



415 W Golf Rd, Suite 47
Arlington Heights, IL 60005
Phone: 847-806-6526 | Fax: 847-806-6531
24 Hour Crisis Hotline: 888-802-8890

RECEIPT & ACKNOWLEDGEMENT OF NORTHWEST CASA VOLUNTEER HANDBOOK

This volunteer handbook is an important document intended to help you become acquainted with Northwest CASA. This handbook will serve as a guide; it is not the final word in all cases. Individual circumstances may call for individual attention.

Please read the following statements and sign below to indicate your receipt and acknowledgement of the Northwest CASA Volunteer Handbook.

1. I have received and read a copy of the Northwest CASA Volunteer Handbook. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of Northwest CASA at any time.
2. I further understand that my volunteering is terminable at will, either by Northwest CASA or myself regardless of my length of volunteering.
3. I am aware that during the course of my volunteering, confidential information will be made available to me. I understand that this information is critical to Northwest CASA and must not be disseminated outside of the Northwest CASA premises.
4. I understand that my signature below indicates that I have read and understand the above statements and have received a copy of the Northwest CASA Volunteer Handbook.

Signature of Volunteer

Date

Signature of Community Engagement Specialist

Date



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ADVOCATE VOLUNTEER AGREEMENT

I, _____, understand that all work with clients is absolutely confidential as detailed in the Confidentiality Agreement and defined by the Illinois Statute.

I agree to sign up for as a Volunteer Advocate Trainee that requires minimum of 4 shifts, 24 hours, of volunteer duty per month for a year. I understand that I am responsible to pay a sustainability honorarium of \$75. I understand that I am responsible for signing up and completing my scheduled shifts. If I am unable to work the scheduled shift, I am responsible for finding a replacement, as well as communicating any scheduling changes with the Community Engagement Specialist and the Hotline.

I agree to complete accurate and appropriate call reports and paperwork immediately and phone in my contact with a client to the Community Engagement Specialist the next business day in case of emergency. I agree to complete and turn in my Hospital Call paperwork within 48 hours, and my Hotline call paperwork within 1 week of the call.

I understand I am required to attend 4 meetings and participate in 6 hours of continuing education each year that I am a volunteer. If I miss a meeting, I understand it is my responsibility to obtain a review of the meeting. I also agree to be an active Volunteer Advocate Trainee for at least 1 full year from the completion of my 20-hour volunteer training.

Finally, I understand that if I am unable to keep this commitment, I will no longer be able to volunteer with NWCASA and agree to provide as much notice as possible to protect the integrity of the Volunteer Program

Signature of Volunteer

Date

Signature of Community Engagement Specialist

Date



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RELEASE OF INFORMATION FORM CRIMINAL JUSTICE BACKGROUND CHECK

I, _____, give Northwest Center Against Sexual Assault permission to obtain a complete criminal history record search at any time during my involvement with the agency. Per policy, I understand that I will be provided with a copy of the response furnished by the Illinois State Police.

Signature of Volunteer

Date



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VOLUNTEER ADVOCATE SUBSTANCE ABUSE POLICY

While representing Northwest CASA including hotline service I, _____, cannot solicit or be under the influence of performance inhibiting drugs (legal or illegal) or alcohol.

During a shift, I will not possess illegal drugs outside of my private residence.

I understand that I may be transferred to non-direct service or be dismissed if found in violation of this policy.

Signature of Volunteer

Date

Signature of Community Engagement Specialist

Date



ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701
www.DCFS.illinois.gov



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illinois 60005
847806 6526 phone
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programs
advocacy
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communities
arlington heights
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bartlett
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des plaines
elk grove village
evaldstoll
glencoe
glenview
golf
hanoverpark
hoffman estates
inverness
kenilworth
lincolnwood
morton grove
mount prospect
niles
northbrook
northfield
palatine
park ridge
prospect heights
rolling meadows
schaumburg
skokie
streamwood
wheeling
wilmette
winnetka

24 hour crisis hotline

NORTHWEST CASA
CIVIL RIGHT TRAINING CERTIFICATE

I, _____, certify that I have viewed all
8 segments (Overview, LEP Persons, American Indian, Standard Assurances, and 4 Self
Tests) of the Civil Rights training program produced by the Office of Civil Rights.

The link to view the video program is:
https://ojp.gov/about/ocr/ocr-training-video/s/video-ocr-training.htm.

Signature of Staff/ Intern/ Volunteer Date

Signature of Northwest CASA representative Date

Training Video Segments - Please provide date of completion

- Overview - 32:10 minutes
Overview : Self Test - 11:37 minutes
Service to LEP Persons - 19:53 minutes
Test: Service to LEP Persons - 6:02 minutes
American Indians - 10:40 minutes
Test: American Indians - 6:01 minutes
Standard Assurances - 12:41 minutes
Test : Standard Assurances - 4:38 minutes

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8 Total

Training Videos Required , 1 hour 45 minutes total time

Revised 7/08

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