrating insubordination.
11. Reporting any deficiencies noted in the programs, concerns, complaints or problems to your immediate supervisor, if not satisfied with results, following chain of command to Executive Director. This procedure is not to be circumvented by reporting outside the agency. (Employees may report abuse or suspected abuse directly, without fear of reprisal or retaliation, to the state agency that investigates abuse. However, such reports will not relieve the employee from his or her responsibility to report abuse in accordance with the DSN Board policy.)

12. Remaining at work station so clients are supervised at all times.
13. Refraining from unauthorized solicitation on work premises.
14. Using appropriate language, refraining from use of profane or abusive language around staff or individuals enrolled.
15. Refraining from use of center property for personal reasons unless authorized.
16. Maintaining satisfactory and harmonious working relationships with staff, supervisor, and individuals enrolled.
17. Assuring confidentiality of information from official records and reports.
18. Refraining from horseplay with staff and/or consumers
19. Refraining from eating, drinking, and smoking on vans - both as a driver or passenger.
20. Clocking in/out for other staff
21. Adhering to all Oconee DSN Board policies and procedures.
22. The use of cell phones (talking/texting) is prohibited while operating an agency vehicle.

OCONEE COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS MANUAL OF POLICIES & PROCEDURES

Section: Personnel

Subject: Employee Dress Code

1. Shoes: No “flip-flops” (a flat, backless rubber sandal, usually secured on the foot by a thong between the first two toes, as for use at a beach, swimming pool, etc.) or heels over two inches high may be worn. Sandals may be worn but cannot have the appearance of “flip-flops”. Sandals must have a strap across the foot to secure the shoe to the foot and strap on back. **All Direct Care staff must wear closed toe shoes.**
2. Shorts may be worn by Direct Care staff only. Shorts must be no shorter than three inches above the middle of the knee and cannot be tight. Supervisors/House managers and Administrative staff can only wear shorts during recreational activities.
3. No extremely tight skirts, no short skirts, or low-cut blouses, dresses or tops. No exposed midriffs. Splits in skirts can be no higher than three inches above knee.
4. T-shirts are allowed but cannot have advertisement of alcohol, tobacco products, drugs or drug paraphernalia, sexually explicit or pictures of a provocative nature.
5. Skirts should be no shorter than three inches above the middle of the knee. Skorts (shorts that have the appearance of being a skirt) are allowed if no shorter than three inches above the middle of the knee. All staff may wear skorts.
6. Supervisors and Administrative staff should dress professionally, wearing jeans only on “casual Fridays” and special occasions. Blue jeans are allowed when performing direct care duties.
7. Undergarments are to be worn at all times but must not show.
8. No halter tops, sundresses, or tube tops. Sundresses with jackets may be worn. Sleeveless dresses or blouses in good taste may be worn.
9. Employees should be aware that personal injury may result while wearing items such as bulky jewelry. Body piercings such as eyebrows and nose that can be grabbed and pulled pose an increased risk and must be removed while on duty. Any visible body piercing if worn will be at employee’s own risk. (Tattoos that can be offensive to others must be covered.)
10. Employees are discouraged from wearing expensive jewelry which may be lost or broken. This agency is not responsible for repair or replacement. The Oconee DSN Board will not be liable for theft/damage of staff’s personal property that is not essential to their job.

Oconee DSN Board specifically reserves the right to enforce a dress code that is fair and meets the needs of the Advocates we serve. It is impossible to dictate individual taste, but the intent is to maintain a professional atmosphere, promote a healthy environment and set a good example to the Advocates we serve.