WAYNE HALFWAY HOUSE, INC.

APPLICATION FOR VOLUNTEER MENTOR:

GENERAL RESPONSIBILITIES:

A mentor is a person who helps to develop relationships with the youth/residents that will promote positive family and peer relationships, by supporting, advising and helping guide the youth by using your own understanding and experiences.

DUTIES INCLUDE (But are not limited to):

1. Support the youth in a positive way.
2. Help empower them to resolve current issues and develop coping skills for the future.
3. Be a model for which they learn a healthy, trusting relationship, through clear communication and boundaries.
4. Encourage them to use their strengths, talents, and gifts in a positive way.
5. Be an active listener and offer support and/or encouragement when appropriate.
6. Set times to come to the facility and visit with the youth. Have lunch/dinner, conversations, play games, etc.
7. Follow all applicable policies of Wayne Halfway House, Inc.
8. Competency in cultural knowledge, awareness, and sensitivity.

QUALIFICATIONS AND EXPERIENCE:

1. Must be at least 18 years of age.
2. Must be able to pass all the required background checks.
3. Have a passion for helping youth as their mentor.

MENTORING GUIDELINES

As with any policy, there are certain guidelines that must be followed for safety and security purposes:

*All volunteers/mentors are asked to always leave all firearms, pocketknives and cell phones in their locked vehicle while on the facility premises.

*Any volunteer/mentor that wants to bring food, and /or bring his/her own family members with them into the facility must call ahead of time and schedule an appointment. By doing this, staff can designate a certain place for that interaction with the youth, to provide the least amount of distraction to the other residents. Any food and/or drinks brought in must be consumed prior to the resident going back to their room.

*Any volunteer/mentor wanting to leave the facility with the resident must clear it through Security. Under NO circumstance is a resident allowed to cross the state line. The volunteer/mentor will also be required to sign a 'Temporary Custody' form.

*Places that residents may be taken include (but are not limited to):

- Ballgames, Restaurants, Church (If a resident requests to be baptized please contact Tim Ray, Community Outreach Coordinator, for a consent form.), Barber Shop, Fishing (At a pond or lake...NOT the river.)

** Make sure to always stay in full view of the resident. **

*Any resident who leaves the facility for any reason *must* and *will* be searched upon their return.

*Some volunteers/mentors have asked about buying the residents gifts or clothing. That's fine; however, everything must be inventoried and documented, therefore everything must go through the front desk. These items will be kept in storage and sent home during a home pass.

*Our residents have school M-F from 7:30am-2:00pm. From 2:45pm-3:15pm, is shift change for the staff. We recommend volunteers/mentors to visit after 3:15pm., throughout the week.

*On behalf of Wayne Halfway House staff, we appreciate you taking time out of your busy schedules to try to help mentor our kids: ***"Every kid is one caring adult away from being a success story." Josh Shipp***

Wayne Halfway House, Inc / Crossroads PTC /
Hollis Academy
Andrew Jackson Dr.
Waynesboro, TN 38485

We are a contracted service provider for the State of Tennessee Department of Children's Services. We are an 84 bed facility and we house troubled male juveniles between the ages of 12-18. We are a residential treatment center that strives to help these youth become productive citizens and hopefully exit "the system". Our programs are administered through three branches: (1) Counseling/Case Management, (2) Child care/Security, and (3) Education. In actual operation, the three areas overlap in all functions, and all staff work together to help residents achieve goals.

Residents have the opportunity to develop positive relationships with ***Volunteer Mentors*** from the community. When selecting a resident to receive a mentor:

1) Residents are referred to the Activity Director/Community Advocate by their program Case Manager/Counselor based on a resident's family situation, past history, current needs, etc.
2) The Case Manager/Counselor sends the Activity Director/Community Advocate the resident's name and a brief bio on the child.
3) The Activity Director/Community Advocate then "pairs" the resident with an available "Mentor" that s/he feels would be a good match.

