



# Volunteer / Intern Application

## PLEASE TYPE OR PRINT

Applying for  Volunteer OR  Intern *(please check one)*

Name of volunteer group or school: \_\_\_\_\_

Site location where you wish to volunteer/intern: \_\_\_\_\_

Program: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

Have you applied to The Bridge before?  Yes  No When? \_\_\_\_\_

Have you worked at The Bridge before?  Yes  No When? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_

## EDUCATION (if applying for Internship)

High School \_\_\_\_\_

Did you graduate?  yes  no Dates attended: from \_\_\_\_\_ to \_\_\_\_\_

College/University \_\_\_\_\_

Did you graduate?  yes  no Dates attended: from \_\_\_\_\_ to \_\_\_\_\_

Degree earned or working towards \_\_\_\_\_

College/University \_\_\_\_\_

Did you graduate?  yes  no Dates attended: from \_\_\_\_\_ to \_\_\_\_\_

Degree earned or working towards \_\_\_\_\_

I, \_\_\_\_\_, understand that the information concerning my volunteer/intern service will be released by The Bridge to educational institutions or agencies that may require this information.

Name of Institution/School \_\_\_\_\_

If applicable, placement dates needed: from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Volunteer/Intern Signature

\_\_\_\_\_  
Date

*As a Volunteer and/or Intern, training and volunteer services are unpaid and no job is promised upon completion of training or services.*



## FCRA Authorization to Obtain a Consumer Report Background/Credit Check

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize The Bridge and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee, internship, or volunteering. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish The Bridge or its designated agents with any and all information in their possession regarding me in connection with an application of employment, internship, or for volunteering. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

### PLEASE TYPE OR PRINT

Full Current Legal Name:

\_\_\_\_\_  
First Middle Last

ALL Former Names (enter n/a if not applicable): Maiden \_\_\_\_\_

Nick Name(s) / Alias(es) / Previous Married Name(s): \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Driver's License State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant/Volunteer/Intern/Employee*

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



## SUBSTANCE USE TESTING CONSENT FORM

I certify that I have received and reviewed a written copy of The Bridge Drug-Free and Alcohol-Free Workplace Policy.

I consent to allow a specimen of my hair, urine, or blood to be taken and submitted for drug and/or alcohol testing. Testing may be conducted for pre-employment, randomly, for cause, and post-accident. I further consent to allow the laboratory testing service to make the results available to The Bridge.

I understand that positive test results, refusal to test or any attempt to affect the test results or test sample is cause for disciplinary action up to and including termination or disqualification of employment.

I agree to hold harmless and release from all claims The Bridge and its agents from any liability arising in whole or part from the collection of specimens, testing, and the appropriate use of the information from such testing.

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Print Name

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Employee/Applicant Signature

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Date

Print Employee/Intern/Volunteer Full Name \_\_\_\_\_



# Health Care Personnel (HCP) Baseline Individual TB Risk Assessment

## HCP should be considered at increased risk for TB if any of the following statements are marked “Yes”:



Temporary or permanent residence of  $\geq 1$  month in a country with a high TB rate

Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe

YES

NO

OR



Current or planned immunosuppression,

including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone  $\geq 15$  mg/day for  $\geq 1$  month) or other immunosuppressive medication

YES

NO

OR



Close contact with someone who has had infectious TB disease since the last TB test

YES

NO

\*\*\* Employee/Intern/Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Abbreviations: HCP, health-care personnel; TB, tuberculosis; TNF, tumor necrosis factor.

Individual risk assessment information can be useful in interpreting TB test results (see Lewinsohn DM, Leonard MK, LoBue PA, et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. Clin Infect Dis 2017;64:111-5).

Adapted from: Risk assessment form developed by the California Department of Health, Tuberculosis Control Branch.

