



## Community Resource Person/Volunteer/Observer

*Thank you for your interest in getting involved at Giant Steps! Our community resource person, volunteer, and observer program is designed to give you a unique and rewarding experience while working toward fulfilling our mission of providing individuals with Autism Spectrum Disorders, and their families, superior educational and therapeutic service focused on improving the quality of life from childhood through adulthood.*

### **How can I get involved?**

In order to provide exemplary services and support to our students and participants, we require all potential partners to complete a *Community Resource Person, Volunteer, and Observer Information Form* annually, prior to your first day on site. Please note that community resource persons and volunteers must be at least 18 years of age.

After your paperwork is reviewed, you will be contacted to let you know whether or not your request can be accommodated. If so, you will receive instructions related to next steps based on your skills, interests, and requirements.

### **Why might I need a background check?**

Given the nature of Giant Steps' work, some opportunities may require you to successfully complete a criminal background check. Giant Steps neither employs nor utilizes as an intern, observer, or volunteer any individual who has been convicted of a crime that (a) victimizes children or vulnerable populations, (b) is sexual in nature, or (c) involves violence, fraud, or significant theft. Please contact us with any questions related to past convictions and/or our background check screening process.

### **Who do I contact with questions?**

We are happy to answer any questions or address any concerns that you may have. Please contact our Volunteer Coordinator at:

Tracy Brody  
Email: [tbrody@mygiantsteps.org](mailto:tbrody@mygiantsteps.org)  
Phone: 630/864.3844

### **How do I submit my application?**

Please complete and submit pages 2 – 5 of this packet to our office via email, fax, or USPS.

Email: [tbrody@mygiantsteps.org](mailto:tbrody@mygiantsteps.org)  
Fax: 630/864.3820  
USPS: Giant Steps  
Attn: Tracy Brody  
2500 Cabot Drive  
Lisle, Illinois 60532

### **Privacy and Protection of Information**

Your privacy is of utmost concern to us. All information included in this application is available and accessed only by relevant personnel. Information is neither sold nor shared with any person or entity outside of Giant Steps, except when required by law.



## Community Resource Person/Volunteer/Observer Information Form

Please note that all opportunities require completion of this application and a signed *Community Resource Person/Volunteer/Observer Assurances Statement*. Individuals are required to successfully complete training relevant to the opportunity. In addition, some opportunities may require you to complete a criminal background check prior to your start date.

### Personal Information

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

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Primary Contact Number \_\_\_\_\_ Secondary Contact Number \_\_\_\_\_

Email address: \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

Have you ever been convicted of a felony?  Yes  No

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

### Employment Information

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

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ May we contact you at work?  Yes  No

Would your company be interested in becoming involved with Giant Steps?  Yes  No

### Emergency Contact

Giant Steps requires at least one (1) emergency contact be listed in the event of an emergency situation while you are in our building or at a Giant Steps-sponsored event.

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

Phone Number: \_\_\_\_\_ Primary Contact Number \_\_\_\_\_ Secondary Contact Number \_\_\_\_\_

### Availability

What type of commitment are you looking for at Giant Steps?  One time  Time-limited  Ongoing  
Are you seeking this opportunity due to a legal requirement or court order?  Yes  No  
Are you seeking this opportunity to meet a school/program requirement?  Yes  No

What school/program? \_\_\_\_\_

For what degree/certification? \_\_\_\_\_

Please list any specific requirements (e.g., credentials of supervising staff, types of activities, etc.): \_\_\_\_\_

How many hours of volunteering/observing/internship are you looking for? \_\_\_\_\_

What day(s) are you most available to spend time at Giant Steps?

Monday  Tuesday  Wednesday  Thursday  Friday

I affirm that the information provided within this *Community Resource Person/Volunteer/Observer Information Form* is true and correct. The information that I have provided may be verified by contacting persons or organizations named in this application or by contacting any person or organization that may have information concerning me.

My signature below acknowledges my consent for my personal information to be run through the Illinois Sex Offender Registry and the Murderer and Violent Offender Against Youth Database maintained by the Illinois State Police. I understand that I may be requested to submit to a criminal history check in addition to these databases.

I understand that I will not be paid for my services as a community resource person/volunteer/intern/observer and expect no compensation. Furthermore, I understand that this form will be utilized to determine the best fit for my skills and the needs of Giant Steps.