My signature below attests that I have a basic understanding of WHWH / CPTC / Hollis Academy and an understanding of what's expected of me while volunteering as a Mentor:

_____ _____

Signature Date

WHWH / CPTC / Hollis Academy
Application for Volunteer Services

Full Name: _____ SS#: _____

Current Address: _____
Street City/State Zip Code

County of Residence: _____ DL#: _____ Exp. Date _____

Home Phone: _____ Cell: _____

Birthdate: _____ Marital Status: _____ Sex: _____

Do you speak other languages? _____ Specify: _____

Days & times available to mentor: _____

Number of hrs. requested if applicable: _____

Most of this information will be used to conduct your background checks---
Please explain below if you have been convicted of any felonies:

Tennessee Department of Children's Services

Authorization for Release of Information and HIPAA Protected Health Information TO or FROM the Department of Children's Services and Notification of Release

A. AUTHORIZATION FOR RELEASE TO DCS

☒ I, _____ hereby authorize release of the information specified on page 2, to any representative of the Tennessee Department of Children's Services bearing this release or a copy of this release, including any information deemed to be confidential. I hereby direct you as an individual or agency to release this information upon request of said representative. This release is executed with the full knowledge and understanding that the information released is for the official use of the Department of Children's Services. Failure to grant access to the requested information may result in a court order for the information.

B. AUTHORIZATION FOR DCS TO RELEASE

☒ I, _____ hereby authorize the Tennessee Department of Children's Services to release the information specified on page 2, to the person/entity specified on page 2.

I understand that there are laws and regulations protecting the confidentiality of certain written and oral information such as: Title 33 of the Tenn. Code Annotated; the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its regulations at 45 Code of Federal Regulations (CFR) Parts 160 and 164; and the federal Confidentiality of Alcohol and Substance Abuse Patient Records and its regulations at 42 CFR Part 2. My signature indicates I have received a copy of this authorization. I hereby request and authorize the release of records or information as specified on page 2 of this release. I understand I may revoke this authorization in writing at any time, but it will not affect disclosures already made in reliance on this authorization. This release takes effect on the date I signed it.

Authorizing Signature	*Print Name*	*Date*

Name of Client's Representative (Print)	*Signature of Client's Representative*	*Date*

Name of Witness (Print)	*Signature of Witness*	*Date*
Tonya Ricketts		

Relationship to client and authority to release confidential information	☒ Self	☐ Parent	☐ Legal Guardian*
		☐ Legal Custodian*	
☐ Conservator*	☐ Personal Representative for HIPAA*	☐ Other*, specify:	

Proof of authority to release information, such as a court order or Power of Attorney document, must be provided.

Name: *(Last)*	*(First)*	*(Middle)*	*Date of Birth*	*Social Security*	*Gender*

Other Legal Names: _____ Address: _____ Place of Birth: _____

Home Telephone No.	*Cellular Telephone*	*Work Telephone*	*Alternate Telephone*

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.
Distribution: Original Child's case File

Type of Information Requested (check ONLY one):

1. ☐ Education records, including transcripts, GED, TCAP, Special Education
2. ☐ Psychological/Psychiatric/Mental Health Treatment Records, alcohol/drug/substance abuse treatment records, and any associated test results. *Does not apply to employees or volunteers.*
3. ☐ Medical records, including examinations, laboratory tests, and prescribed treatments. *Does not apply to employees or volunteers.*
4. ☒ Background/Criminal History Checks, including Polygraph, and Fingerprint Results
5. ☐ Employment Records
6. ☐ Personal Finance/Credit History/Insurance Records (as applicable)
7. ☐ Other

Authorization Expires: ☒ in one year ☐ in 90 days ☐ On_____/_____/____
(Authorization not to exceed one year.)

