

Community Reentry Project

Community Coach Application

First Name:	M.I.:	Last Name:
Address:		
City:	State:	Zip:
Cell Phone:	Alternate Phone:	Email:
Emergency Contact:	Cell Phone:	Relationship to you:

Skills check list: (please check boxes only in the areas in which you are competent)

- | | |
|---|--|
| <input type="checkbox"/> Public Speaking
<input type="checkbox"/> Art
<input type="checkbox"/> Clerical
<input type="checkbox"/> Nutrition
<input type="checkbox"/> Music | <input type="checkbox"/> Leading Groups
<input type="checkbox"/> Education
<input type="checkbox"/> Computer
<input type="checkbox"/> Writing
<input type="checkbox"/> Other |
|---|--|

Comments:

Personal Assets and Strengths:

Personal History

Are there any special needs or circumstances we should know about? *(Answering yes to this question does not eliminate you from being a Community Coach. It may serve as a match to a participant.)*

Yes _____ No _____

If yes, please explain:

Do you have any work experiences, talents or educational experience you would like to share?

Are you a person in recovery? Yes _____ No _____

Length of sobriety: _____

Do you own a vehicle? Yes _____ No _____

How did you hear about the Community Coach Program?

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected.

Print Name

Signature

Date

Community Reentry Project

Personal History Statement

NOTICE:

The information you provide in this Personal History Statement will be used to investigate your background and assist in determining your eligibility to be a Community Coach with the *Community Reentry Project*.

WHO MAY APPLY?

Anyone who has completed the *Community Reentry Project* Community Coach Training class may apply to be a Community Coach. Strict nondiscrimination rules applicable to government programs shall be followed when considering an application to be a Community Coach.

HOW TO OBTAIN THE APPLICATION / PERSONAL HISTORY STATEMENT

The application/statement can be obtained by contacting the *Community Reentry Project's* Program Coordinator at (phone number & email address).

FILLING OUT THE FORM:

1. An arrest or criminal record will not necessarily prevent or preclude you from being considered as a volunteer Community Coach; however, any conviction will be examined carefully and evaluated in terms of its relevance and relationship to the safe and proper operation of the program and program services.
2. All arrests and convictions for felony or misdemeanor offenses **MUST** be listed whether or not the arrest resulted in a conviction, an acquittal, dismissal, or placement on a program of pre- or post-trial diversion. You **MUST** list all arrests or convictions even if the conviction has been set aside.
3. If there is insufficient space to list all information, attach as many lined sheets of 8½" by 11" paper as necessary, making sure to identify the question or item by number and subject.
4. Copies of the documents listed below are to be submitted with your personal history statement.

Mail or hand deliver to:

Community Reentry Project
(Address)

THE PERSONAL HISTORY STATEMENT AND THE INFORMATION IT CONTAINS, AS WELL AS ALL OTHER INFORMATION AND DOCUMENTS ACQUIRED DURING THE COURSE OF THIS INVESTIGATION, ARE AVAILABLE FOR INSPECTION ONLY BY THE DEPARTMENT'S MANAGERIAL STAFF. THE INFORMATION IS CONSIDERED CONFIDENTIAL.

FAILURE TO REPLY OPENLY TO THE INQUIRIES POSED TO YOU OR TO ANSWER COMPLETELY ANY FOLLOW-UP QUESTIONS MAY CONSTITUTE GROUNDS FOR NOT ACCEPTING YOU AS A VOLUNTEER WITH THIS AGENCY.

COMMUNITY REENTRY PROJECT

PERSONAL

LEGAL NAME:	FIRST	MIDDLE	LAST	
OTHER NAMES YOU HAVE USED: (Including nicknames and maiden name)				
ADDRESS		MAILING ADDRESS (If different)		
CITY	COUNTY	STATE	ZIP CODE	
HOME TELEPHONE	CELL PHONE	WORK TELEPHONE	EMAIL	
SOCIAL SECURITY NUMBER <small>(In accordance with the Federal Privacy Act of 1974: The SSN will be used for identification purposes to ensure that proper records are obtained)</small>		DATE OF BIRTH (mm-dd-yyyy)		
_____ - _____ - _____		_____ - _____ - _____		

LEGAL

As an adult or juvenile, have you ever been arrested, charged, or convicted of a felony or misdemeanor offense?

Yes No

(The fact that your criminal record may have been affected by a sealing, an expungement, a release or a pardon does not exclude you from answering these questions.)

