



# Urban Indian Center of Salt Lake

*Mission: "Serving The People by honouring Native cultures, strengthening health and wellness programs and cultivating community"*

## VOLUNTEER APPLICATION FORM:

The Urban Indian Center of Salt Lake (UICSL) encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.

Thank you for your interest in our organization!

PERSONAL / CONTACT DETAILS: ALL FIELDS REQUIRED	
<b>Date of Application:</b>	
<b>First and Last Name:</b>	
<b>Mailing Address:</b>	
<b>Phone 1:</b>	
<b>Phone 2:</b>	
<b>E-mail address:</b>	
<b>Preferred method of contact:</b>	
<b>Emergency Contact Details:</b>	
Name:	
Relationship to you:	
Phone 1:	Phone 2:
REFERENCES: <i>Please provide the name and contact details of at least two references:</i>	
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone1:	Phone2:
Relationship to you:	
Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone1:	Phone2:
Relationship to you:	

**INTERESTS:** Please tell us in which areas you are interested in volunteering:

*Please tick any of these skill areas if they relate to you:*

- Behavioral Health Events
- Youth/Family Program Events
- Health/Wellness Events
- Pow-Wows
- Other: \_\_\_\_\_

*Please list any previous experiences in the above interests in the space below:*

**Languages spoken:**

**Other voluntary work:**

**Hobbies / Interests:**

**Any special talents or skills you have that you feel would benefit our organization?**

**Please indicate the days you are available: MON TUES WED THURS FRI SAT**

**Times available: From \_\_\_\_\_ To \_\_\_\_\_**

**Where did you hear about us?**

**Privacy statement:**

The personal information on this form is being collected for the purposes of recruiting and selecting volunteers wishing to volunteer with the UICSL. The information may also be required for evaluation purposes. Any evaluation reports developed will not identify individual volunteers by name. This information may be shared with UICSL Program partner organizations and funding bodies.

By signing this form:

- ✓ I attest that the information supplied is true and accurate.
- ✓ I hereby give my consent to contact my references; and agree to obtain a background check.
- ✓ I understand that submitting this application form does not automatically register me a volunteer but that there is a selection process including completion of a satisfactory background check and participation in training. I confirm that I am willing to volunteer for at least a six-month period. As a volunteer of UICSL, I agree to abide by the UICSL policies and procedures. I understand that I will be volunteering at my own risk and that the UICSL, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the UICSL. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

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

Print Name:

Date:

***The Urban Indian Center of Salt Lake is committed to the safety and wellbeing of all children and young people accessing our service. We support the rights of the child and will act without hesitation to ensure a child-safe environment is maintained at all times. We also support the rights and wellbeing of our staff and volunteers and encourage their active participation in building and maintaining a secure environment for all participants.***

***PLEASE RETURN ALL PAGES TO THE UICSL HUMAN RESOURCE DEPT.***



## PICTURE/VIDEO/VOICE/IMAGERY RELEASE FORM

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

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

**\*If Minor Child named above, please complete the following:**

Parent or Guardian: \_\_\_\_\_

Parent or Guardian Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**By signing this release form, I authorize the Urban Indian Center of Salt Lake (UICSL), to use the following personal information:**

1. My picture – including photographic, motion picture, and electronic (video) images.
2. My voice – including sound and video recordings.

I hereby grant to the Urban Indian Center of Salt Lake, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, (or child's name), pictures of me (or named child), or electronic form, sound and video recordings of my voice (or named child), and printed and electronic copy of the information described in 1 and 2 above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant the Urban Indian Center of Salt Lake, all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant the Urban Indian Center of Salt Lake the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for the Urban Indian Center of Salt Lake's use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I hereby certify that I am the parent or guardian of \_\_\_\_\_, who is under the age of eighteen years, to whom this release applies and that I have the legal authority to execute this release. I approve the foregoing and agree that we both shall be bound thereby.

I acknowledge that I have read the foregoing and I fully understand the contents.

IN WITNESS WHEREOF,

I have executed this release, signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Month

Year

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

\*Relationship \_\_\_\_\_ (if signing for a minor)



## VOLUNTEER EMERGENCY CONTACT FORM:

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

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

### **Personal Contact Info:**

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

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

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### **Emergency Contact Info:**

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### **Medical Contact Info:**

Doctor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

I have voluntarily provided the above contact information and authorize the Urban Indian Center of Salt Lake and its representatives to contact any of the above on my behalf in the event of an emergency.

