

# Thank you for your interest in Volunteering!

Curative Connections strives to meet the needs of the community, by focusing on person-centered care. Individuals and families turn to us each and every day to help them re-gain, maintain, or increase their independence.

Our volunteer program provides opportunities for people to share their time and talents to help clients reach their goals for independence. Our volunteers provide about 10,000 hours of service each year and are the heart of our agency. Volunteers can either work directly with our staff and clients assisting in rehabilitation and fun activities, in our offices, or at any of our annual events. Our current hours are Monday through Friday from 7:00 am-5:30 pm (hours and days may vary according to location).

Possible ways you can give your time with Curative Connections:

**Assisting in Activities:** We do a variety of different activities through-out the day. As a volunteer you may help guide participants or lead an activity that you enjoy!

**One -on-One:** Socializing is important part of our participant's day. They enjoy having someone to work on a special project or simply chatting over coffee can be an exceptional addition to anyone's day.

**Administrative:** Activities that focus on promotion of our programs or administrative duties such as making phone calls, helping with mailings, fundraising, copying or printing.

**Cleaning and Organizing:** With everything that we do there is always things that need to get cleaned and organized. They could include assisting with daily dishes or special tasks like organizing our program areas.

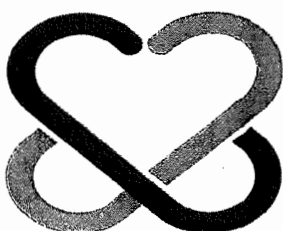
**Research projects:** We are always looking for new and exciting ideas and activities that we can bring to the programs and encourage different projects that volunteers might have.

**Internships:** Internships include students across many fields that could benefit from learning from our programs and bring fresh new perspectives on programs, materials, policies, case management etc. This could include students who may be interested in the field of marketing, research and statistics, social media, psychology, social work or business. Internships can be designed to fit the needs of each individual student.

**Volunteering a talent:** We welcome you to share your special talent with us. Whether it is playing an instrument, singing, crafting or pet therapy, we are interested in hearing about it.

The ways that a volunteer can help are endless!

Please contact: Kelly De Grant at 920.593.3576 or [kdegrant@curativeconnections.org](mailto:kdegrant@curativeconnections.org)



**CURATIVE**  
CONNECTIONS  
Empathy. Experience. Empowerment.



## STANDARDS OF EXCELLENCE

### Curative Connections

#### **Preamble**

Curative Connections, promotes the following values and behaviors, and believes they are essential to carrying out the mission of the organization. We believe that all individuals have the personal responsibility to challenge themselves in terms of these standards and to work with each other, thereby improving the quality of the organization. Everyone associated with Curative Connections, is involved and affected, by virtue of this association, and is therefore committed to our "Standards of Excellence".

#### **Values**

The values of the organization are as follows:

Trust/Honesty, Compassion/Empathy, Fairness, and Respect

#### **Behaviors**

##### RESPECT

###### I/We...

1. ... will show consideration for the values, beliefs, feelings, opinions and ideas of others and refrain from making demeaning comments.
2. ... will treat others with dignity and respect at all times, while accepting their strengths and weaknesses.
3. ... will provide a supportive environment that encourages and supports personal development, creativity, innovation and gives value to all work done by Curative Connections

##### COOPERATIONS

###### I/We...

1. ... will be an active participant in the providing quality services to customers. As a team member, seek input and listen to others opinions.
2. ... will use conflict as a constructive, positive force; examine different ideas and opinions in pursuing the common good.
3. ... will value shared responsibility and decision-making by cooperating to solve problems.
4. ...will share in Curative Connections philosophy by promoting its' mission representing it in a positive light.

##### COMMUNICATION

###### I/We...

1. ... will be honest, tactful, and encouraging when dealing with others.
2. ... will encourage communication between persons served, employees, board members and others and share work-related information in the timely manner.
3. ... will be open-minded while listening, and while giving and accepting constructive feedback, and will ask questions to clarify and promote the share of ideas with others.
4. ... will let the poser of humor reduce tension, build relationships, and provide motivations.



## **PERSON-CENTERED CARE**

### **Principles and Values of Person-Centered Care**

Person-centered care is a philosophical approach that honors and respects the voice of the individual and those working closest with them. It is individualized services in which a person's choices and preferences are **always** important and considered. It involves a continuing process of listening, trying new things, seeing how they work and making changes. Person-centered care is about finding a way to assist individuals in achieving their goals for independence and making their lives and the lives of others who are involved more meaningful to them.

