

**Tuscarawas County Board of Developmental Disabilities
TuscBDD VOLUNTEER ORIENTATION**

Name of Volunteer: _____

- General overview of TuscBDD
- Confidentiality of information/HIPAA
- Volunteer Affidavit (Reminder of need to notify within 14 days of formal charge/conviction/guilty plea to listed offenses)
- General facts about people who have developmental disabilities: i.e. adaptive equipment, communication boards, wheelchairs, braces, etc.
- Expectations of volunteer: Building sign-in/sign-out, general safety procedures, reporting late arrivals/absences to Board staff, timesheets (if applicable), assignment to Board staff (if volunteer assignment is available)
- Transportation:
 - Volunteers are responsible for arranging their own transportation to and from assignment
 - Volunteers **ARE NOT** permitted to drive Board-owned or leased vehicles or transport individuals served

For Volunteers Who Provide More Than 40 Hours of Service Working Directly with Individuals During a Calendar Year:

- Role and responsibility of TuscBDD: Person-centered planning, community participation and integration, self-determination, and self-advocacy
- Bill of Rights
- UI/MUI/Reporting Abuse or Neglect (SSA Dept.) & DODD Health and Welfare Alerts
- Emergency Procedures: Universal precautions, exposure control, fire/tornado, etc.
- Background investigation and abuser registry checks (initial and ongoing)

I have received orientation in the above areas.

Volunteer Signature

Date

Signature of Volunteer Coordinator

Date

Once Completed, the Volunteer Coordinator will CC Form to Human Resources