DATE	POLICE OR SHERIFF (City, County, State)	FINAL CHARGE (If amended or reduced)	NAME OF COURT AND COURT CASE # (If known)	DISPOSITION (Dismissed, Not Guilty, Guilty, Amount of Fine and/or Length and Dates of Confinement and/or Probation)

Were you ever required to appear before a juvenile court for an act, which would have been a felony if committed by an adult? If "yes," give details. (Include when, where, circumstances, name and location of court.)

Yes No

Have you ever been placed on court probation as an adult? If "yes," give details. (Include when, where, circumstances, name and location of court.)

Yes No

MOTOR VEHICLE OPERATION

DRIVERS LICENSE NUMBER	STATE	EXPIRATION DATE	NAME (Under which license was granted)

List other states where you have been licensed to operate a motor vehicle

STATE	NAME UNDER WHICH LICENSE WAS GRANTED	NUMBER

Has your license ever been canceled, suspended, or revoked?

Yes No

If yes, what state, when, why, and by whom?

Please provide the make, model and year of your vehicle: _____

VEHICLE INSURANCE: If insured, complete the following:

COMPANY	ADDRESS	POLICY NUMBER	EXPIRATION DATE

PENALTY

Any falsification, withholding or failure to answer all questions completely and accurately may cause forfeiture of all right to be a Community Coach with the Community Reentry Project.

CERTIFICATION

I hereby certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. All statements and answers are true and correct. I further acknowledge and confirm my understanding and agreement that the *Community Reentry Project* may obtain one or more “consumer reports” about you from a consumer reporting agency for volunteer purposes. A “consumer report” is a background screening report that may include information about your criminal history, sex offender registry status, credit history, driving history, education history, employment history, professional licenses, name, social security number, and other information about you. The information in a “consumer report” may bear your character, general reputation, personal characteristics, and/or mode of living. “Employment purposes” includes evaluating you for employment, promotion, reassignment, or retention. The Federal Trade Commission’s staff has said that the term may apply to employees, independent contractors, independent agents, and volunteers. The *Community Reentry Project* will be conducting a criminal history background investigation as part of evaluating my eligibility and qualification to volunteer as a Community Coach and that information obtained from that criminal history investigation will be used to assess my qualifications and suitability.

SIGNATURE OF APPLICANT (Sign in Ink)

DATE

Community Reentry Project

Community Coach Preference Form

This questionnaire is to help us place you with a participant that you will be comfortable and confident with helping. Please answer all questions honestly.

1. Are you willing to drive to cities that are not your place of residence?

Yes No Depends

If depends, please explain: _____

2. Are you willing to work with a person who has a history of substance use?

Yes No Depends

If depends, please explain: _____

3. Are you willing to provide a contact phone number to the participant?

Yes No

4. Are you willing to work with someone who has a history of a violent offense and has been screened and accepted into the program?

Yes No Depends

If depends, please explain: _____

5. Do you prefer a person who matches your religion?

Yes No Depends

If depends, please explain: _____

We work our best to match based on these, but cannot guarantee that every area will be matched to your preference.

6. Are you willing to be matched with a person who is gay, bi-sexual, lesbian, transgender or queer?

Yes No

7. Are you willing to be matched with a person with a physical or mental health issue?

Yes No

8. Are you willing to be matched with a person who is a veteran?

Yes No

9. Are you willing to be matched with a person who was involved with a gang?

Yes No

10. Are you willing to be matched with a person who *does not* have their own transportation?

Yes No

11. Please explain any other areas or concerns that we did not cover that you would like us to know about for the matching process:

Print Name

Signature

Date

Community Reentry Project

Community Coach Responsibilities

Thank you for being a Community Coach with the *Community Reentry Project*! ***We look forward to you continuing to help our participants be better, productive citizens in our community!*** Here are some expectations set from our participants and our organization to make sure you and the participant are a success in this program:

- Responsive communication with your participant by returning calls, texts, and emails in a timely manner
- Responsive communication with staff by returning email, phone, and text messages in a timely manner. This includes concerns (i.e. loss of contact) you have with your participant
- Attend 6 of 12 monthly Community Coach Support meetings
- Participate in the EZ Texting program
- Become a member of the Community Coach Facebook Group (if you are a Facebook member)
- Access the resource manual links on the *Community Reentry Project* website and familiarize yourself with the resources provided. It is your responsibility to understand the (County) resources so you can provide the needed support and guidance
- When matched with a participant, a three to six month commitment is expected
- Submit the online Community Coach Check-In Report at the end of each month if you are matched with a participant
- Report any changes to your address, phone number, and email as soon as possible to staff
- Complete all required readings and trainings as requested
- Abide by the Confidentiality and Mandatory Reporting Statement which you agreed to with your signature
- Regular in person meetings with your participant
- Complete Community Coach surveys as requested

We encourage attendance and/or participation in sponsored events. Our participants and the program staff count on you to follow these guidelines to ensure success! By acknowledging with your signature, you understand and will follow these expectations.

