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# Matheny Volunteer Agreement

Name (print) _____

**Statement of Liability:** As a volunteer, I understand that, should I mistakenly injure a student, I am protected from personal liability under Matheny's insurance coverage. However, if I am physically injured while volunteering on behalf of Matheny, whether such injury occurs on or off school property, I am not entitled to any form of medical reimbursement, including workmen's compensation.
I understand and accept this statement of liability.
The information on the volunteer application and agreement is true and complete to the best of my knowledge. Misrepresentation or false statement contained herein may be considered cause for possible dismissal. Matheny has my permission to obtain all necessary information from the references listed, or any other sources, concerning prior employment or personal history, and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me.
***I understand this application does not constitute an employment contract of any kind. Should I volunteer for Matheny, I may resign such placement at any time at my discretion with or without prior notice, and Matheny may terminate my placement at any time at their discretion, with or without cause and with or without prior notice.***

Signature _____Date _____

Date of Birth (m/d/y) _____

_____

**JUNIOR VOLUNTEERS:** If you are under 18, your parent/guardian must sign below.

I understand that volunteering at Matheny requires a commitment of no less than 30 hours per year.
***I understand this application does not constitute an employment contract of any kind. Should my child volunteer for Matheny, he or she may resign such placement at any time at his or her discretion with or without prior notice, and Matheny may terminate my child's placement at any time at their discretion, with or without cause and with or without prior notice.***
I hereby give permission for my child to volunteer at Matheny, and I accept the statement of liability explained above. I certify that said commitment will not interfere with my child's school studies. Furthermore, I will cooperate with my child in order that he/she is able to fulfill assigned volunteer duties. I have reviewed the Volunteer Guidelines. If requested, I grant permission for my child to receive a Mantoux tuberculin test or provide documentation of results.

Parent's Signature _____Date _____

# Matheny Volunteer Guidelines

**Confidentiality**

**All personal information about our children and adults must be kept confidential.** Photography is **not** permitted. Do not exchange phone numbers or email addresses with any of our children or adults. Follow Matheny on social media but do not post anything relating to Matheny.

**Safety**

- **Never** give food or beverages – even water – to our children and adults.
- Brakes must always be put on when a manual wheelchair is parked.
- Use care when pushing wheelchairs outside due to terrain.
- Do not lift or transfer children or adults.
- Never loosen or remove a client's straps/harness.
- Never put on or remove a client's coat or sweater.

**Abuse & Neglect**

- Report anything that doesn't seem right to you to a Matheny staff member. Volunteers must report instances of mistreatment, abuse or neglect to NJ DCP&P at 1-877-652-2873 (for minors) or NJ DDD at 908-226-7800 (for adults).
- Visit with children and adults in common areas such as the dining room. Never take a client away from a group activity unless accompanied by staff.
- Volunteers may not visit with a person in the bedroom areas unless prior written permission has been obtained from Volunteer Services.

**Infection Control**

- Wash hands or use hand sanitizer frequently. Gloves are available throughout Matheny. Change gloves when working with a different client. Regular surgical facemasks are available throughout Matheny for voluntary wear.
- **Never** volunteer if you are ill.
- If you or someone you have had close contact with has had an influenza-like illness (influenza, Covid-19, RSV) or a contagious gastrointestinal illness, you may not volunteer for 3-4 days after the ill person has recovered.

**Security/Fire Drills**

Follow the instructions of your supervisor.

**Smoking Policy**

Matheny is a designated smoke-free environment, which prohibits smoking within the building and the surrounding grounds. Smoking includes but is not limited to traditional cigarettes, electronic cigarettes, vape pens and pipes.

**Dress Code**

Wear sneakers or other closed toe shoes. Sandals or other shoes that do not cover your toes are not permitted. Clothing should be neat and appropriate. Short shorts and shirts exposing the midriff or shoulders are not acceptable.

**Change of assignment**

Need a schedule change or assignment change? No longer able to volunteer? Please notify the Volunteer Office at 908-234-0011 or email jhalsey@matheny.org and asalorio@matheny.org.

**Questions?**

Please don't hesitate to ask a staff member or contact the Volunteer Office.

I have read, understand and agree to follow these guidelines:

Signature _____ Date _____

Print Name _____

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65 Highland Avenue, Peapack, New Jersey 07977 • Tel. 908-234-0011 • Fax 908-781-6816 • www.matheny.org

## BACKGROUND CHECK AUTHORIZATION

NOTE: The following information is needed to verify information on your Employment Application and credentials.

