

**UNIVERSITY OF VERMONT EXTENSION**

**MIGRANT PROGRAMS VOLUNTEER RECRUITMENT AND SCREENING PROCEDURE**

While volunteerism is crucial to the success of migrant worker programs like Migrant Health and Education, it is a privilege, not a right to be a volunteer. Because of the influence that volunteers have on populations with limited access to needed services, it is critical that volunteers be selected so that the integrity of the volunteer efforts can be maintained. Migrant Health and Education Programs have funding limitations and volunteers can play an important role in ensuring access to health and education services for program participants. Migrant Health clients rely on community volunteers to provide transportation to health appointments, for food access support and health care providers who offer free health services. The Migrant Education Program works with volunteers to offer virtual and home-based English instruction to enrolled students and to mentor enrolled students. Volunteers who are connected to the community through UVM Extension Migrant Health and Education Programs and have adequate Spanish language skills may decide to take on additional roles *on their own* such as playgroups for families, transportation to social events and the like. Effective September 2, 2014, University of Vermont Extension implemented a new Migrant Programs volunteer selection policy and procedure that includes a background screening process with the Vermont Criminal Information Center (VCIC). All Migrant Programs volunteers will be required to go through a screening process. We welcome undergraduate college students as volunteers as long as they meet the volunteer requirements.

**Screening Process:**

Volunteers are considered representatives of University of Vermont Extension when carrying out Migrant Health and Education Programs work, and must adhere to the following procedure when applying to become a Volunteer:

1. Complete the **University of Vermont Extension Volunteer Application form**
2. Read and sign the **Confidentiality Agreement**.
3. Read and sign the **Release of Liability Form**.
4. Read and sign the **Code of Conduct form**.
5. Complete the **Vermont Child Abuse and Neglect/Adult Protective Services Registry Form**. In addition, please be advised that the UVM Extension will also conduct a Vermont Criminal Information Check and the State Coordinator will review any convictions listed, using the volunteer criteria:
  - a. Conviction of a criminal offense will not automatically disqualify the applicant from eligibility for a volunteer position.
  - b. The severity of the crime and length of time since the last conviction will also be considered.
  - c. A history of no convictions doesn't necessarily guarantee applicant a volunteer position.

6. **For volunteers who will transport students/clients as part of their volunteer role:**

Fill out UVM **Authorization for Review of Motor Vehicle Record** online at:  
<https://www.uvm.edu/riskmanagement/driver-training-and-certification>.

Once on this page, click the green button "Check Your Driver Certification Status" and on the next page click "Volunteer" and follow the instructions. When you fill out section 4 & 5 you will need the below info; (Just select one if applying for more than 1 program). You will need to complete this yearly.

**Please Define Affiliation with UVM:** Volunteer Supporting Extension Programs

**Primary Department for Driving:** Ext- Programming & Fac Sup

	<b>Migrant Health</b>	<b>Migrant Education</b>
<b>Sponsors name:</b>	Claire Bove	Esbey Hamilton
<b>Net id:</b>	cbove	sbraunha
<b>Email</b>	<a href="mailto:cbove@uvm.edu">cbove@uvm.edu</a>	<a href="mailto:sbraunha@uvm.edu">sbraunha@uvm.edu</a>
<b>Phone:</b>	802-249-4611	802-476-2003

7. Your **references** will be sent a form to be completed and returned to the Extension Office. *If you have resided in Vermont less than one year, at least one reference must be obtained from previous residence and you will be asked to complete an FBI background check, which will require fingerprints. Please let the Volunteer Coordinator know so they can provide you with directions.*
8. Complete a phone interview with a Migrant Health and/or Migrant Education staff member.
9. Upon acceptance as a Migrant Programs volunteer you will receive an official letter, a volunteer card, a copy of your **Code of Conduct** and information about volunteer training.

Thank you for your interest in our programs!

**If you are applying to become a volunteer with *Migrant Health* only or *Migrant Health and any other program*, please send the completed application to:**

Migrant Health Programs  
 UVM Extension  
 278 South Main Street  
 St. Albans, VT 05478  
 OR [Joanne.Delaney@uvm.edu](mailto:Joanne.Delaney@uvm.edu)

**IF ONLY applying to be a volunteer with the *Migrant Education Program* send applications to:**

OSY Coordinator  
 UVM Extension  
 327 US Route 302, Suite 1  
 Barre, VT 05641  
 OR [Esbey.Hamilton@uvm.edu](mailto:Esbey.Hamilton@uvm.edu)

**(To be completed by all potential Volunteers)**

**I. GENERAL INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Length of time at this address (years)? \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ a.m. / p.m.

Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Do you have a preference to be reached by phone or e-mail? (please check)       E-mail       Phone

Name(s) previously used (including maiden name):

Current Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Please check the box(es) corresponding to your volunteer interest:**

## **II. VOLUNTEER INTEREST**

### **Migrant Health Programs Volunteer (Check all that apply)**

- Health Access Transportation Volunteer:** Transportation Volunteers transport migrant workers and family members to health appointments. A staff member will provide volunteers with the necessary information to transport workers from their homes to their health appointments. Occasionally, volunteers are contacted for help picking up an over-the counter medication or prescription. Transportation to appointments is set up a week or two in advance when possible. In this case we send out an email with the dates and appointment times as well as general locations so volunteers can see which trips would fit with their availability. However, many appointments are made last minute due to an illness or injury that has just occurred in which case potential volunteers will receive a phone call or text message. **Requirements:** 20 years of age, commitment to health access for all, valid driver's license, reliable access to a registered inspected vehicle, flexibility to transport on occasion during regular business hours.
- Food and Essential Needs Access Volunteer:** Volunteers will support access to food and essential needs by assisting with coordination and delivery of food and other essential needs identified by clients and staff. Food and Essential Needs Volunteers will not drive migrant workers or family members as part of official volunteer role. **Requirements:** 16 years of age, commitment to health equity, valid driver's license, reliable access to a registered inspected vehicle (minors need written permission from parent/guardian).
- Bridges to Health Volunteer Provider:** Bridges to Health Volunteer Providers are licensed health care providers who offer free health and wellness screenings and consults to migrant workers either through Farm Health Outreach visits that take place on the farm or through telemedicine. Staff will provide Medical Provider Volunteers with the necessary information and interpretation to engage in these planned outreach or telemedicine visits and help coordinate any follow up care as needed. **Requirements:** Vermont medical license, commitment to health access/equity for all. **License #** \_\_\_\_\_ **License Type:** \_\_\_\_\_
- Bridges to Health Volunteer Interpreter:** Volunteer interpreters are bilingual volunteers who have completed, at minimum, a full day training on interpreter best practices, ethics and standards. Whenever possible, Bridges to Health relies on health and social service entities to provide trained interpreters. Our volunteer interpreters help fill the gaps when a clinic or services is unable to provide an interpreter or if an in-person interpreter would greatly enhance the outcome of a given appointment.

### **Migrant Education Program**

- Volunteer English Instructor:** MEP Volunteers teach English to enrolled students online. Once matched with a student or students, volunteers will teach a minimum of 1 hour/week. In person visits are possible but not required. MEP can provide volunteers with instructional materials, but volunteers are welcome to use their own. The MEP OSY coordinator will assess language development and is available for consultation, but volunteers work independently to meet the ESL goals of the students. **Requirements:** 21 years of age and/or completed coursework in English instruction and/or TESOL certification, conversational Spanish, one-year commitment (exceptions are made as part of individually negotiated commitments with program coordinator). Attend mandatory two-hour new Instructor training session either in person or virtually facilitated by OSY Coordinator.
- Volunteer Mentor:** Provide friendship and positive support to a migrant farmworker youth, ages 16 to 21. Commit to spending at least 4 hours per month spread out over 2-4 sessions scheduled to fit both of your schedules. Mentors meet with youth in person and virtually for activities that support emotional, social, and physical wellbeing. Youth goals include language development, career exploration, and getting to know the Vermont landscape. **Requirements:** 25 years of age, conversational Spanish, able to make a one-year commitment (exceptions are made as part of individually negotiated commitments with program coordinator), valid driver's license and reliable access to a registered inspected vehicle. Attend mandatory two-hour new Instructor training session either in person or virtually facilitated by OSY Coordinator.

Why are you interested in volunteering for the University of Vermont Extension’s Migrant Programs?

---



---



---

What skills, interests or experience do you have that are relevant to the program(s) of your choice?

---



---

Please list previous Volunteer Experience (List current or most recent experience first):

<u>Organization</u>	<u>Volunteer Role</u>	<u>Year(s)</u>

When are you available to volunteer?