Print Name

Signature

Date

Community Reentry Project

Confidentiality and Mandatory Reporting

Community Coaches are required to keep conversations with and information about the *Community Reentry Project* participants in confidence. There are three exceptions:

- A Community Coach may talk to the *Community Reentry Project* staff at any time about any information or issues they are encountering.
- A Community Coach may talk to other Community Coaches at any time about any information or issues they are encountering leaving out personal identifiers so as not to reveal the identity of the participant.
- A Community Coach may reveal information to any source if specifically granted permission by the participant.

Additionally, there are situations in which a Community Coach is required to report information to the appropriate agency listed below:

- Community Coaches are required to report suspected or known child, elder, or vulnerable person abuse, neglect or endangerment as required by Arizona law. See attached Statute 13-3620 and Child Abuse Reporting Law in Arizona Supplement.
- Community Coaches are required to report to law enforcement if the participant is a danger to one's self or another person.

Child Protective Services Hotline: 1-888-SOS-CHILD
Arizona Elder Abuse Hotline: 1-888-SOS-ADULT
602-674-4200

Notify the Program Coordinator if a report is made to agencies or law enforcement.

By their signature below, the party affirms that they have read and understand the foregoing Confidentiality and Mandatory Reporting statement and agree to be bound by its terms and conditions.

Print Name

Date

Community Coach Signature

Child Abuse Reporting Law in Arizona

13-3620. Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions

A. Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under section 36-2281 shall immediately report or cause reports to be made of this information to a peace officer, to the department of child safety or to a tribal law enforcement or social services agency for any Indian minor who resides on an Indian reservation, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only. A member of the clergy, a Christian Science practitioner or a priest who has received a confidential communication or a confession in that person's role as a member of the clergy, as a Christian Science practitioner or as a priest in the course of the discipline enjoined by the church to which the member of the clergy, the Christian Science practitioner or the priest belongs may withhold reporting of the communication or confession if the member of the clergy, the Christian Science practitioner or the priest determines that it is reasonable and necessary within the concepts of the religion. This exemption applies only to the communication or confession and not to personal observations the member of the clergy, the Christian Science practitioner or the priest may otherwise make of the minor. For the purposes of this subsection, "person" means:

1. Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient.
2. Any peace officer, child welfare investigator, child safety worker, member of the clergy, priest or Christian Science practitioner.
3. The parent, stepparent or guardian of the minor.
4. School personnel, domestic violence victim advocates or sexual assault victim advocates who develop the reasonable belief in the course of their employment.
5. Any other person who has responsibility for the care or treatment of the minor.

B. A report is not required under this section either:

1. For conduct prescribed by sections 13-1404 and 13-1405 if the conduct involves only minors who are fourteen, fifteen, sixteen or seventeen years of age and there is nothing to indicate that the conduct is other than consensual.

2. If a minor is of elementary school age, the physical injury occurs accidentally in the course of typical playground activity during a school day, occurs on the premises of the school that the minor attends and is reported to the legal parent or guardian of the minor and the school maintains a written record of the incident.

C. If a physician, psychologist or behavioral health professional receives a statement from a person other than a parent, stepparent, guardian or custodian of the minor during the course of providing sex offender treatment that is not court ordered or that does not occur while the offender is incarcerated in the state department of corrections or the department of juvenile corrections, the physician, psychologist or behavioral health professional may withhold the reporting of that statement if the physician, psychologist or behavioral health professional determines it is reasonable and necessary to accomplish the purposes of the treatment.

D. Reports shall be made immediately either electronically or by telephone. The reports shall contain the following information, if known:

1. The names and addresses of the minor and the minor's parents or the person or persons having custody of the minor.

2. The minor's age and the nature and extent of the minor's abuse, child abuse, physical injury or neglect, including any evidence of previous abuse, child abuse, physical injury or neglect.

3. Any other information that the person believes might be helpful in establishing the cause of the abuse, child abuse, physical injury or neglect.

E. A health care professional who is regulated pursuant to title 32 and who, after a routine newborn physical assessment of a newborn infant's health status or following notification of positive toxicology screens of a newborn infant, reasonably believes that the newborn infant may be affected by the presence of alcohol or a drug listed in section 13-3401 shall immediately report this information, or cause a report to be made, to the department of child safety. For the purposes of this subsection, "newborn infant" means a newborn infant who is under thirty days of age.

