



### **VOLUNTEER GROUP GUIDELINES**

Thank you for your interest in volunteering with the children (5-14 years old) on the campus of Alexander Youth Network. **Because of the age range of our children, we ask that volunteers within your group be senior high age and up.** We hope that you will enjoy the time spent on our campus, and that you will share some positive, rewarding moments with the kids. In an effort to make your visit enjoyable for all involved, we have some suggestions for you to follow. Please read them carefully and share them with all the members of your group prior to the activity.

1. We prefer volunteer groups to come out at the following times:  
Saturdays and Sundays - between 10:30am-12pm or 1- 3pm.  
Weekdays between 6:00 and 7:00pm. The children in the residential program have dinner nightly from 5:30 until 6:00. If your group is interested in visiting on a weekday during school hours, please discuss this with the Volunteer Engagement Officer.
2. **Group visits work best when they last for no more than one hour. If additional time is needed, approval is required.** Over half of the youth in our care have symptoms of attention deficit disorder, and many may not be able to attend for long periods of time.
3. **Please talk to your group about the children before visiting.** It may help to explain that the children we serve have special needs. Some of the youth exhibit serious behavioral problems, emotional issues, low self-esteem and poor social skills. Many of them have experienced early childhood trauma. Some may not feel comfortable in receiving hugs, whereas others may hug everyone in your group due to poor physical boundaries. Visitors will need to refrain from any horseplay. Please remind your group that they are role models for the children and therefore need to be on their best behavior. Please make your group aware that they may see staff physically intervene with a child in order to keep that child or the other children in our care safe.
4. **Our staff of counselors will always be present during your visit; they can manage any behavior problems that may arise, but they are counting on you to provide the leadership for the activities that your group provides. Structure is very important to the children.** The more structure you provide, the better your chances are for a successful visit. Many of the children can become easily over stimulated if activities are unstructured. We suggest not starting an activity until everyone is seated, quiet, and waiting for directions from the leaders. If a child is crying loudly or very upset, please do not try and converse with the child; most of the children cannot process verbal information when they are in crisis and will possibly require staff intervention to de-escalate. **Also, if a child should ask your permission to leave the area and go to the restroom or some other area, please do not allow them – please direct them to the program staff so that they know children’s whereabouts at all times.**
5. **Please do not bring any potentially dangerous supplies or materials with you (i.e. knives, lighters, matches).** If you need supplies (cutting a birthday cake, for example) our kitchen staff can assist.
6. **We suggest activities that keep the kids busy.** Some suggestions include art or crafts projects, group games (obstacle course, kickball, cooperative games), modeling clay, face painting, musical activities, teaching a new age appropriate skill or providing a meal.

7. **We highly discourage you from creating competitive situations**, due to some of the children's delayed social skills and emotional immaturity. We recommend games and activities that **encourage the use of positive social skills**, such as icebreakers, working together as a team, or parallel play. The children respond really well to rhythmic, repetitive activities, such as singing, dancing, or coloring. If the children don't appear to respond well to the activity, please be flexible. Remember it is easier for the adults to adapt than the children.
8. At times you may see a staff member leave the activity with a child. This may be because the child is anxious. Often children who are early childhood trauma survivors have poor coping and self-regulation skills. Often the staff will provide 1:1 attention away from the activity to help the child relax. Please don't try to talk with a child when they are removed from activities – they may just need a few minutes to decompress.
9. If you or another member of your volunteer group witness something that you do not understand or are uncomfortable with, please bring your concern to the Volunteer Engagement Officer or program supervisor.
10. **Please take a few minutes to clean up the area you used after the children have been dismissed.** There are no maintenance staffs on duty during evenings and weekends so we appreciate your efforts to leave an area in good shape before leaving.
11. **Please make sure that members of your group adhere to the following expectations concerning standards of dress.** The following apparel **should not be worn** while volunteering with children: torn, ripped, or frayed clothing; midriff or off-the-shoulder shirts, sweaters, or dresses, tight, sheer, or revealing clothing; and spaghetti strap or strapless shirts or dresses. No visible body piercing except earrings is acceptable.
12. **Do not take pictures of the children during your visit and do not repeat the names of the children to anyone after leaving campus. We do not have permission to photograph all the children, and we need to protect the safety and confidentiality of the youth in our care.**
13. **There are forms at the back of this document that the group leader needs to complete and return before your visit can be confirmed. Please send them at least 2 weeks prior to your activity to [volunteer@alexanderyouthnetwork.org](mailto:volunteer@alexanderyouthnetwork.org) or fax to 704-944-6090.**
14. If your group plans to bring gifts or food, please describe on the attached form so that we can advise you on what to bring.
15. There are always plenty of behind-the-scenes jobs for groups to do. Some suggestions include beautification projects (planting flowers, weeding landscaped areas, painting), organizing storage areas, creating bulletin boards, among other things.
16. We may send you a survey after your group visits via email. Please take the time to provide us with feedback so that we can continue to provide meaningful engagement opportunities for our volunteer groups.