Sosa LE, Njie GJ, Lobato MN, et al. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR Morb Mortal Wkly Rep 2019;68:439-43. [https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s\\_cid=mm6819a3\\_w](https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w)



Centers for Disease Control and Prevention National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention



## Code of Ethics

### Preamble

This Code of Ethics provides a common set of values by which employees and volunteers of The Bridge, Inc. resolve to conduct ourselves in the workplace. As such, the activities of those employees or volunteers at The Bridge, Inc. are subject to the Code when such activities are work-related functions.

### Principle 1: Nondiscrimination

The Bridge Inc. does not discriminate against clients or professionals based on race, religion, age, sex, disabilities, national ancestry, sexual preference, or socioeconomic condition.

- I will not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual preference, marital status, or socioeconomic status.
- I will actively attempt to understand the diverse cultural backgrounds of the clients with whom I work. This includes, but is not limited to, learning how my own cultural/ethnic/racial identity impacts my clients' values and beliefs about the counseling and rehabilitation process.
- I will be cautious in using assessment techniques, making evaluations, and interpreting the performance of populations not represented in the norm group on which an instrument was standardized. I will recognize the effects of differences on test administration and interpretation and place test results in proper perspective with other relevant factors.
- I will not engage in or condone practices that are discriminatory in hiring, promotion, or training.

### Principle 2: Responsibility

The Bridge, Inc. will work to advance the welfare of the individuals and families that it serves. We will demonstrate respect for the community of professionals, agencies, and individuals with which The Bridge, Inc. is associated.

- I am aware of my influential position with respect to our clients. I will avoid exploiting the trust and dependency of such persons. I will make every effort to avoid dual relationships with clients that could impair my professional judgement or increase the risk of exploitation. When such a relationship cannot be avoided, I will take appropriate professional precautions. Examples of such relationships include but are not limited to business or close personal relationships with clients.
- I understand that an intimate relationship (i.e., one of a sexual nature) with a client is prohibited and that intimate relationships with former clients are prohibited for two years following the termination of therapy, as well as any former client who is a minor as defined by Alabama State Law.
- I will not use my relationship with clients to further my own interests.
- I will never abandon those clients entrusted to my care.
- Prior to the discharge of those in my care, I will take reasonable steps to facilitate transfer of responsibility to another party when necessary.
- I will respect the right of clients to make decisions and help them to understand the consequences of these decisions.
- If I supervise others, I accept the obligation to facilitate their professional development by providing accurate and current information, timely evaluations, and constructive consultation.

### Principle 3: Competence

The Bridge, Inc. recognizes the need for continued education, training, and development of its staff in order to promote the best interests of society, of the clients it serves, of its staff, and of the counseling profession as a whole.

- I will endeavor to prevent the delivery of treatment, rehabilitative, or prevention services by unqualified and unauthorized persons.
- I will recognize the boundaries and limitations of my professional competence and not offer services or use techniques outside of my competencies.
- I will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. I will endeavor to recognize the effect of professional

impairment on professional performance and am willing to seek appropriate treatment for my colleague(s) or myself. I will support peer assistance programs in this respect.

- I will not misrepresent my professional affiliations or qualifications.

#### **Principle 4: Legal and Moral Standards**

The Bridge, Inc. is committed to upholding the legal and accepted moral codes that pertain to our primary mission of providing high quality treatment, prevention, and rehabilitative services.

- I am responsible for obeying all laws pertaining to the delivery of services to the clients and families served by The Bridge, Inc.
- I am committed to a moral code that serves to better my community and society even when there is little or no financial return for The Bridge, Inc. or myself.
- If I am aware of unethical conduct or unprofessional practices by my co-workers, I will report such to the appropriate authority.
- I will adhere to the code of ethics of any professional organization to which I belong.

#### **Principle 5: Public Statements**

The Bridge, Inc., respects the limits of present knowledge in public statements concerning alcoholism, other forms of drug addiction, and rehabilitation services. Public statements include, but are not limited to, statements, whether paid or unpaid, solicited or unsolicited, which are issued in written, oral, electronic, or video format.