Curative Connections promotes the following principles and values to be essential in promoting person-centered care. We believe that all individuals have the personal responsibility to challenge themselves in terms of these standards and to work with each other, thereby improving the quality of the organization.

### **Our Values**

- Every person has strengths, talents and abilities to offer.
- Every person has goals, interests and unlimited possibilities.
- Each person demonstrates responsibility and accountability to make and carry out life decisions.
- Every person has the ability to express preferences and to make choices.
- A person's choices and preferences shall always be considered.
- Every person should be in the least restrictive environment, allowing for safety and support.

### **Actions**

Together we will...

- consider a person's strengths and abilities rather than disability
- attempt non-traditional (new) approaches
- promote self-determination
- create a trusting environment allowing us to know each person better
- create and support personal growth and learning
- provide options for problem solving
- redefine problems or behaviors as opportunities or needs being communicated
- promote opportunities and connections within the community

### **Your Rights**

You have the right to:

- Make decisions
- Have an individual plan
- Be included on the planning team
- Have your goals, hopes, and dreams be central to your plan

## VOLUNTEER BILL OF RIGHTS

1. The right to be treated with respect and dignity by your peers and the organization's staff.
2. The right to be fully informed, before you make a commitment, of the extent of duties, time commitment and responsibilities involved in any task.
3. The right to a suitable assignment, with consideration for personal preference, temperament, life experience, education and employment or volunteer background.
4. The right to expect that your time will not be wasted.
5. The right to receive available information and assistance to carry out your responsibilities. Be provided appropriate orientation, training and supervision.
6. The right to be kept informed of what is going on in the organization.
7. The right to learn and grow as a volunteer, and to take advantage of career development and advancement.
8. The right to know whether your work is effective and how it can be improved.
9. The right to change jobs if not completely satisfied, or to ask for additional or alternative assignments when that is appropriate for you.
10. The right to be provided with a job description.
11. The right to a place to work that is orderly and worthy of the job to be done.
12. The right to speak with the Volunteer Center about any problems you may have.

Please initial: \_\_\_\_\_

**SECTION:** Employee Expectations  
**SUBJECT:** Confidentiality and Business Ethics  
**APPROVAL LEVEL:** President/CEO  
**EFFECTIVE DATE:** April 1, 2015

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## POLICY

It is the policy of Curative Connections to require its employees to devote their loyalties to the interest of the agency and be free of influences that might conflict or appear to conflict with their employment by Curative Connections. We expect you to observe the highest standards of ethics and integrity in your conduct.

You are expected to submit a written statement of your current employment other than that by Curative Connections and a written statement of any activity, interest, or relationship that could give rise to a conflict of interest. You should clear in advance the initiation of any such employment, interest, or relationship which might cause a conflict of interest. You will be expected to submit your written statements to your Vice President.

Some types of employment, activity, interest, and/or relationships that typically create, or appear to create, conflict of interest and lack of appropriate business ethics are set forth below. This list is intended for guidance purposes and does not specify every situation that should be disclosed.

- For you to accept, directly or through any member of your immediate family, any gift of more than nominal value (\$25.00), any loans, services, payments, money, excessive entertainment, vacation, pleasure trips, or promotional favors from any person/entity that is a competitor of or that is doing or seeking business with the agency.
- For you to perform any services, either as an officer, director, employee, or consultant for another person or entity that is a competitor or is doing or seeking to do business with the agency, except in each case with the knowledge and written consent of the President of Curative Connections.
- For you to purchase or lease goods or equipment on behalf of the agency from persons with which you are related or entities in which you have an interest, other than on the basis or price, quality, and service.
- For you, or any member of your family, to own a material financial interest in any entity that competes with the agency, except when such interest consists of ownership of widely held and traded securities.

Curative Connections expects you, as an employee, to adhere to the following:

- Faithfully carry out our policies, rules, regulations, and contracts.
- Comply with the letter and spirit of all applicable laws.
- Deal honestly and fairly with customers, vendors, and fellow employees.

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- Preserve the confidentiality of Curative Connections trade secrets, customer lists, plans, decisions, employee information, and other proprietary information.
- Understand that books, records, equipment, supplies, software, etc. are the property of the Agency and can only be removed from the premises for agency business with the supervisor's prior approval.
- Do not use information or authority derived from your employment with the agency for your personal gain.

Employees who have questions about how this policy applies in their particular situation should discuss their exact circumstances with the appropriate supervisor.