Please remember that we are available to provide a speaker to give a presentation to your group about Alexander Youth Network. We look forward to your visit. **If you have any questions or need more information, please call our Volunteer Services team at 704-227-9115 or e-mail [volunteer@alexanderyouthnetwork.org](mailto:volunteer@alexanderyouthnetwork.org) .**



**VOLUNTEER GROUP INFORMATION**

Name of Group/Organization: \_\_\_\_\_

Address \_\_\_\_\_  
Street City ST Zip Code

Contact Person \_\_\_\_\_

Email \_\_\_\_\_

☐ I would like to receive Alexander Youth Network's monthly e-news.

Daytime Number of Contact Person \_\_\_\_\_ Cell # if different) \_\_\_\_\_

Number of People in Group \_\_\_\_\_

Is there a preferred minimum or maximum # of children/youth for your activity?

If yes, please detail: \_\_\_\_\_

Date of Visit \_\_\_\_\_

Time of Visit \_\_\_\_\_ until \_\_\_\_\_ (1 hour time limit unless prior approval)

Please list below all the activities your group plans to provide for the children during your visit

\_\_\_\_\_  
\_\_\_\_\_

Are there any supplies you need for us to provide (i.e., cups, napkins, crayons, etc.)?

\_\_\_\_\_

Would you like your activity to take place in:

Cafeteria\_\_\_\_ Gym\_\_\_\_ Outside\_\_\_\_

(crafts work better at tables in cafeteria, physical games in gym or outside weather permitting)

I agree to protect and preserve the confidential nature of all client information to which I may have access to during the activity. I will communicate to the group that children's names should not be repeated off-campus and pictures may not be taken.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: E-mail address: [volunteer@alexanderyouthnetwork.org](mailto:volunteer@alexanderyouthnetwork.org)

Fax number: 704-944-6090



### ASSURANCE OF CONFIDENTIALITY

I have been given the opportunity to read and understand the Confidentiality Regulations as developed by the Division of Mental Health, Developmental Disabilities, Substance Abuse Services and Health Insurance Portability & Accountability Act (HIPAA) to insure the privileged and confidential nature of client information. I further understand the liability of persons with access to client information and hereby agree to protect and preserve the confidential nature of all client information to which I may have access. I acknowledge that I am subject to civil penalties and disciplinary action for improper release or disclosure. The HIPAA civil penalties are \$100 per violation, up to \$25,000 per person annually for each violation. The maximum criminal penalties under HIPAA are:

- \$50,000 and one year in prison for obtaining or disclosing protected health information.
- \$100,000 and five years for obtaining protected health information under "false pretenses."
- \$250,000 and 10 years for obtaining or disclosing protected health information with the intent to sell, transfer or use it for commercial advantage, personal gain or malicious harm.

In addition, if I should come into contact with information and records regarding Alexander Youth Network donors, employees, volunteers or other associates of the Center, I will maintain their confidentiality as well.

Name _____		Phone _____	
Address _____		City _____	
State ____	Zip _____	Email Address _____	
<input type="checkbox"/> I would like to receive Alexander Youth Network's monthly e-news.		Age if under 21 _____	

***I agree to protect and preserve the confidential nature of all client information to which I may have access to during the activity. I will communicate to the group that children's names should not be repeated off-campus and pictures may not be taken.***

Signature \_\_\_\_\_ Date: \_\_\_\_\_



## **Fact Sheet for Volunteer Groups and Administrative Volunteers Health Insurance Portability and Accountability Act (HIPAA)**

Please read over the following HIPAA guidelines then **sign, date and return the attached release form** as indicated below.

HIPAA is the acronym for Health Insurance Portability and Accountability Act of 1996. Since April 14, 2003 all covered health care providers and health plans have been expected to comply with the act's standards to protect the privacy of individuals' health information.

Here are some things volunteers should do to make sure that we are protecting the privacy of client information:

- There should be no conversations held in an open area (hallways, dining area, lobbies, etc.) regarding protected health information (e.g., name, DOB, address, medical records number and SS#) on a client or an employee.
- Staff and volunteers should not leave protected health information lying around on copiers, fax machines, desks, etc.
- Protected Health Information should only be discussed with individuals that have a need to know.

A key requirement of HIPAA is to **ensure the clients' right to have health information kept private and confidential**. The definition of "health" is very broad and includes information about behavioral, medical and physical conditions.

### **MINIMUM NECESSARY STANDARD**

We are required to make "reasonable efforts" to limit access to confidential information to the "minimum necessary" to accomplish the intended purpose of the use, disclosure, or request.

For staff, think in terms of the minimum information necessary to do your job or the task in question.

### **APPLIES WHEN:**

- Using protected health information internally
- Disclosing protected health information to an external party
- Requesting information from external party