PLEASE PRINT CLEARLY.

| Last Name | First Name | Middle Name |
|---|---|---|
| | | |

| Please list all aka's including Maiden Names | Date of Birth |
|---|---|
| | |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| | | | |

Last School Graduated From: _____ Campus:_____

Degree: _____

**Drivers, CRAs, Maintenance, and Rehabilitation Technicians ONLY:**
Only Employees who may operate company-owned vehicles, please complete the requested License information:

| Driver's License Number | State of License | Expiration Date |
|---|---|---|
| | | |

**Licensed or Certified Employees:**
**Type of Professional or Occupational License or Certification:** _____

**License or Certification Number:** _____

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. I give my consent to Matheny Medical and Educational Center to verify the current status of my professional or occupational license or certification (i.e. license number, license status, expiration date, pending or final actions or disciplinary history). If hired or employed, this authorization shall remain in effect to obtain information pertaining to my professional or occupational license or certification at any time during my employment.

| Signature | Social Security Number | Date |
|---|---|---|
| | | |

# FINGERPRINT SCHEDULING & ADMINSTRATIVE PAYMENT INSTRUCTIONS

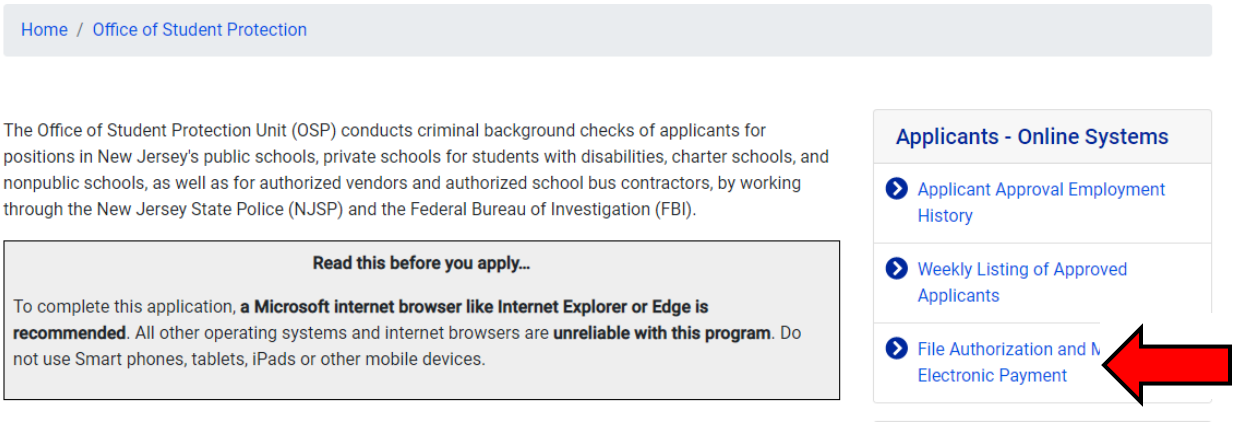
You are required to schedule **a fingerprint appointment** with the Department of Education (DOE).

**Note:** It is best to use a computer when settings up your fingerprint appointments.

## Department of Education (DOE) Fingerprint Steps

**Please note:** There is a $10.73 fee associated with scheduling this fingerprint appointment and a secondary fee of $25.73 at the time of your fingerprint appointment. You will be reimbursed for the fees after your internship begins.

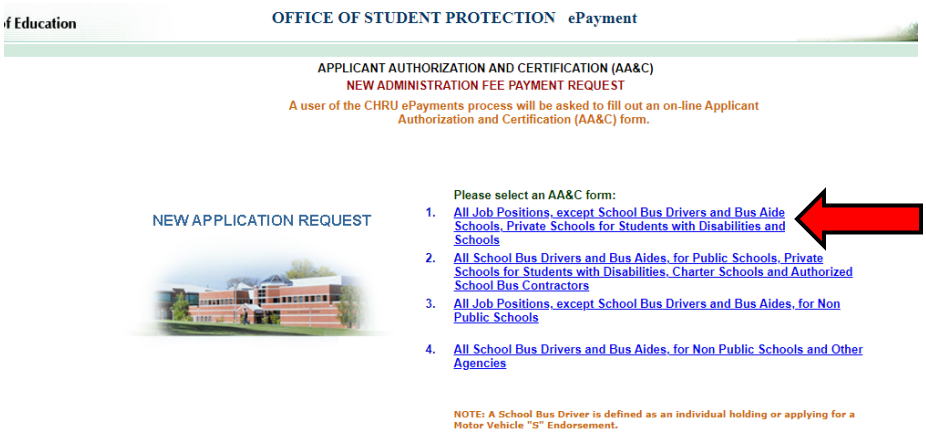
1. Access the DOE fingerprint payment authorization website at: https://nj.gov/education/crimhist/index.shtml
2. Click on, **"File Authorization and Make Electronic Payment."**