I choose not to furnish any emergency contact information to the Urban Indian Center of Salt Lake at this time.

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

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



# URBAN INDIAN CENTER OF SALT LAKE ACCESS AND CONFIDENTIALITY AGREEMENT:

Workforce Agreement Select One:

Employee     Volunteer     Student     Other (specify: \_\_\_\_\_)

1. **Purpose of This Agreement.** This Agreement explains your duties as a member of Urban Indian Center of Salt Lake of Salt Lake (UIC-SL) Workforce regarding Confidential Information, Federal and state laws, UIC-SL funding contracts, rules and regulations, as well as UIC-SL policies, protect Confidential Information. Those laws and policies assure that Confidential Information, which is sensitive and valuable, remains confidential. They also permit you to use Confidential Information only as necessary to accomplish legitimate and approved purposes.

2. **Confidential Information** "Confidential Information" means data proprietary to UIC-SL or other persons or entities and any information that is private, sensitive, confidential, or that must not be disclosed or improperly used because it is privileged, confidential or that UIC-SL has a duty to protect or use properly under law or contract including but not limited to physician and mental health therapist-patient privilege, attorney-client privilege, and cleric privilege. You may learn of or have access to some or all of this Confidential Information through oral communications, paper documents, UIC-SL's computer systems, or through your activities at or with UIC-SL. Confidential Information includes, but is not limited to, information relating to the following:

- A. Clients (e.g., client records, conversations, admittance/service information, client financial information, etc.);
- B. Employees, Board Members, and persons providing volunteer services (e.g., salaries, employment records, disciplinary actions, etc.);
- C. UIC-SL's business (e.g., financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc.); and
- D. Third party information (e.g., computer programs, client and vendor proprietary information, source code, proprietary technology, etc.)

## AGREEMENT

1. **My Duties.** To qualify to access or use Confidential Information, I agree to comply with the laws and UIC-SL policies governing Confidential Information. My principal duties regarding Confidential Information include, but are not limited to, the following. By signing this Agreement, I promise to:

- A. Safeguard the privacy and security of Confidential Information;
- B. Use Confidential Information only as needed to perform my legitimate responsibilities as a member of UIC-SL's Workforce. This means, among other things, that I will not:
  - (1) Access Confidential Information for which I have no legitimate need to know;
  - (2) Divulge, copy, release, sell, loan, revise, alter, or destroy any Confidential Information except as properly authorized within the scope of my responsibilities as a member of UIC-SL's Workforce; or
  - (3) Misuse of Confidential Information;
- C. Safeguard, and not disclose, my access code or any other authorization that allows me to access Confidential Information, This means, among other things, that I will:
  - (1) Accept responsibility for all activities undertaken using my access code and other authorization; and
  - (2) Report any suspicion or knowledge that I have that my access code, authorization, or any Confidential Information has been or may be misused or disclosed without UIC-SL's permission my supervisor, HR Director, Executive Director, or Board Chair;
- D. Report activities by any individual or entity that I suspect may compromise the confidentiality of Confidential Information. (Reports made in good faith about suspect activities, as well as the names of the individuals reporting the activities, will be held in confidence to the extent permitted by law.);
- E. Not use, share, or possess Confidential Information after termination of my UIC-SL Workforce status; and
- F. Claim no right of use, possession, interest or ownership in any Confidential Information referred to in this Agreement;

2. **Violation of Duty - Change of Status.** I agree that:

- A. I am responsible for my noncompliance with this Agreement;
- B. If I violate any provision of this Agreement I will be subject to discipline, including but not limited to, dismissal as a member of UIC-SL's Workforce, loss of employment with UIC-SL, termination of my ability to access Confidential Information, and legal liability;
- C. Any violation by me of any provision of this Agreement, either while I am employed or after I am employed, will cause irreparable injury to UIC-SL that would not be adequately compensable in monetary damages alone or through other legal remedies, and will entitle UIC-SL to preliminary and permanent injunctive relief, a temporary restraining order, and other equitable relief in addition to damages and other legal remedies; and
- D. UIC-SL may terminate my access to Confidential Information if my UIC-SL Workforce status changes, UIC-SL determine that to be in the best interests of UIC-SL's mission or I violate any provision of this Agreement.

