



Brighter futures. Better communities.

VOLUNTEER MEDIA CONSENT

Electronic/Print Media

Because of the interest in client programs and development, print and electronic **media** sometimes request the opportunity to write or produce stories about programs and current events. Please indicate by checking the appropriate box whether you agree to be interviewed and photographed by the print and/or electronic **media**.

____ Yes, I give my permission for the **media** to interview and/or photograph myself.

____ No, I do not want to be interviewed or photographed by the **media**.

JOURNEY TO DREAM Marketing

In the interest of promoting the programs provided by JOURNEY TO DREAM, our staff is increasingly using and distributing photographs and video footage of programs. This agreement constitutes permission to use photographs and video footage of the client named below in JOURNEY TO DREAM media or marketing. All photographs and video footage shall remain the sole property of JOURNEY TO DREAM. I understand that no compensation will be made to me for this use.

____ Yes, I give my permission for JOURNEY TO DREAM to use photographs/video footage of myself for media and marketing purposes.

____ No, I do not want photographs/video footage of myself used by JOURNEY TO DREAM for media and marketing purposes.

JOURNEY TO DREAM Website

JOURNEY TO DREAM recognizes the limitless potential for research, information and communication provided by the Internet. Therefore, JOURNEY TO DREAM encourages the creation of program and non-profit Web pages for publication on the Internet. However, all Web publications are subject to the following terms:

- Client work may be published only as it relates to JOURNEY TO DREAM program activity.
- No confidential client information shall be published or linked to a Web page.
- Names will not be associated with pictures.

____ Yes, I give permission to publish my work, photograph(s), and non-confidential information of myself on the JOURNEY TO DREAM website.

I acknowledge by my signature below that I understand each of the above statements.

Volunteer's Name (please print) _____

Signature _____ Date _____

**CONFIDENTIALITY POLICY
FOR EMPLOYEES, VOLUNTEERS AND BOARD MEMBERS**

Respecting the privacy of the clients, donors, staff, and volunteers at Journey to Dream and Kyle's Place is a basic value of Journey to Dream. Personal and financial information is confidential and should not be disclosed or discussed with anyone without permission or authorization from the Executive Director. Care shall also be taken to ensure that unauthorized individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared. All information concerning clients, former clients, our staff, volunteers, financial data, business records of Journey to Dream is confidential. Employees, volunteers and board members of Journey to Dream may be exposed to information that is confidential and/or privileged and proprietary in nature. It is the policy of Journey to Dream that such information must be kept confidential both during and after employment or volunteer service. Staff and volunteers, including board members, are expected to return materials containing privileged or confidential information at the time of separation from employment or expiration of service.

"Confidential" means that you are free to talk about Journey to Dream programming, mission, and other information publicly shared. However, client and internal business information should remain private. This is a basic component of client care and business ethics. The board of directors, staff and our clients rely on paid and volunteer staff to conform to this rule of confidentiality.

Failure to maintain confidentiality may result in termination of your employment or service, or other corrective action. This policy is intended to protect you as well as Journey to Dream/Kyle's Place because in extreme cases, violations of the policy also may result in personal liability.

Before you begin your assignment as a staff member or volunteer, you should be aware of the laws and penalties for breaching confidentiality. Although the agency is liable for your acts within the scope of your duty, giving information to an unauthorized person could result in the agency's refusal to support you in the event of legal action. Violation of the state statutes regarding confidentiality of records is punishable upon conviction by fines or by imprisonment or by both.

Certification

I have read Journey to Dream's policy on confidentiality and the Statement of Confidentiality presented above. I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of the policy will lead to disciplinary action, up to and including termination of my service with Journey to Dream/Kyle's Place.

Signature: _____ Name: _____

Date: _____

POLICY ON REPORTING CHILD ABUSE, NEGLECT OR EXPLOITATION

As the undersigned, I have been informed of Journey to Dream's procedures for reporting suspected abuse, neglect, or exploitation. I understand that I must personally inform the Child Abuse Hotline (1-800-252-5400) if I am made aware of any suspected abuse, neglect or exploitation of a child in Journey to Dream's care. I understand that if a child alleges that they are being abused that I must report that information, even if I know the allegation is not true. I understand that as per Journey to Dream policy, I will also report this information immediately to the agency's administrator or program supervisor.

Printed Name _____

Signature _____

Date _____

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

**AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A
LICENSED OPERATION OR REGISTERED CHILD-CARE HOME**

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STATE OF _____
COUNTY OF _____

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____
(seal, if any, of notarial officer)

My commission expires: _____



JOURNEY TO DREAM

PARTICIPATION RELEASE FORM

Participant: _____

Phone: _____

Address: _____

City: _____

Email: _____

St _____ Zip _____

Emergency Contact: _____

Relationship: _____

Email: _____

Phone: _____

I understand that the possibility of injury and illness exists as a result of participation in the activities of Journey to Dream (JTD) and that Journey to Dream assumes no responsibility for any such injury or illness. I will not hold Journey to Dream, its board of directors, officers, employees, facilities, agents, insurers, attorneys, or its volunteers (collectively "JTD") liable for any injury or illness to myself, my property, or my family member which may occur while participating in the activities of the JTD.

As a result of this, release JTD from all claims, demands, actions, and causes of action of every kind or nature resulting from participation in any JTD sponsored activity. Further, I agree to indemnify, defend, and hold JTD harmless from any and all liabilities, claims, costs, and expenses, including those arising from or caused by, any negligent acts or omissions of JTD. In the event of an injury requiring medical or emergency treatment to which I am unable to consent in advance, I, as a result of this request, authorize, and consent to such care and treatment as may be given by any JTD representative (as specified above), and I, as a result of this, agree to indemnify and save harmless JTD from any claim by any person whomsoever on account of such care and treatment.

I acknowledge that participation in volunteer activities for JTD may entail known and unknown risks that could result in serious injury to myself and my property. I represent that I am physically, mentally, and emotionally capable of assuming the risks associated with the volunteer activities and have the full legal authority to grant the releases herein.

I further authorize JTD to photograph or record my name, likeness, video, and participation without payment or other compensation and authorize JTD to publish my name, images and recordings in print, on the Internet, and in any other public or private medium without further notice to me.

Participant (if 18 or older)

Date

Parent or Guardian (if participant is under 18)

Relationship