CURATIVE CONNECTIONS  
2900 CURRY LANE, P.O. BOX 8027  
GREEN BAY, WISCONSIN 54308-8027

**AUTHORIZATION FOR MEDIA/PICTURE RELEASE**

NAME: \_\_\_\_\_ DOB or Client #: \_\_\_\_\_

I grant Curative Connections permission to use various media such as photos, videos,  
etc. of \_\_\_\_\_ for promotional and educational purposes,  
(Client Name)

My name (circle one)      shall      shall not      be used to identify me.

I understand that I may revoke this authorization at any time.

This authorization shall act to expressly release from liability Curative Connections, its staff members, affiliates, and/or consulting agents.

By signing below, I acknowledge that I have read, fully understand and agree to the conditions set forth by this authorization.

Signed:

\_\_\_\_\_  
Client (or Responsible Agent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**AUTHORIZATION FOR MEDIA/PICTURE RELEASE**

## **BOUNDARIES POLICY BETWEEN STAFFS AND CLIENTS**



It is the policy of Curative Connections to foster an environment which enables clients to achieve their highest potential. Personal involvement/ activities between staffs and clients when they are outside of the professional therapeutic / supportive relationship can have a negative effect on the outcomes established.

It is the policy of Curative Connections to prohibit certain harmful behaviors and relationships. Examples of some of these prohibited behaviors are listed below. It is the supervisor's responsibility to assure that appropriate boundaries are maintained. Staff may also refer to the Agency "Standards of Excellence" and the policies on confidentiality and ethics for additional guidance in this area.

### **EXAMPLES OF INAPPROPRIATE RELATIONSHIPS BETWEEN STAFF AND CLIENTS**

1. Money and Gifts
  - Borrowing or lending money.
  - No gifts, of any value, can be accepted.
  - Staff or clients cannot do any type of work or favors for each other outside of Curative Connections Rehabilitation, Inc. (i.e., housekeeping, lawn work, professional work, etc.)
2. Relationships with clients and caregivers
  - No contacting clients in their home by phone, writing, or visiting.
  - No having any social or religious engagements with clients and any persons involved with the client.
  - No sexual advances, contact or favors verbal or physical with clients or any persons involved with the client.
  - No referring to client by using nicknames that could be insulting in anyway or are overly personal.
  - No discussing of personal problems or personal life that is not supportive to the client.
3. Physical, verbal, and emotional abuse/neglect
  - No swearing/yelling or physically hurting a client in any way.
  - No furnishing drugs, alcohol or tobacco products, or any non-prescription form of medications.
  - Intentionally holding back a client who is ready to move on to higher level program or is ready to be discharged from the Agency.

### **IMPLEMENTING PROCEDURES**

1. As part of the initial orientation, the employee will review the policy on boundaries, confidentiality and Standards of Excellence, and will sign an agreement to comply with the Agency policies.
2. At your 12-month performance review, the employee will sign off that any boundary issues have been addressed and possibly changed by a supervisor. Curative Connections will have a staff in-service training on boundary issues yearly.
3. If an employee has knowledge of, or had personal observation of another employee violating the boundaries it needs to be reported immediately to management!
4. Violations of this policy may result in progressive disciplinary action including termination.
5. If an employee is uncertain as to what actions or statements are covered under this policy, they should immediately discuss it with their supervisor or other members of management.





Curative Connections  
2900 Curry Lane, P.O. Box 8027  
Green Bay, Wisconsin 54308-8027

## STUDENT / VOLUNTEER CONFIDENTIALITY

I have read the Policy on Confidentiality for Curative Connections  
and will abide by its policy. I understand any questions I have concerning  
confidentiality should be directed to my supervisor.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Student: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Other: \_\_\_\_\_  
(Explain)

Supervisor: \_\_\_\_\_

Dept: \_\_\_\_\_

# VOLUNTEER AGREEMENT

**As a Volunteer, I agree to the following standards and performance:**

I will always be punctual whenever possible.

For all planned absences, I will notify Volunteer Services in advance. In case of an emergency, I will contact my Supervisor as soon as possible.

I will maintain daily time and attendance records by signing the Volunteer Sign-In sheet before leaving each time I volunteer.

I will follow the instructions of my assigned Supervisor and will accept directions from Curative Connections.

In all instances of the client contact, I will observe the following:

- I shall treat each client with respect and dignity.
- I will perform all duties in the way that will provide a consistent mode of behavior in order to foster a calm and safe environment for the clients.
- I will encourage each client to act independently whenever possible but always assure them I am there to help them whenever needed.