Name of Provider/School/Entity Releasing Info to DCS or Receiving info from DCS:

Specific Information Requested:

Purpose of the Requested Release/Disclosure:
Check all that apply: ☐ Arrange/Access Services ☐ CPS Investigation ☐ Juvenile Court Case
☒ Other: Completion of employee Background check per DCS

Authorizing Signature	*Print Name*	*Date*
Name of Client's Representative (Print)	*Signature of Client's Representative*	*Date*
Tonya Ricketts *Name of Witness (Print)*	*Signature of Witness*	*Date*

HIPAA Authorization for Release of Protected Health Information:

I hereby authorize the use or disclosure of my individually identifiable health information as described above. I understand the following: (1) This authorization is voluntary. (2) If the person or organization authorized to receive the information is not a health plan or health care provider the released information may no longer be protected by federal privacy regulations. (3) My ability to receive health care, eligibility for health care, or the payment for my health care will not be affected if I do not sign this form. (4) I may see and copy the information described on this form if I ask for it, and I get a copy of this form after I sign it. (5) I may revoke this authorization at any time by notifying the person/organization(s) in writing, but if I do it won't have any effect on actions taken before the revocation was received. (6) Any release made in reliance on this authorization prior to receiving revocation of the release shall not constitute a violation of HIPAA or my confidentiality rights.

I have read this section._____ OR This section was read to me. _____
Initial *Initial*

If the individual who is the subject of the information requested is a Child Under the Age of 18, the Child's Parent(s) or Legal Guardian Must Sign This Release. EXCEPTION: Release of records under category number 2 for a minor age 16 or older, requires the signature of that minor. Release of records under categories 2 and 3 should be signed by the youth, regardless of age, if the youth consented to the health care instead of the parent, guardian, or custodian consenting.

Tennessee Department of Children's Services

Fingerprint Card Information

All information is required for fingerprinting and must be complete and accurate.
(Please Print All Information)

OIR # TN920190Z OCA #

Fingerprint Date:	Fingerprint Time: ☐ A.M. ☐ P.M.	Fingerprint Location:	Investigation ID#:

Complete Legal Name	Date of Birth	Related Case Name	Relative	Non-Relative
	- -		☐	☐
Last Name First Name Middle Name	Month Day Year	Name		

Complete Street Address	Phone Number
Street City State Zip Code	Phone #

Driver's License Number	Issuing State	Reason for Printing		
		☐ (CD)	☐ (FC)	☐ (AD)
		DCS Employee/Volunteer/Intern	Foster Care	Adoption

Social Security Number (SSN)	Place of Birth
- -	
	City County State

Military ID Number if different from SSN	Aliases Used
	(Such as Maiden Name, previous Married Names or any other legal name)

Height		Weight	Gender/Sex	Citizenship
			Male ☐ Female ☐	USA ☐ Other ☐
Feet	Inches	Pounds		

Hair Color		Eye Color		Race	
Brown	☐	Blue	☐	American Indian or Alaska Native	☐
Black	☐	Brown	☐	Asian or Pacific Islander	☐
Gray or partially gray	☐	Gray	☐	Black or African American	☐
Blonde or Strawberry	☐	Green	☐	Hawaiian Native or Other Pacific Islander	☐
Red or Auburn	☐	Hazel	☐	Hispanic or Latino	☐
Sandy	☐	Multicolor	☐	White (non-Hispanic)	☐
White	☐	Other		Other	
Unknown or Bald	☐	Unknown	☐	Unknown	☐

Results to :	Fax #: ( ) -	Applicant Signature:

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

kidcentral tn KIDCENTRALTN.COM

Distribution: Resource Home Case File
RDA 2877
Form CS-0691, Rev. 5/14

Tennessee Department of Children's Services

Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)

I have been informed of and believe I understand each of the following specific items about the *PRISON RAPE ELIMINATION ACT (PREA) of 2003* listed below:

(1) ☐ _____	That, federal law specific to incarcerated persons, the ***Prison Rape Elimination Act (PREA) of 2003***, requires that the Department of Children's Services (DCS)/Private Provider Agency take steps to prevent staff-on-youth and youth-on-youth sexual contact of any type from occurring in or around a DCS Youth Development Center (YDC) or Private Provider Agency; and there is a ZERO-TOLERANCE policy ***18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse Assault or Rape Incidents and PREA*** in place that prohibits sexual contact of any type or kind whatsoever, in or around any DCS/Private Provider facility.
(2) ☐ _____	That, state and federal law specific to incarcerated persons forbids sexual contact of any type or kind whatsoever by adult employee/volunteer or contractor, or with youth at any time anywhere in or outside of this YDC/Private Provider facility, including youth placed at DCS YDC's from an adult court disposition.
(3) ☐ _____	That, any sexual contact between myself and another employee/volunteer/contractor *in or around any* YDC/Private Provider facility, if sufficiently supported by proof pursuant to DCS policies and procedures, may result in discipline up to and including termination.
(4) ☐ _____	That, sexual misconduct between an adult employee/volunteer or contractor and a youth in a YDC/Private Provider Agency is forbidden and may result in discipline up to and including termination. Sexual misconduct can consist of conversations, gestures, or correspondence of a sexual nature to a youth. This includes demeaning references to gender or sexual preference, or sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures. Sexual misconduct also includes voyeurism which is an invasion of a youth's privacy by an adult by peering at a youth in private situations outside of those required by supervisory policies, requiring a youth to expose any part of the body for any purpose except for medical treatment or searches pursuant to DCS policies and procedures, and includes indecent exposure to the youth or allowing a youth to expose himself or herself to an adult present in the facility.
(5) ☐ _____	That, I have a duty to report any sexual contact between (1) employee/volunteer or contractor or other adult and youth OR (2) youth and youth that I observe *or have reason to believe occurred* and must report it to_____ _____as required or allowed by law to investigate, and if I fail to do so and such is proven pursuant to policy, there could be disciplinary action up to and including termination and/or criminal action.
(6) ☐ _____	That, if sufficiently supported by proof pursuant to DCS policies and procedures, any sexual contact between myself and a youth will result in termination from employment and probable criminal action including, but not limited to, those offenses set out below in Section (6), a) – f). A person can also be charged criminally with conspiracy, attempt, criminal responsibility for conduct of another; criminal responsibility for facilitation of felony; solicitation; accessory after the fact.
(7) ☐ _____	**That, if there is sexual contact between me and any youth or DCS custody youth I could be charged with a criminal offense including but not limited to the following based upon the evidence:**
a) ☐ _____	RAPE – ***TCA 39-13-503.*** Class B felony OR AGGRAVATED RAPE Class A Felony; *sexual penetration by force* with other elements; use of a weapon or a device serving as a weapon OR bodily injury occurs; OR one or more people participate by force but not necessarily with a weapon; or the victim is PHYSICALLY HELPLESS. **Sentence range from 7.2 years to life.**
b) ☐ _____	STATUTORY RAPE – ***TCA Section 39-13-506*** – Sexual penetration of a victim by defendant or defendant by the victim of any youth *less than 18 years of age* by a defendant at least 4 years older; also, mitigated and aggravated statutory rape elements are based on age gap. **Carries .9 yrs to 12 yrs in the range depending on whether it's a Class E or Class D felony.**

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Original: Employee/Volunteer/Contractor Files
Copy: Employee/Volunteer/Contractor

