



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 bring food or beverage for any resident without prior approval.
- Never make any modifications or additions to any resident's equipment, including their wheelchair, safeguarding equipment, therapy equipment, or medical equipment. Prohibited modifications or additions include but are not limited to: changes to brakes, adjustments to footplates, armrests, or lap trays, addition of toy straps, etc.
- Always be aware of safety, medical, and behavioral plans for the individual(s) you are assigned to volunteer with. Trainings from applicable departments should be arranged through the Volunteer Office prior to sessions with the assigned individual(s).
- Never put on or remove a client's coat or sweater.
- Do not bring gifts or personal items (including toys, personal hygiene products, therapeutic products, etc.) for any resident that have not been preapproved by the appropriate personnel. All proposed gifts or personal items intended to be brought in need to be given to Volunteer Services for proper assessment.
- Do not send text messages or make phone calls for or on behalf of the residents.

Abuse & Neglect

- Any suspected or actual abuse or neglect concern needs to be reported to the Volunteer Office or a Matheny social worker immediately. You will need to provide information about the event or concern so that proper investigation protocols can be implemented. You are also able to report events or concerns yourself directly to the NJ Department of Health.

Infection Control

- Volunteers are expected to adhere to Matheny's posted and verbally instructed Infection Control guidelines. Volunteers need to be aware of expected practices when an individual is under infection control precautions.
- **Never** volunteer if you are ill.

Security/Fire Drills

Information about emergency management procedures will be provided by the Volunteer Office. In case of emergency, follow all directives paged overhead or as directed by zone staff.

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

- Only volunteer with individuals you are assigned to/approved to visit with. Never assume it is okay to visit with another resident because you see someone else doing so. Need a schedule change or assignment change? Please notify the Volunteer Office at 908-234-0011 or email jbono@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 _____



enriching lives. growing abilities.

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



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.