F. Any person other than one required to report or cause reports to be made under subsection A of this section who reasonably believes that a minor is or has been a victim of abuse, child abuse, physical injury, a reportable offense or neglect may report the information to a peace officer or to the department of child safety, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only.

G. A person who has custody or control of medical records of a minor for whom a report is required or authorized under this section shall make the records, or a copy of the records, available to a peace officer, child welfare investigator or child safety worker investigating the minor's neglect, child abuse, physical injury or abuse on written request for the records signed by the peace officer, child welfare investigator or child safety worker. Records disclosed pursuant to this subsection are confidential and may be used only in a judicial or administrative proceeding or investigation resulting from a report required or authorized under this section.

H. When reports are received by a peace officer, the officer shall immediately notify the department of child safety. Notwithstanding any other statute, when the department receives these reports, it shall immediately notify a peace officer in the appropriate jurisdiction.

I. Any person who is required to receive reports pursuant to subsection A of this section may take or cause to be taken photographs of the minor and the vicinity involved. Medical examinations of the involved minor may be performed.

J. A person who furnishes a report, information or records required or authorized under this section, or a person who participates in a judicial or administrative proceeding or investigation resulting from a report, information or records required or authorized under this section, is immune from any civil or criminal liability by reason of that action unless the person acted with malice or unless the person has been charged with or is suspected of abusing or neglecting the child or children in question.

K. Except for the attorney client privilege or the privilege under subsection L of this section, no privilege applies to any:

1. Civil or criminal litigation or administrative proceeding in which a minor's neglect, dependency, abuse, child abuse, physical injury or abandonment is an issue.

2. Judicial or administrative proceeding resulting from a report, information or records submitted pursuant to this section.

3. Investigation of a minor's child abuse, physical injury, neglect or abuse conducted by a peace officer or the department of child safety.

L. In any civil or criminal litigation in which a child's neglect, dependency, physical injury, abuse, child abuse or abandonment is an issue, a member of the clergy, a Christian Science practitioner or a priest shall not, without his consent, be examined as a witness concerning any confession made to him in his role as a member of the clergy, a Christian Science practitioner or a priest in the course of the discipline enjoined by the church to which he belongs. This subsection does not discharge a member of the clergy, a Christian Science practitioner or a priest from the duty to report pursuant to subsection A of this section.

M. If psychiatric records are requested pursuant to subsection G of this section, the custodian of the records shall notify the attending psychiatrist, who may excise from the records, before they are made available:

1. Personal information about individuals other than the patient.

2. Information regarding specific diagnosis or treatment of a psychiatric condition, if the attending psychiatrist certifies in writing that release of the information would be detrimental to the patient's health or treatment.

N. If any portion of a psychiatric record is excised pursuant to subsection M of this section, a court, on application of a peace officer, child welfare investigator or child safety worker, may order that the entire record or any portion of the record that contains information relevant to the reported abuse, child abuse, physical injury or neglect be made available to the peace officer, child welfare investigator or child safety worker investigating the abuse, child abuse, physical injury or neglect.

O. A person who violates this section is guilty of a class 1 misdemeanor, except if the failure to report involves a reportable offense, the person is guilty of a class 6 felony.

P. For the purposes of this section:

1. "Abuse" has the same meaning prescribed in section 8-201.
2. "Child abuse" means child abuse pursuant to section 13-3623.
3. "Neglect" has the same meaning prescribed in section 8-201.
4. "Reportable offense" means any of the following:
 - (a) Any offense listed in chapters 14 and 35.1 of this title or section 13-3506.01.
 - (b) Surreptitious photographing, videotaping, filming or digitally recording or viewing a minor pursuant to section 13-3019.
 - (c) Child sex trafficking pursuant to section 13-3212.
 - (d) Incest pursuant to section 13-3608.
 - (e) Unlawful mutilation pursuant to section 13-1214.

Child Abuse Reporting Law in Arizona

Supplement



NOTE: Information on this form has been adapted from the following sources:

- [Report Child Abuse and Neglect](#) – Arizona Department of Child Safety
- [State of Arizona Reporting Procedures](#) – Arizona State Board of Education

How does the state define child abuse and neglect?

“When a parent, guardian or custodian inflicts or allows the infliction of physical, sexual or emotional abuse, neglect, exploitation or abandonment” (A.R.S. §8-201).