RDA: SW03-Employees/Volunteers
SW12-Contractors

c) ☐ _____	**SEXUAL CONTACT WITH INMATE** - *TCA Section 39-16-408* - **Class E Felony carrying a sentence of .9 to 6 years in the range.** Elements: Engaging in sexual contact or sexual penetration of an inmate by a correctional officer, police officer, etc., on or off the grounds, consensual or not. Definition of "inmate" includes Youth Development Center and group home youth of any age; "Correctional officers" includes a person working in that capacity as a private contractor or employee of a private contractor.
d) ☐ _____	**SEXUAL BATTERY/AGGRAVATED SEXUAL BATTERY** – *TCA Sections 39-13-504 and 505* Unlawful sexual contact with a victim by defendant or defendant by a victim along with FORCE OR COERCION; WITHOUT CONSENT OR the victim is PHYSICALLY HELPLESS. "Coercion" means that the perpetrator accomplishes this by threat of kidnapping, extortion, force or violence to be performed immediately or in the future. Even if there is supposedly consent, the very fact that youth are locked up in a facility with authority/disciplinary figures that could extort cooperation may constitute "coercion." Sexual Battery is Class E felony and carries .9 to 6 yrs in the range. Aggravated sexual battery is a Class B felony carrying 7.2 yrs to 30 yrs in the range.
e) ☐ _____	**SEXUAL BATTERY BY AN AUTHORITY FIGURE** *TCA Section 39-13-527* Sexual Contact with Child victims who are, for this purpose, mentally defective or incapacitated or PHYSICALLY HELPLESS AND the defendant is in a position of trust or had supervisory or disciplinary power over the victim by virtue of the victim's legal ...status and used that position to accomplish the act; OR THE DEFENDANT AT THE TIME OF THE OFFENSE HAD PARENTAL OR CUSTODIAL AUTHORITY OVER THE VICTIM AND USED THAT AUTHORITY TO ACCOMPLISH THE ACT and which Class C felony carries 2.7 yrs to 15 yrs in the range.
f) ☐ _____	Any person required to report known or suspected child sexual abuse/assault and/or rape who knowingly and willfully fails to do so, or who knowingly and willfully prevents another person from doing so, commits a Class A misdemeanor. Carries up to eleven (11) months and twenty-nine (29) jail days and fine up to $2,500.00. *TCA Section 37-1-615.*

I understand that pursuant to *TCA Sec. 39-13-501* the definitions used in this law are:

(8) ☐ _____	**Sexual Contact** is defined as intentional touching of the victim's, the defendant's, or any other person's intimate parts, or the intentional touching of the **CLOTHING COVERING** the immediate area of the victim's, the defendant's, or any other person's intimate parts, if that intentional touching can be reasonably construed as being for the purpose of sexual arousal or gratification.
(9) ☐ _____	**Sexual penetration** is defined as sexual intercourse, oral contact, anal contact, or any other intrusion, however slight, of any part of a person's body or via object into bodily openings of a victim or a defendant. Ejaculation is not required.
(10) ☐ _____	I have been provided with the DCS policy ***18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse Assault or Rape Incidents and PREA*** regarding the *Prison Rape Elimination Act (PREA) of 2003* on the ZERO-TOLERANCE standards in this facility as set out in this document. The contents were explained to me and I understand them. I was provided this policy ON THIS DATE ____/_____/____.
(11) ☐ _____	I understand that I will receive training regarding the ***Prison Rape Elimination Act (PREA)*** and information on the ZERO-TOLERANCE standards in this facility as set out in this document and that training will be provided to me in pre-service and annual in-service training.

_____ _____/_____/_____

Signature *Date*

_____ _____

Title *Name of Facility*

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Original: Employee/Volunteer/Contractor Files
Copy: Employee/Volunteer/Contractor

RDA: SW03-Employees/Volunteers
SW12-Contractors

WAYNE HALFWAY HOUSE, INC.

Confidentiality Statement for Mentors and Volunteers

All Mentors/Volunteers of Wayne Halfway House, Inc. will adhere to the Administrative Policies and Procedures regarding confidentiality that are promulgated, monitored, and enforced to protect the rights of those persons who receive services from this program as mandated by Federal Statues (42 CFR Part II), State Statues (TCA 33-3-104), and the Health Insurance Portability and Accountability Act of 1996.