3. **Continuing Obligations.** I understand that my obligations under this Agreement will continue after termination of my UIC-SL Workforce status.

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

Signature: \_\_\_\_\_ Program/Event: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_



## **Responsibility to Report Child Sexual Abuse or Reasonable Suspicion of Sexual Abuse**

All IHS Staff are now responsible for:

Reporting immediately, and in all cases within **24 hours**, ANY incident or reasonable suspicion of sexual abuse of a child by a health care provider directly to the proper child protective and/or **law enforcement authorities**, and to the **OIG Hotline at 1-800-447-8477**.

Reporting ANY incident or reasonable suspicion of sexual abuse of a child directly to their supervisor, the CEO, or alert the next supervisor in the chain of command if the first line supervisor is the one suspected of child sexual abuse, and the **IHS Hotline at 301-443-0658** within the same day of the incident.

Documenting the report in the IHS Incident Reporting System within **five (5)** business days.

Reprisals for reporting are prohibited.

Any attempt by any staff member as well as the provider under investigation, to restrain, interfere, coerce, or otherwise take reprisal action against another staff member who has reported the alleged violations is against the law. Such actions may result in disciplinary action.

No FEAR Act, 5 U.S.C. §2302 (b) (8)

**I acknowledge I have taken the IHS Briefing on Child Sexual Abuse and understand everything listed above that was given in detail in the briefing.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Printed Name

## Receipt of Code of Ethics & Conduct Policy

Urban Indian Center of Salt Lake endeavors to maintain a positive work environment. Each employee plays a role in fostering this environment. Accordingly, we all must abide by certain rules of conduct, based on honesty, common sense and fair play.

Note that all employees are employed at-will, and UICSL reserves the right to impose appropriate disciplinary action, or none at all, for a particular instance. The Agency will deal with each situation individually and nothing in this handbook should be construed as a promise of specific treatment in a given situation. However, UICSL will endeavor to utilize progressive discipline but reserves the right in its sole discretion to terminate an employee at any time for any reason.

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your Supervisor. If you are unable for any reason to contact this person, or if you have not received a satisfactory response within five (5) business days after reporting any incident of what you perceive to be harassment, please contact the HR Manager. Note: If your Supervisor or the HR Manager is the person toward whom the complaint is directed, you should contact the Executive Director. Every report of perceived harassment will be fully investigated and corrective action will be taken where appropriate. Violation of this policy will result in disciplinary action, up to and including discharge. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the Agency will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy. Employees who make complaints in bad faith may be subject to disciplinary action, up to and including discharge. All employees must cooperate with all investigations. However, if an investigation of a complaint shows that the complaint or information was knowingly or intentionally false, the individual who provided the false information will be subject to disciplinary action, up to and including termination.

Employee's Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The signed original copy of this receipt should be given to HR Manager - it will be filed in your personnel file.

# DHHS Code of Conduct and Client Rights R380-80

## Authority and purpose R380-80-1

- (1) This rule is authorized by Section 26B-1-202.
- (2) The purpose of this rule is to:
  - (a) protect clients from abuse, neglect, mistreatment, and exploitation; and
  - (b) clarify the expectation of conduct for department providers, their staff, and volunteers who interact with clients.

## Definitions R380-80-2

(for reference in the following code of conduct rule)

- (1) "Abuse" means the same as the term is defined in Section 26B-6-201 for vulnerable adults or Section 80-1-102 for children.
- (2) "Client" means an individual who receives or has received services from a provider.
- (3) "Critical incident" means the same as the term defined in Rule R380-600.
- (4) "Department" means the Department of Health and Human Services or any of its divisions, offices, or agencies.
- (5) "Exploitation" includes:
  - (a) the use of a client's property, labor, or resources without the client's consent or in a manner that is contrary to the client's best interests, or for the gain of some person other than the client, including spending a client's funds for the benefit of another;
  - (b) using the labor of a client without paying the client a fair wage or without

providing the client with just or equivalent non-monetary compensation, where such use is inconsistent with therapeutic practices;

(c) engaging or involving a client in any sexual conduct;

(d) sexual abuse of a minor as described in Section 76-5b-201; or

(e) sexual exploitation of a vulnerable adult as described in Section 76-5b-202 and Subsection 76-5-111(2).