Weekdays \_\_\_\_\_AM \_\_\_\_\_PM      Weekends \_\_\_\_\_AM \_\_\_\_\_PM

How often are you interested in volunteering?

Once a week    More than once a week    Every two weeks    Once a month Occasionally

With which age group are you interested in working with?

Pre-K    6-12    13-16    Out-of-school-youth aged 16+    Adults    No preference

How far are you willing to travel?  30 minutes  45 minutes  1 hour  1.5 hours  Anywhere statewide

What is your Spanish speaking ability? (circle one)    None    Basic    Moderate    Conversational    Fluent

Do you have a valid driver’s license and your own reliable transportation?  Yes  No

Are you over 18?  Yes  No

How did you hear about us?

---

**III. EMERGENCY CONTACT INFORMATION:** *In case of emergency, who should be contacted?*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_

Do you have any medical conditions of which we should be aware? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain: \_\_\_\_\_

---

**IV. HISTORY:** *Answering "Yes" to these questions is not grounds for automatic rejection. More information may be requested from you before you can be considered a volunteer for University of Vermont Extension's Migrant Programs.*

- 1. Have you ever been convicted of a criminal offense? Yes No
- 2. Have you ever been convicted for sale or use of controlled substances Yes No
- 3. Have you ever been charged, investigated or convicted of child neglect/abuse or domestic violence? Yes No
- 4. Have you ever had your license suspended or driving privileges revoked? Yes No
- 5. Are you aware of anyone currently sharing your residence with you having been convicted of a felony in the last 10 years? Yes No
- 6. Are you aware of anyone currently sharing a residence with you having been charged, investigated or convicted of child neglect/abuse or domestic violence? Yes No

*If the answers to any of the questions asked above change during the course of your service to Migrant Programs, you are required to notify the University of Vermont Extension.*

**V. REFERENCES:** *List three (3) persons not related to you who are familiar with your character and qualifications. References will be checked and kept confidential.*

1. Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**I authorize the University of Vermont Extension to contact listed references. I understand that misrepresentation or omission of facts requested in this application is cause for rejection as a Migrant Programs volunteer. I agree to fulfil the responsibilities of this volunteer position to the best of my ability if appointed.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Confidentiality Agreement

“Confidential Information” is any information in any media that is not generally known to the public and cannot be readily obtained by proper means by the general public. Confidential information includes, but is not limited to, (1) information relating to the mental or physical health of an individual or individuals, (2) names and other identifying information about individuals, (3) financial details of an organization or individual, and (4) background or personal information told in confidence.

I, the undersigned, recognize that my work with UVM Extension’s Migrant Programs requires considerable responsibility and trust. I understand that I may be entrusted with sensitive and confidential information, including Protected Health Information (PHI) or information protected by Family Educational Rights and Privacy Act (FERPA) in the course of my field visits.

I agree not to improperly use or disclose any Confidential Information, including PHI or protected FERPA information, that is disclosed to me as a result of my working with Migrant Programs. I agree to bring any questions or concerns about this agreement directly to the Migrant Health or Migrant Education Program leaders.

---

Print Name of Volunteer

---

Signature of Volunteer

---

Date

Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the United States Department of Agriculture. University of Vermont Extension, Burlington, Vermont. University of Vermont Extension, and U.S. Department of Agriculture, cooperating, offer education and employment to everyone without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or familial status. Any reference to commercial products, trade names, or brand names is for information only, and no endorsement or approval is intended.

## **Release of Liability**

WHEREAS, I wish to participate as a volunteer in the University of Vermont Extension's Migrant Health or Education Program.

WHEREAS, I understand that my work may consist of transportation of, interpretation for, and/or health or educational outreach with migrant workers throughout Vermont for the purposes of accessing health services and/or providing educational services: and,

WHEREAS, I understand and accept that I am responsible for my own transportation to and from the project(s) on which I will be volunteering; and,

WHEREAS, I understand and recognize that there exists the possibility and risk of bodily injury to me or damage to my property while traveling to and from volunteer locations and during my participation in Migrant Health and Education Programs; and,

WHEREAS, I acknowledge that my participation in the Program is voluntary and that my volunteer work does not create an employment relationship with the University of Vermont. I acknowledge that I will not receive monetary payment and am not entitled to any benefits of employment under UVM policies, including but not limited to Workers Compensation.