- I will acknowledge and accurately document materials and techniques used in the provision of treatment, prevention, or rehabilitative services.
- If I provide training or education in the area of alcohol and drug treatment, prevention, or rehabilitative techniques or skills, I will indicate to the audience the requisite training and qualifications required to properly perform these skills and techniques.
- I will report fairly and accurately appropriate, current, and relevant information to clients, other professionals, customers, and the general public regarding the treatment or prevention of substance abuse and the provision of rehabilitative services.
- I will take reasonable precaution to ensure that statements are based on appropriate literature and practice, that statements are consistent with this Code of Ethics, and that the recipients are not encouraged to infer that a relationship has been established with them personally.

#### **Principle 6: Publication Credit**

The Bridge, Inc. is committed to assigning credit to all have contributed to material used in providing services for our clients.

- As an individual representative of The Bridge, Inc., I recognize my role as a model in the professional community. I will properly acknowledge those who have contributed in any way to a work I complete whether published or unpublished.
- I will in no way violate the copyright (electronically or in print) of anyone through the reproduction of material except in those ways allowed under copyright laws.

#### **Principle 7: Client Welfare**

The Bridge, Inc. respects the integrity and protects the welfare of the clients which it serves.

- In the presence of professional conflict or dispute regarding the care, treatment, or rehabilitation of a client, I will be concerned primarily with the welfare of the client.
- In the process of requesting personal information from another professional through a client, I will inform the client of the nature of such transactions. The information released or obtained with informed consent will be used for the expressed purposes only.
- I will not use a client or information revealing a client's identity in a demonstration role, workshop, or other training setting where such disclosure would potentially harm the client.

#### **Principle 8: Confidentiality**

The Bridge, Inc., is committed to protecting the confidentiality of our clients. We will not disclose information acquired about our clients without appropriately executed consent.

- I understand my duty to protect the confidentiality of the clients (present and former) of The Bridge, Inc.
- I am informed and responsible for adherence to applicable federal and state laws regarding confidentiality.

- I am aware of those notable exceptions to confidentiality laws in matters of suspected abuse / neglect and intent to do harm to self or others.

**Principle 9: Client Relationships**

The Bridge, Inc., ascribes to the practice of informing prospective clients of the important aspects of the potential relationship between the client and The Bridge, Inc., and its employees.

- I will inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and / or observation of an interview by another person.
- I will inform the designated guardian or responsible person of the circumstances which may influence the relationship when the client is a minor or incompetent.
- I will not enter into a professional relationship with members of my own family, intimate friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
- I understand that an intimate relationship (i.e., one of a sexual nature) with a client is prohibited and that intimate relationships with former clients are prohibited for two years following the termination of therapy, as well as any former client who is a minor as defined by Alabama State Law.

**Principle 10: Interprofessional Relationships**

The Bridge, Inc., and its individual employees are aware of our responsibility to the treatment, prevention, and rehabilitative service professions. We look upon our colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

- I will work with other professionals in the best interest of those clients I serve unless restrained by the demands of confidentiality.
- I will not exploit those relationships I have with supervisors, employees, colleagues, or volunteers.

**Principle 11: Remuneration**

The Bridge, Inc., maintains an established financial arrangement in the professional practice of treatment, prevention, and rehabilitative services, and / or housing its client population and in accord with the professional standards that safeguard the best interest of the client and of The Bridge, Inc. staff.

- I will not send or receive any commission or rebates or any other form of remuneration for referral of clients for professional services (i.e. fee-- splitting).
- I will not use my relationship with clients to promote personal gain or the profit of The Bridge, Inc., any other agency or enterprise of any kind.
- I will not accept a private fee or any other gift or gratuity for professional work with a client who is entitled to such services through The Bridge, Inc.
- I will devote a portion of my professional activity to services for which there is little or no financial return.

**Principle 12: Societal Obligations**

The Bridge, Inc., encourages the development of policies that serve the interests of our clients and the public. To that end, I will support such policy decisions made by The Bridge, Inc., of which I am a representative.