(6) "Fraud" means a false or deceptive statement, act, or omission that causes, or attempts to cause, property or financial damages, or is made for personal or provider gain. Fraud includes the offenses identified as fraud in Title 76, Chapter 6, Offenses Against Property.

(7) "Harm" means physical or emotional pain, damage, or injury.

(8) "Mistreatment" means conduct that results in emotional or physical harm.

(9) "Neglect" means abandonment or the failure to provide necessary care, including nutrition, education, clothing, shelter, sleep, bedding, supervision, health care, hygiene, treatment, or protection from harm, and neglect also means the same as the term is defined in Sections 26B-6-201 for a vulnerable adult; 76-5-110 for a child with a disability; and 80-1-102 for a child.

(10) "Penalty" means an action taken by the department against a provider which may include to place a condition on, suspend, deny, or revoke a license or certificate due to the program or facility's non-compliance with statute, administrative rule, or requirement.

(11) "Provider" means:

(a) a license or certificate holder;

(b) the legally responsible individual or individuals providing services regulated by the department;

(c) any individual or business entity that contracts or subcontracts with the department to provide services to clients;

(d) any professionally licensed or certified individuals who provide services to clients under the supervision or direction of an individual or business entity; or

(e) any human services program as defined in Section 26B-2-101.

(12)(a) "Restraint" means physically restricting a person's freedom of movement, physical activity, or normal access to their body, including by chemical and mechanical means.

(b) "Restraint" does not include an escort used to lead, guide, or direct a client.

(13) "Seclusion" means the same as defined in Section 26B-2-101.

(14) "Staff" means provider employees, managers, directors, supervisors, administrators, agents, volunteers, owners, and contractors.

## Provider compliance with conduct requirements imposed by law, contractor other policies R380-80-3

(1) In addition to complying with this rule, Provider Code of Conduct and Client Rights, the provider shall comply and be responsible for their own staff's compliance with each applicable federal, state, and local law, and each policy and administrative rule required by the department or by other state and federal agencies that regulate or oversee the provider's programs.

(2) If a department, state, or federal entity requires a policy or rule that is more specific or restrictive than this rule, the provider shall comply with the more specific or restrictive policy or rule.

## Provider's duty to help clients R380-80-4

(1) The provider shall protect each client from abuse, neglect, exploitation, and mistreatment.

(2) Each individual who witnesses or suspects that a child has been subjected to abuse, neglect, or exploitation shall immediately notify Child Protective Services intake in the Division of Child and Family Services or law enforcement.

- (3) Each individual who witnesses or suspects that a disabled or elder adult has been subjected to abuse, neglect, or exploitation shall immediately report to the Adult Protective Services intake office in the Division of Aging and Adult Services or law enforcement.
- (4) Each provider shall make each report and documentation about abuse, neglect, exploitation, and mistreatment available to appropriate department personnel, and law enforcement upon request.
- (5) Each provider shall cooperate fully in any investigation conducted by the department, law enforcement, or other regulatory or monitoring agencies.
- (6) Each provider shall document and report each critical incident to the Office of Licensing and the client's case worker assigned to the client or support coordinator.
- (7) If a client dies while receiving services from or under the care of the provider, the provider shall notify the supervising department division or office immediately and shall cooperate with any investigation.

## Provider code of conduct R380-80-5

- (1) The provider shall ensure that staff and volunteers are supervised, qualified, and trained to:
  - (a) meet the needs of the clients as required by rule; and
  - (b) follow any applicable laws, policies, procedures, and rules.
- (2) Each provider shall accurately represent services offered, policies, and procedures to clients, guardians, prospective clients, and the public.
- (3) Each provider shall create, maintain, and comply with applicable written policies and safe practices that address the appropriate treatment of clients.
- (4) Each provider shall protect clients from abuse, neglect, harm, exploitation, mistreatment, fraud, and any action that may compromise the health and safety of clients through acts or omissions and shall instruct and encourage others to do the same.