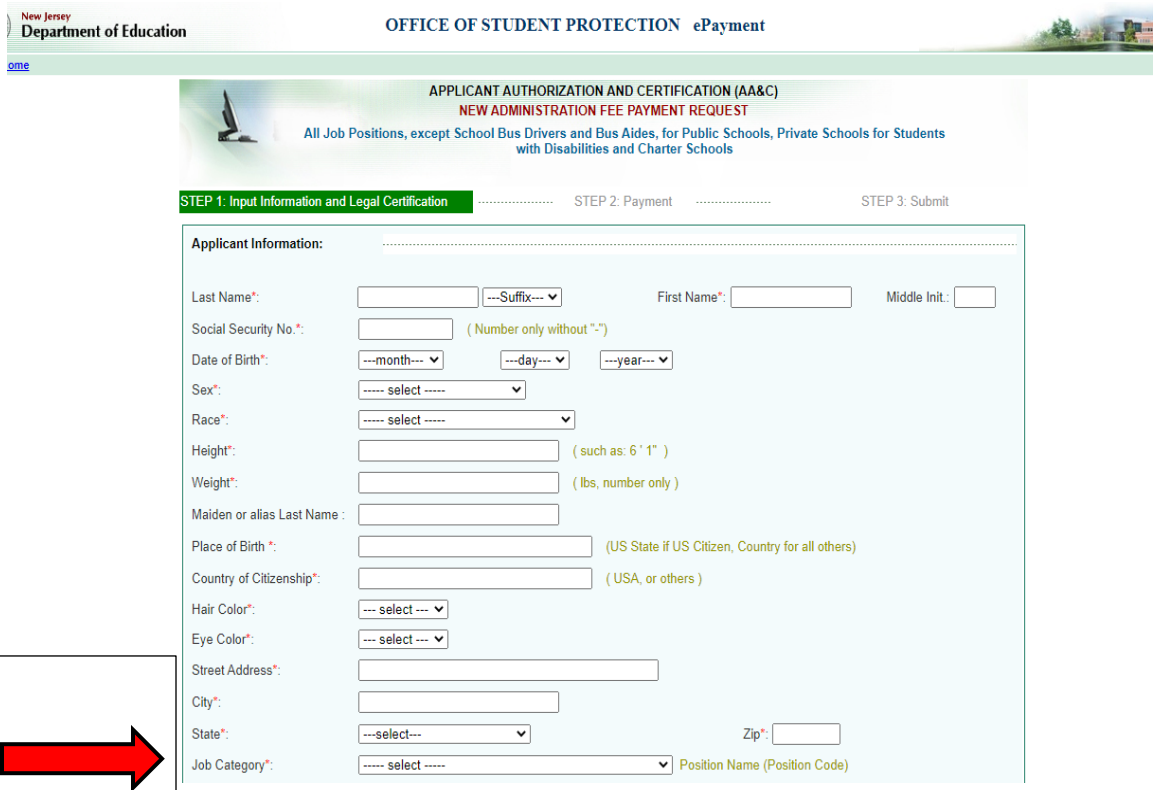

3. Select Option #1: **New Administration Fee Request (New Applicants Only)**

Enter your Social Security Number, then click Continue

**4.** Select Option #1: "**All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Children with Disabilities and Charter Schools"**