**Acknowledgments**

Portions of this Code of Ethics were copied or adapted from the following sources:

- 1 National Association of Alcoholism and Drug Abuse Counselors. (1995, May). Ethical Standards of Alcoholism and Drug Abuse Counselors.
- 2 American Association for Marriage and Family Therapy. (1998). MMFT Code of Ethics.

By signing below, I acknowledge receipt of the Code of Ethics. I have read the Code of Ethics, understand it, and agree to abide by it. I understand that my failure to abide by the Code of Ethics may result in disciplinary action, up to and including termination.

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

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date



## **CONFIDENTIALITY AGREEMENT**

When someone comes to the Bridge for residential, outpatient, or assessment services for themselves, child, or relative they are likely to discuss very personal information which they want to remain confidential. Some of the information, such as drug/alcohol assessment, treatment, behavioral, and other information, may be recorded on paper and/or into computerized records and so these records must be treated with care. As a Bridge employee, you and every person who can access these records are being trusted by the client to preserve the confidentiality of their information-what the law calls their Protected Health Information or PHI.

Below is described the rules The Bridge has created to do our best to protect the confidentiality of all clients' PHI and any other confidential information in this office. As a condition of your employment, we require that you read, understand, and agree to comply with these rules. However, there may be situations not covered by these rules and we expect that you will appreciate the need for privacy and take any extra steps or behave in a very cautious way in those cases. If you are unsure what to do, always ask for guidance from your supervisor or our privacy officer. When you are handling confidential information, your careful efforts will be appreciated.

### **Confidential Information**

We will be referring to PHI and other confidential information in the rules below. By this we mean information such as the following but you should be alert that there may be other information, which should also be treated confidentially.

You may have access to information about:

- Clients, such as their clinical records, conversations, intake information, financial information, etc. All information about a client's care, treatment, history, or condition is confidential information.
- Employees, volunteers, or students such as their salaries, employment records, disciplinary actions, etc.
- The Bridge financial, statistical records, strategic plans, reports, memos, contracts, communications, proprietary computer programs or technology, etc.
- Other persons or organizations and their property.

It is expected that you will treat all information in your respective offices as confidential and share the confidential information only with those authorized to receive it.

Please read, ask any questions you have, and agree to the following:



## Rules and Behavioral Examples

- I agree to respect the Bridge procedures about maintaining the privacy of health care information.
- I will do my best to prevent any unauthorized use or disclosure of any information stored or used in this office.
- I will not access, read, review, copy, alter, remove, lend, or destroy any file, report, or other form of PHI or other confidential information except as part of my work duties here and in accord with Bridge policy and procedure.
- I will not knowingly let any false, inaccurate, or misleading information be included in any file or report.
- I will not use or let others use any PHI or other confidential information for any kind of personal benefit to me or them.
- I will not share or disclose any information about a client with any non-employee, my family, or my friends. I will not share any information which might allow a non-employee to identify a client or client's family.
- I will not discuss PHI or confidential information with another employee in any area where clients or non-employees could overhear. I will remind other employees of this rule when it is or could be broken or take other steps to maintain the privacy of this information.
- I will respect the ownership rights of the software I use at work. I will not make copies of software for my own use or distribution to others. I will not use any non-licensed software. I will not install my personal software onto any computer in any office.
- I accept responsibility for all activities which use my access code or device such as a password, passphrase, or access card. I will not share any of these with anyone else or allow anyone to access or alter information using my access method. I will not try to access information using anyone else's access code or device.
- I understand that my computer files or e-mail can be searched, without advance notice, for business purposes, such as investigating theft, disclosure of confidential business or proprietary information, personal abuse of the system, or monitoring workflow or productivity.
- I understand my access privileges to PHI and other confidential information will be reviewed, renewed, or revised on a periodic basis.
- I will not use any office resources to engage in any kind of illegal activities or to harass anyone.
- I will report any violations of these rules to my superiors. Any report I make will be held in confidence as permitted by law and I will be free from any form of retaliation.