NOW, THEREFORE, for and in consideration of the University of Vermont allowing me to participate in this voluntary Program, I hereby release, relieve, and hold harmless the University of Vermont, its trustees, officers, employees, and agents from any liability or claim of liability, including liability for bodily injury or property damage arising out of or in connection with my participation in the Program, including my travel to, from and around the location where I will be working during the Program, except such liability or claim of liability that may result from intentional wrongful acts committed by, or from the sole negligence of the University of Vermont or its trustees, officers, or employees.

By signing below, I acknowledge that I have read this release of liability and am signing it voluntarily.

---

Print Name of Volunteer

---

Signature of Volunteer

---

Date

The following guidelines are to assist volunteers in understanding what conduct is expected while serving in the capacity of a Migrant Programs Volunteer.

**CODE OF CONDUCT— University of Vermont Extension Migrant Programs Volunteer**

Upon receiving a Migrant Programs Volunteer Card, signed by the designated representative, all volunteers shall:

1. Respect the individual rights, safety, and property of others;
2. Follow UVM Extension Confidentiality Agreement and Release of Liability Agreement;
3. Be an active participant as a Migrant Programs volunteer and, when available, participate in volunteer training opportunities;
4. Maintain a courteous and respectful manner, exhibit good sportsmanship, demonstrate reasonable conflict management skills, and act with dignity and pride;
5. Remember that the purpose of the Migrant Programs is to increase access to health, education and related services for migrant workers in the state, and act in a way supportive of the Migrant Programs and its policies and procedures;
6. Recognize and support the responsibilities of the Migrant Programs staff in setting program standards, priorities and direction through clear communication and direct feedback;
7. Observe all policies, procedures or practices relating to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or familial status, and any other basis prohibited by law;
8. Provide a safe environment, free from sexual harassment, violence, verbal or mental abuse, neglect or other harmful behavior;
9. Abstain from alcohol and/or illegal drugs (or being under the influence thereof) while involved in any UVM Extension event, meeting or activity;
10. Refrain from the use of tobacco products while involved in any UVM Extension event, meeting, or activity;
11. Acknowledge that it is a privilege to represent the UVM Extension and act as a positive role model providing encouragement and support to the migrant worker community.

---

---

**PENALTIES FOR INFRACTIONS**

Infractions of the Code of Conduct should be reported by anyone observing them to the leadership of the Migrant Programs and/or UVM Extension Administrators. Penalties may include any or all of the following:

- 1) Discussion with the Migrant Programs volunteer on the expectations outlined in the code of conduct.
- 2) Referral to the appropriate law enforcement agency.
- 3) Termination as a Migrant Programs volunteer.

By my signature, I acknowledge receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document. I understand that my appointment as a Migrant Programs volunteer is contingent upon my agreeing to this document and failure to comply with these guidelines may result in termination as a volunteer.

---

PRINT NAME OF VOLUNTEER

---

SIGNATURE

---

DATE





Agency of Human Services  
Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306  
AND  
Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

**CONSENT FOR RELEASE OF REGISTRY INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Last 4 digits of your Social Security Number: XXX-XX-\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (city, state): \_\_\_\_\_

Other *FIRST* names I have used, if any (i.e., Nicknames, Aliases): \_\_\_\_\_

Other *LAST* names I have used, if any (i.e., Maiden Names, Aliases): \_\_\_\_\_

Please select ONE of the following:

\_\_\_\_\_ 4-H volunteer leader in \_\_\_\_\_ county.

\_\_\_\_\_ Chaperone for \_\_\_\_\_ (4-H event or program)

\_\_\_\_\_ Volunteer/Staff for the following UVM Extension program: \_\_\_\_\_

I, \_\_\_\_\_, hereby acknowledge and agree to a check of any record of criminal convictions per the National Child Protection Act, which may be maintained by the Vermont Crime Information Center, Criminal record repositories of other states where I have been employed, volunteered or resided, and the FBI.

In addition to Vermont, I have resided or been employed in the following state(s): \_\_\_\_\_

I understand that the results of that check will be made available to The University of Vermont Extension 4-H for use in reviewing my suitability for employment or volunteering. I further understand that within 30 days of receiving the results of the record check, I have the right to appeal the findings in writing to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signed in the presence of agency official or notary)

IDENTITY VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signed by official making identification)