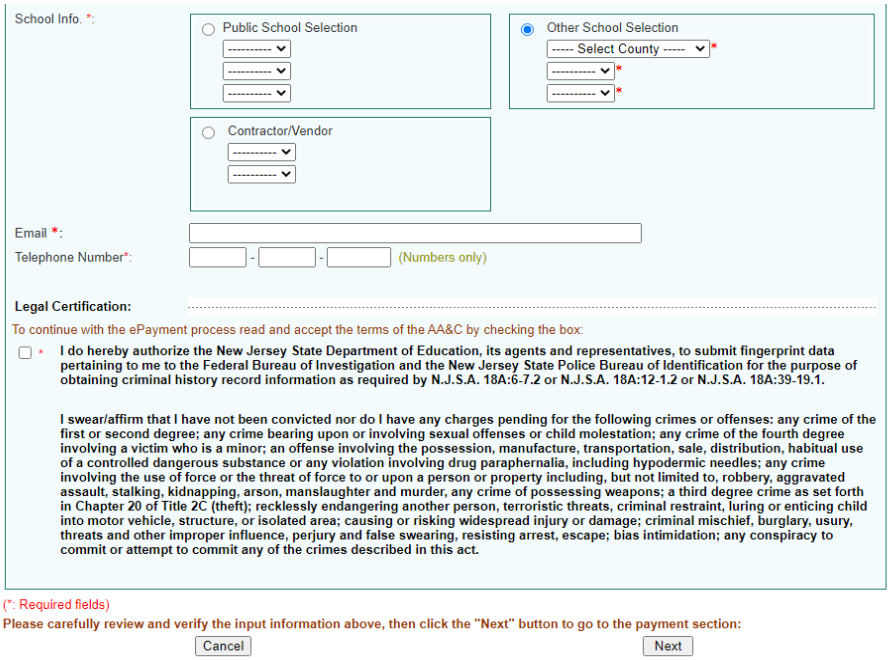

**5.** Complete the requested applicant information.




Job Category*:
**Code 17-**
**Volunteers**

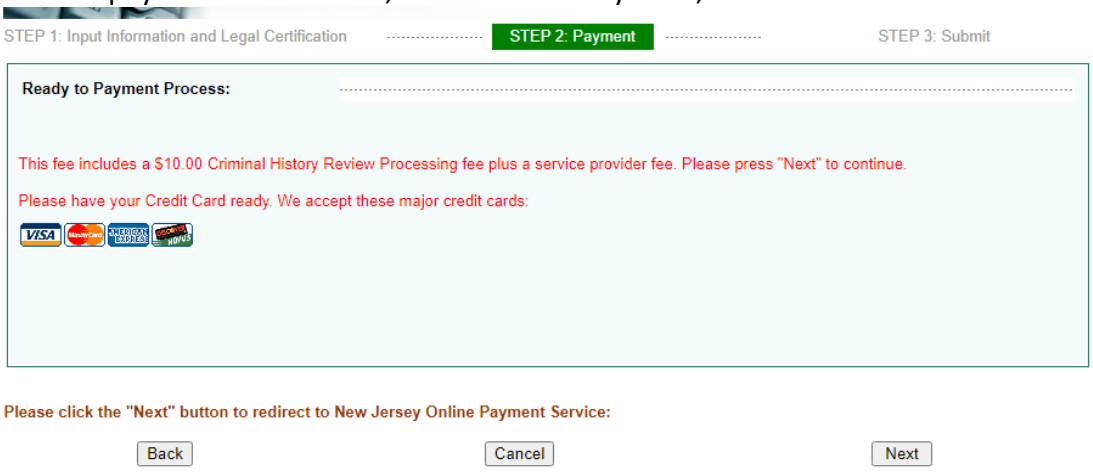
Select “**Other School Selection**”

- County – “**Somerset (36)**”
- District – “**Somerset Hills Regional (8274)**”
- School – “**Matheny School (001)**”




Enter your Email address and Telephone number and proceed to the **Legal Certification**. In order to continue with the ePayment process, read and accept the terms of the Applicant Authorization & Certification form by checking the box. Then click “Next”

**6.** Complete the payment information, click “Make a Payment,” and then click Next.



**7.** After completing the transaction, you will be presented with three (3) required steps:

- **View and/or print your New Administration Fee Payment Request confirmation page**

Select the first option ***"View and/or print your New Administration Fee Payment Request confirmation page"*** and print a copy of the receipt by clicking the print button in the upper right corner of the page and present a copy to the employing entity.

- **View and/or print your IdentoGO NJ Universal Fingerprint Form**

Next select the second option ***"View and/or print your IdentoGO NJ Universal Fingerprint Form."*** You must print the IdentoGO NJ Fingerprint Form to use when making your fingerprint appointment and to present it to IdentoGO at the time of fingerprinting.

- **Click here to schedule your fingerprinting appointment with IdentoGo**

Click the link. This will bring you to the ***IdentoGO website at https://uenroll.identogo.com/***

Use the data below to make a fingerprinting appointment with the Department of Education (DOE)

- Service Code: **2F1FB1**
- Contributor Case#: **368274001**

*Upon completion, please notify Kelly Walsh, H.R. Human Resource Business Partner at kwalsh@matheny.org or call 908-234-0011 ext. 1321 to notify her with the date of your scheduled appointment.

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# Volunteer Health Requirements

In order to maintain our accreditations, regulations require that Matheny maintain a health record on all of our volunteers. In order for you to volunteer at Matheny, we must have proof of the following:

- MMR (Measles/Mumps/Rubella) – 2 doses of vaccine or blood titer that indicates immunity.
- Hep B (Hepatitis B) – 3 doses of vaccine, blood titer that indicates immunity, or declination form
- TB testing – two 2-step skin tests (PPDs) within the last year or IGRA blood test (Quantiferon TB Gold or TSpot) within the last 6months.
- Statement from your physician that you are free of communicable disease and physically able to volunteer.
- Annual flu immunization
- COVID-19 vaccination – primary series, boosters

If you have questions or difficulties in fulfilling these health requirements, health questions may be directed to our employee health nurse, Allison LaRocca. Allison can be reached at alarocca@matheny.org or 908-234-0011, ext. 1224.

Be assured that all volunteer records, including health information, are stored securely and confidentially.

Thanks for your cooperation.