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*Signature*

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*Date*

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*Printed Name*

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*Signature of Parent/Guardian (if under 18 years of age)*

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*Date*



## Community Resource Person/Volunteer/Observer Assurances Statement

As a community resource person/volunteer/observer at Giant Steps Illinois, Inc. ("GSI"), I have an obligation to GSI to comply with the highest standards of ethical conduct. I understand that my responsibilities include the following:

### **Ethics and Legal Assurance**

I will, at all times, perform my duties in accordance with the relevant laws, regulations, and GSI policies, procedures, and standards. I will uphold the organizational commitments of excellence, accountability, integrity, collaboration, innovation, and passion.

I will refrain from violating any criminal or civil law or regulation, the violation of which may reflect poorly on GSI. I will also refrain from engaging in or supporting any activity that would discredit GSI.

I will submit to a criminal background check when requested to do so and agree to disclose at the time I execute this document and thereafter as the same may arise any official investigations of criminal activities, arrests, and/or convictions involving me (other than for routine traffic offenses not involving drugs or alcohol). I understand that the cost of the criminal background check is solely my responsibility.

### **Conflict of Interest**

I will either avoid or promptly disclose and recuse myself from any decision making and any practice or activity that conflicts, or can be perceived as conflicting, with the interests of GSI, including but not limited to situations where I, or a relative, friend, or business acquaintance of mine, proposes to provide goods or services to GSI for consideration.

I will refrain from using GSI property or resources for personal profit or advantage, or for any purpose not directly related to the activities of GSI.

I will refuse any personal gifts, loans, favors, or other considerations of more than nominal value from any GSI vendor, sponsor, or other outside party that would influence, or could be perceived as influencing, my actions or the actions of others.

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*Signature*

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*Date*

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*Printed Name*

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*Signature of Parent/Guardian (if under 18 years of age)*

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*Date*



## Release, Waiver, and Confidentiality Agreement

The purpose of this release, waiver, and confidentiality agreement is to protect the safety, well-being, and rights of all Community Resource Persons, Volunteers, Interns, and Observers of Giant Steps Illinois, Inc. Everyone who volunteers, interns, or observes with Giant Steps Illinois, Inc. is required to sign this agreement prior to beginning service with the organization. Please read carefully and fill in information where necessary on the following agreement before signing.

This release, waiver, and confidentiality agreement ("the Agreement"), executed on \_\_\_\_\_

*Date*

by \_\_\_\_\_ in favor of Giant Steps Illinois, Inc., a nonprofit corporation

*Name of Volunteer*

organized and existing under the laws of the State of Illinois, USA, and each of its directors, officers, and employees (collectively, "Giant Steps"). The community resource person, volunteer, intern, or observer desires to work for Giant Steps and engage in activities related to being a community resource person, volunteer, intern, or observer for a work project. I, the community resource person, volunteer, intern, or observer, hereby freely and voluntarily, without duress, execute this Agreement under the following terms:

- Waiver and Release.** I, the community resource person, volunteer, intern, or observer, release and forever discharge and hold harmless Giant Steps and its successors from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work at Giant Steps. I, the community resource person, volunteer, intern, or observer, understand and acknowledge that this Agreement discharges Giant Steps from any liability or claim I may have against Giant Steps with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation in my provision of services with Giant Steps.
- Confidentiality.** I, the community resource person, volunteer, intern, or observer, do hereby understand and acknowledge that during my tenure as a volunteer, intern, or observer with Giant Steps, I may have access to Confidential Information not generally known to the public concerning the business of Giant Steps. I, the community resource person, volunteer, intern, or observer, do hereby agree that during my tenure as a volunteer with Giant Steps and all times thereafter, I will hold Giant Steps' Confidential Information in strict confidence and will not disclose or use such information outside of the scope of my service with Giant Steps, or without Giant Steps' prior authorization. For purposes of this Agreement, "Confidential Information" includes, but is not limited to: information regarding projects and potential projects, organizational practices, donors and potential donors, and information concerning Giant Steps students, participants, employees, and volunteers. I, the community resource person, volunteer, intern, or observer, further agree that I will immediately return all Giant Steps Confidential Information at the end of my tenure as a volunteer, or whenever requested by Giant Steps.
- Photographic Release.** I, the community resource person, volunteer, intern, or observer, do hereby grant and convey unto Giant Steps all right, title, and interest in any and all photographic images and video or audio recordings made by Giant Steps during my tenure as a volunteer with Giant Steps.

My signature below indicates my receipt and understanding of this policy. I also verify that I have been provided with an opportunity to ask questions about the policy.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature of Parent/Guardian (if under 18 years of age)*

\_\_\_\_\_  
*Date*

**FOR ADMINISTRATIVE USE**

Application received:				Application Reviewed by:	
ISOR	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Run by:		
CMVO	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Run by:		
Additional screening required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		