Any person who knowingly or willingly fails to comply with the agencies policies and procedures regarding confidentiality will be in a breach of confidentiality, by legal definition, is a misdemeanor, and may be subject to legal action up to and including a fine of not more than $500.00 or imprisonment not to exceed one year or both.

I agree to abide by this statement and the Wayne Halfway House, Inc. confidentiality and privacy of information.

Print name: _____

Signature: _____ Date: _____

WAYNE HALFWAY HOUSE, INC.

Sign in-sheet for Mentor/Volunteers

Mentors/Volunteers

Print Name: _____ Date: _____

Signature: _____

Cultural Awareness

What is CULTURE? Culture includes the shared values and ways of seeing the world among people who most often speak the same language and live close to each other. Remember, *VALUES* are the things we believe to be valuable and important in life.

Where does culture come from? Culture is learned by children from their parents, family, friends, teachers, and role models within their society.

"Productive and responsible adulthood" means different things in different cultures, children in different cultures need to learn different skills. For example, children in *working class* families are often taught to be obedient, to obey authorities, and to work hard physically. These are important skills when the children seek jobs where they must take orders from supervisors and perform physical labor. Children from *middle class* families are often taught to be curious about intellectual things and to spend time in libraries.

If a family moves across cultural boundaries, old skills from the culture in which the child is accustomed to may cause stress in the new culture. For example, if a family moves from a middle class culture to a working class culture, the child may be ridiculed and called names because he or she asks many questions in school and spends time in the library. In the same way, a child who moves from a working class culture to a middle class culture may be ridiculed because he or she likes to work more than spend time reading or going to a museum. Neither is right or wrong. It is simply the way the child learned to be. Both ways prepare the child for some of the responsibilities of adulthood, but for different types of responsibilities. Our world needs a large variety of people who are prepared to do different types of work. All types of work are important!

How does culture influence behavior? The culture of a group of people is part of what guides their behaviors.

Have you ever heard the term ***"culture shock?"*** It can happen to anyone who spends time in a culture that is very different from the one they are used to. **CULTURE SHOCK is stress that occurs when people cannot meet their everyday needs the way they can in their own culture.** They can't communicate well with the new people and cannot figure out why people in the new culture behave the way they do. The familiar ways of behaving that they learned in their own culture don't work in the new culture. They may feel very lost and lonely. Culture shock is not a sign that they are failing to adjust. It is simply a sign that they recognize the differences and need more time to adjust.

What does the role of cultural identity in human behavior mean for the way we work with our residents at Hollis Academy?

1. We must recognize that some of the behavior of a new resident that doesn't seem to make sense *MAY* be behavior that *would* make sense in *his* culture of origin. That doesn't mean, of course, that dangerous or inappropriate behavior is *OK*. But at times it may help us understand why a resident is behaving as he does.

2. We should be aware that non-verbal communication is different in different cultures. Examples are the distance people stand from one another in conversation and when it is acceptable to make eye contact with another person.

3. We should learn as much as we can about behavior in other cultures and what it means. This can help us not only in our work, but in interactions with others as the world becomes increasingly multi-cultural.

4. We can help residents prepare for the time they may return to their culture of origin. Adolescence is a time when many people explore the behaviors of those around them. It is part of the reason they so often seem to rebel against their parents. They see their friends behaving in ways that are different from the way their own family behaves, and sometimes they *"try on"* the new behaviors to see how they work. The time a resident spends at Hollis Academy may or may not affect a resident's choices about legal behaviors, but it **will** affect his social behaviors. The changes may or may not "work" when he goes on home passes or back to living in the community. We can help by listening to him talk about his concerns.

5. We can appreciate the differences in cultures. Sometimes the only way we can really understand our own culture is by comparing it to other cultures. Then, we can make choices about whether we want to continue doing things the way we are used to. We might even find things we want to change about our own way of doing things!

As an occasional Mentor for a Hollis Academy resident, my signature below attests that I have read and have an understanding of "Cultural Awareness".