I understand that client records, programs, behavior, conversations and all other personal information are regarded as confidential, and I will never refer to them outside Curative Connections.

I will always ask questions when I do not understand something, ex... an activity, an issue, a meeting, an organizational goal, an action taken, etc.

I will say "no" when I feel that it is necessary to do so.

I will always wear clean neat clothing whenever working at Curative Connections

Volunteers will only use cell phones when necessary.

I will not smoke at Curative Connections

I will provide my own transportation to and from Curative Connections

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(Volunteer Signature)

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(Date)

## Volunteer/Internship Application

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

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Volunteering to fulfill requirement for:

- Personal Choice
- Internship/School –School Name and Location: \_\_\_\_\_  
Area of Study: \_\_\_\_\_
- Community Service
- Other: \_\_\_\_\_

Hours Required for Volunteer Commitment: \_\_\_\_\_

What is your reason for choosing Curative Connections for your Volunteer Experience?

Referral Source: How did you hear about Curative Connections' Volunteer Services?

- Volunteer Center  Direct Mail/Brochure  Referral  Other \_\_\_\_\_

Have you ever been convicted of a crime, other than a minor traffic violation?

- Yes  No If yes, please describe: \_\_\_\_\_

Volunteer Work Objectives: (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Make worthwhile use of free time | <input type="checkbox"/> Have fun           | <input type="checkbox"/> Explore careers         |
| <input type="checkbox"/> Meet and work with people        | <input type="checkbox"/> Develop new skills | <input type="checkbox"/> Enhance personal growth |
| <input type="checkbox"/> Do something nice for others     | <input type="checkbox"/> Share skills       | <input type="checkbox"/> Other _____             |

Applicant's Previous Volunteer Experience and/or Education:

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What is your availability? Please be specific: \_\_\_\_\_

(turn over)

In the space provided please list your special skills and talents:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

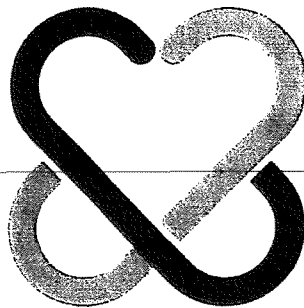
Parent or Guardian Signature (if under 18): \_\_\_\_\_

Questions?

Contact Tina Whetung, Office Manager for Transportation Services, at (920) 227-4272.

PLEASE LIKE US ON FACEBOOK!

**Thank you for your interest in Volunteering!**



**BACKGROUND INFORMATION DISCLOSURE (BID)**

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

**PLEASE PRINT YOUR ANSWERS.**

**Check the box that applies to you.**

- Employee / Contractor (including new applicant)  Household member / lives on premises - but not a client  
 Applicant for a license or certification or registration (including continuation or renewal)  Other – Specify:

**NOTE:** If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) regulated facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Name – (First and Middle)		Name – (Last)		Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)	
Any Other Names By Which You Have Been Known (Including Maiden Name)			Birth Date	Gender (M / F)	Race
Address <u>Street, City, State, ZIP Code</u>				Social Security Number(s)	
Business Name and Address - Employer or Care Provider (Entity)					

<b>SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION</b>	<b>YES</b>	<b>NO</b>
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? > If <b>Yes</b> , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 <sup>th</sup> birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) > If <b>Yes</b> , list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.		
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) > If <b>Yes</b> , explain, including when and where it happened.		
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? > If <b>Yes</b> , explain, including when and where it happened.		

(continued on next page)

<b>SECTION A (continued)</b>	<b>YES</b>	<b>NO</b>
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? ➤ If <b>Yes</b> , explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b> ? ➤ If <b>Yes</b> , explain, including when and where it happened.		
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? ➤ If <b>Yes</b> , explain, including credential name, limitations or restrictions, and time period.		
<b>SECTION B – OTHER REQUIRED INFORMATION</b>	<b>YES</b>	<b>NO</b>
1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? ➤ If <b>Yes</b> , explain, including when and where it happened.		
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? ➤ If <b>Yes</b> , explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➤ If yes, indicate the year of discharge: _____ ➤ Attach a copy of your DD214 if you were discharged within the last 3 years.		
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If <b>Yes</b> , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? ➤ If <b>Yes</b> , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? ➤ If <b>Yes</b> , list the review date and the review result. You may be asked to provide a copy of the review decision.		

**A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.**

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

<b>SIGNATURE</b>	Date Signed
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