- I will act in accordance with these rules even after I am no longer employed in this office.
- I agree to maintain all protected health information in a manner consistent with local, state, and federal privacy regulations.
- If I have any questions about these rules and procedures or how and when they apply I will ask the privacy officer or coordinator.
- If I violate the privacy of any client's PHI or other confidential information I understand I will receive disciplinary action up to and including loss of employment with The Bridge.
- If I violate the privacy of any client's PHI or other confidential information I understand I may be subject to local, state, and federal penalties.

By signing this agreement, I agree that I have read, have received a copy of, understand, and will comply with all the conditions outlined in this agreement.

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

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date

**AUTHORITY TO RELEASE INFORMATION**

**To Whom It May Concern:**

~~I hereby authorize the Alabama Department of Mental Health (DMH) and its employees and agents to release, within one year of this date, any but not limited to: job applications and supporting documentation, performance evaluations, disciplinary records, official forms of all manner, educational records and/or transcripts, licenses, certifications, reports of background checks and records of conviction. Such information will be used as part of an investigation to determine my qualifications for employment with THE BRIDGE, INC.~~ I hereby release the DMH and its employees and agents, including the custodian of such records, from any and all liability for any damages which might result to me, my family, or my heirs, as a result of its release of information in compliance with or pursuant to, this authorization, or any attempt to comply with it. Should there be any question as to the validity or authenticity of this release, I may be contacted as indicated below.

**FULL NAME:** \_\_\_\_\_  
(No Initials) Signature

**FULL NAME:** \_\_\_\_\_  
(No Initials) Print Name

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

To: Term Trak Administrator Fax: 334-242-3144  
Phone: 334-242-3112

From: The Bridge, Inc. Phone: 256-546-6324  
3232 Lay Springs Road Fax: 256-546-9038  
Gadsden, AL 35904

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

RE: Previous Employment Verification

We are considering the person identified below for a position. Please provide information verifying previous employment with the Alabama Department of Mental Health.

Full Name of Applicant: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

**FOR DEPARTMENT OF MENTAL HEALTH USE ONLY**

The person identified above:

- Was not employed with the Department of Mental Health
- Was employed with the Department of Mental Health

Dates of Employment: \_\_\_\_\_

Identified in Termtrak  Yes  No

Resigned  Yes  No

Terminated  Yes  No

Recommended for Rehire?  Yes  No

TERMTRAK Administrator/Designee: \_\_\_\_\_

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD ABUSE / NEGLECT (CA/N) CENTRAL REGISTRY CLEARANCE

PRINT OR TYPE in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form.

\*\* See instructions for the address to use when submitting this form. \*\*

Table with 2 columns: Requesting Person or Agency/Organization, Mailing Address, Telephone Number, Requestor's Name, Signature, Date, and Check All That Apply (Child Placing Agency, Residential Child Care Facility, etc.).

The person whose name and identifying information, printed or typed below, will provide unsupervised care and supervision of children as an employee volunteer other. This person's specific job/role is or will be:

\_\_\_\_\_

Name Last First Middle Sex Male Female Race DOB / /

Current Mailing Address \_\_\_\_\_

Alias, Maiden & Prior Married Name(s) \_\_\_\_\_

Name & DOB of Spouse & Former Spouse(s) \_\_\_\_\_

Name & DOB of Children / Stepchildren \_\_\_\_\_

Alabama counties where person has lived and/or worked \_\_\_\_\_

Attach additional pages as needed to provide all information requested above.

To be completed by person being cleared

I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled.

\*\*\* Signature Date Signature of Witness Date

To be completed by DHR

A search of the Alabama Child Abuse / Neglect Central Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect in Alabama. DHR releases only that information which is necessary to discover or prevent child abuse / neglect.

- Substantiated report (i.e., indicated) located. See attached information.
Type Report: Physical Abuse Neglect Sexual Abuse Mental Abuse / Neglect
No report located.
Request Denied
Other

Office of Child Protective Services Date Completed