_____ _____

Signature **Date**

Tennessee Department of Children's Services

Tuberculosis Self Assessment for Mentors / Volunteers

Employee completes this section. Check any boxes that apply. Date_____

Name_____ DOB_____

Have you had a positive TB skin test in the past? Yes ☐ No. ☐ Date_____

TB Symptoms:

Do you currently have a cough that has lasted 3 weeks or longer?	Yes ☐	No ☐
Do you cough up blood?	Yes ☐	No ☐
Do you have fever or chills?	Yes ☐	No ☐
Does your chest hurt when you cough?	Yes ☐	No ☐
Do you sweat at night, enough to soak the sheets?	Yes ☐	No ☐
Have you lost weight recently (10 pounds or more) without trying?	Yes ☐	No ☐
Do you feel weak or get tired easily?	Yes ☐	No ☐
Have you lost your appetite and don't feel like eating?	Yes ☐	No ☐

Risk Factors:

Have you been around someone who was or is sick with tuberculosis?	Yes ☐	No ☐
Do you use illegal drugs or inject drugs?	Yes ☐	No ☐
Do you have any of the following conditions *(check those that apply)*	Yes ☐	No ☐

___Diabetes
___Blood diseases
___Cancer of the head, neck or lung
___Kidney failure
___Silicosis (from exposure to sand/silica crystals in the lungs)
___Stomach surgery or stomach bypass
___Long term medications that affect your immune system
If yes, what medications_____

Have you spent more than 30 days in a foreign country in the last 5 yrs? Yes ☐ No ☐
If yes, what country_____

Signature_____

HR Reviewer completes this section:
Have the employee complete the questionnaire.

Are there marks in 2 or more "yes" boxes under TB symptoms?
If so, mark the "yes" box at right, otherwise mark the "no" box. Yes ☐ No ☐
Are there marks in 1 or more boxes under Risk Factors?
If so, mark the "yes" box at right, otherwise mark the "no" box. Yes ☐ No ☐

~~If there is 1 or no "yes" boxes checked, no follow-up is needed. Employee can return to work.~~

If both of the "yes" boxes are checked, the employee should be referred to their private physician or the local Health Department for an evaluation.

☐ Employee referred to private physician/Health Department for follow-up. Date_____

HR staff name & signature: _____

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.
Distribution: Employee Medical File
CS-0925 08/09

ATTESTMENT OF RECOMMENDATION

(Date: _____)

My signature below is to attest that I have personally known

_____ for _____ years.
Person applying to volunteer/mentor ***# of yrs. Known***

I would not hesitate to recommend her/him to be a volunteer / mentor at any facility associated with Hollis Academy.
I have known this person to always conduct themselves in a respectful, professional manner & to communicate well with youth.

If you have any questions, or need anything further, please feel free to contact me by:

Phone: _____

Email: _____

_____

Signature of person giving recommendation

Thank you!

ATTESTMENT OF RECOMMENDATION

(Date: _____)

My signature below is to attest that I have personally known

_____ for _____ years.

Person applying to volunteer/mentor ***# of yrs. Known***

I would not hesitate to recommend her/him to be a volunteer / mentor at any facility associated with Hollis Academy.
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If you have any questions, or need anything further, please feel free to contact me by:

Phone: _____

Email: _____

_____

Signature of person giving recommendation

Thank you!

ATTESTMENT OF RECOMMENDATION

(Date: _____)

My signature below is to attest that I have personally known

_____ for _____ years.

Person applying to volunteer/mentor ***# of yrs. Known***

I would not hesitate to recommend her/him to be a volunteer / mentor at any facility associated with Hollis Academy.
I have known this person to always conduct themselves in a respectful, professional manner & to communicate well with youth.

If you have any questions, or need anything further, please feel free to contact me by:

Phone: _____

Email: _____

_____

Signature of person giving recommendation

Thank you!