- (5) Each provider shall refrain from using or permitting the use of corporal punishment and shall only utilize restraint as an intervention to protect individuals from self-harm, from harming others, or from damaging property.
- (6) Each provider serving clients under the Division of Services for People with Disabilities shall comply with the rules on restraint as described in Rule R539-4.
- (7) Each provider shall maintain the health and safety of clients.
- (8) Each provider may not be under the influence or use alcoholic beverages or controlled substances without medical prescription while serving clients.
- (9) Each provider serving people with disabilities shall only use aversive procedures after review and approval of the provider human rights committee or the Human Rights Committee as defined in Section R539-3-4.
- (10) Each provider shall provide services and supervision that is commensurate with the skills, abilities, behaviors, and needs of each client.
- (11) Each provider shall give each staff a copy of this rule, Provider Code of Conduct and Client Rights as part of their initial employment.
- (12) Each provider shall sign and ensure each staff signs off on reading, understanding, and agreeing to follow this rule, Provider Code of Conduct and Client Rights before working with clients.
- (13) Each provider shall inform clients of each right listed in Section R380-80-6.
- (14) Each provider shall maintain a copy of the client's rights, signed by each client or client's guardian in each client record.
- (15) Each provider shall prominently display a poster in each facility that notifies clients of their rights.

## Client rights R380-80-6

- (1) The provider shall ensure that each client has the right to:
  - (a) be informed of their rights;
  - (b) be treated with dignity, respect, and fairness;

- (c) be free from potential harm or acts of violence;
  - (d) be free from discrimination;
  - (e) be free from abuse, neglect, mistreatment, exploitation, and fraud;
  - (f) have equal access to food, shelter, and health services;
  - (g) be free from retaliation for reporting any violation to their rights;
  - (h) privacy of current and closed records; and
  - (i) communicate and visit with family, attorney, clergy, physician, counselor, or case manager or worker assigned to client, unless therapeutically contraindicated or court restricted.
- (2) The provider shall inform each client of policies and procedures that affect client or guardian's ability to make informed decisions regarding client care including:
- (a) program expectations, requirements, mandatory or voluntary aspects of the program;
  - (b) consequences for non-compliance;
  - (c) reasons for involuntary termination from the program and criteria for re-admission;
  - (d) program service fees and billing; and
  - (e) safety and characteristics of the physical environment where services will be provided.

## Sanctions for non-compliance

If a provider or its staff fails to comply with this rule, the department may impose an appropriate sanction such as probation, suspension, disbarment from state contracts, and termination of license or certification. The department may also, as applicable, report the provider's misconduct to licensing authorities, law enforcement, and the provider's clients or legal guardian.

## Contacts

For concerns related to abuse, neglect or exploitation of vulnerable adults:

- Adult Protective Services Hotline: 1-800-371-7897

For issues related to licensed or certified facilities' operations, staff conduct or background screening:

- **DHHS Office of Licensing: 385-226-1575** [licensingconcerns@utah.gov](mailto:licensingconcerns@utah.gov)

For concerns regarding treatment of children:

- Child Abuse/Neglect Hotline: 1-855-323-3237
- Office of Child Protection Ombudsman: 801-538-4589

For concerns related to Department of Health and Human Services contracts (i.e., financial or payment issues, or to report suspected misuse of public funds):

- Bureau of Internal Review and Audit: 801-538-8261

[Continue to acknowledgement signature pages](#)

# Acknowledgements

## Employee acknowledgment

- I have read and been provided with a personal copy of the DHHS Code of Conduct and Client Rights rule.
- I understand this Code of Conduct and Client Rights rule and I agree to comply with it.
- I have been trained in and understand the agency policies and procedures and agree to comply with them.
- I have been trained and understand DHHS rules and agree to comply with them.
- I had the opportunity to ask questions and have received clarification about the Code of Conduct and Client Rights, Agency Policies and Procedures and DHHS rules.
- I am aware of my responsibility to report any violations of these Code Rules to DHHS to the program licensor or to the highlighted phone number or email address above.

Employee signature: \_\_\_\_\_

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

Printed name of employee: \_\_\_\_\_

[Continue to provider acknowledgement signature page](#)

## Provider acknowledgement

- I provided a personal copy of the DHHS Code of Conduct and Client Rights rule to this employee.
- This employee has been provided training on agency policies and procedures and licensing rules.
- I offered this employee the opportunity to ask questions and provided clarification for all questions.

Trainer signature: \_\_\_\_\_

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

Printed name of trainer: \_\_\_\_\_

Program/site name: \_\_\_\_\_