- **Physical abuse** - Any non-accidental physical injury inflicted on a child by a parent, caregiver, or custodian
- **Sexual abuse** – Sexual involvement imposed upon a child by a parent or caregiver
- **Neglect** – Failure to provide for a child’s basic needs; also includes leaving children unsupervised or alone, or failing to provide care for a child’s illness or injury
- **Exploitation** – Using a child for personal or monetary gain (e.g. prostitution, forced labor)
- **Abandonment** – Failure by a parent or caregiver to provide support or maintain contact with a child

When must abuse or neglect be reported?

A report must be made when an individual develops a **reasonable belief or suspicion** that a child has been abused, neglected, exploited, or abandoned. A report is not an accusation; it is merely a request for an investigation. A reporter is not required to prove abuse has occurred when making a report (A.R.S. § 13-3620).

Who must report child abuse and neglect?

In the state of Arizona, **any person** who believes that a child is being harmed or is at risk of being harmed must immediately report this information (or cause a report to be made) to a peace officer, the Department of Child Safety, tribal law enforcement, or tribal social services (A.R.S. § 13-3620).

“Any person” includes anyone who has responsibility for the treatment or care of a minor. These individuals include:

- Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or social worker who develops a reasonable suspicion of harm in the course of treating a patient.
- Any peace officer, child welfare investigator, child safety worker, member of the clergy, priest or Christian Science practitioner.
- The parent, stepparent or guardian of the minor.
- School personnel (teachers, administrators, nurses, paraprofessionals) or domestic violence victim advocates who develop a reasonable suspicion of harm in the course of their employment.

How should the report be made?

Call the Arizona Department of Child Safety Child Abuse Hotline at 1-888-767-2445 (1-888-SOS-CHILD), any law enforcement office (state, local, or tribal), or tribal social services. Electronic reporting can be made to the Arizona Department of Child Safety. The following information will be requested with report, if available:

- Name, age, and gender of the child
- Child’s address and home phone number
- A description of the suspected abuse or neglect
- Current condition (physical, mental, emotional) of the child

For additional resources, visit the [Arizona Child and Family Advocacy Network](#).

Community Reentry Project

Audio-Visual Authorization

I, _____ authorize the *Community Reentry Project* to use, reproduce, and/or publish photographs and/or video that may pertain to me, including my image, likeness, and/or voice without compensation. This material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on the Corporation's or Project Sponsor's Internet Web Page.

_____ Initials

This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

_____ Initials

Consequently, the *Community Reentry Project* or Project Sponsor may publish materials, photograph, and/or make reference to me in any manner that the *Community Reentry Project* or Project Sponsor deems appropriate in order to promote and publicize their services.

_____ Initials

First Name: _____ Middle Initial: _____ Last Name: _____

Participant/Community Coach Signature

Date



Yavapai Reentry Project Code of Conduct: Community Coach

The Yavapai Reentry Project, a project of MATFORCE, is a community-based project dedicated to providing reentry support services to justice-involved individuals. Yavapai Reentry Project (“YRP”) recognizes and appreciates the contributions of volunteers and is committed to ensuring that volunteers are provided with meaningful volunteer opportunities and are protected and appreciated as they give their time and talents to the community. Participation in the project is subject to the observance of the organization’s rules and procedures. Volunteers shall conduct themselves in such a manner that the work of YRP is effectively accomplished according to the mission statement and shall not conduct themselves in a manner that will bring discredit or embarrassment to the project. This includes ethical behavior, proper use of YRP property and resources, confidentiality, and abstention from drug and alcohol use while working with participants.

The activities and conduct outlined below are strictly prohibited:

- Possession or use of alcoholic beverages or illegal drugs while working with YRP Participants.
- Working with the participant or program while under the influence of drugs or alcohol.
- Inter-personal relationships and /or intimacy between coach and participant.
- Overnight stays with YRP participants.
- Bringing onto MATFORCE’s property dangerous or unauthorized materials such as explosives, firearms, weapons, alcohol or drugs, or other similar items.
- Discourtesy or rudeness to a YRP participant, staff member or volunteer, including abusive language, verbal, physical or visual harassment, or any action that occurs which violates the principles of mutual respect, honesty, fairness, and courtesy.
- Actual or threatened violence toward any individual or group.
- Conduct endangering the life, safety, health, or well-being of others.
- Failure to follow any agency policy or procedure.
- Failure to cooperate with YRP staff.

I have read and I understand the Yavapai Reentry Project’s Code of Conduct. I agree to abide by the rules described above and understand that I may be removed as a volunteer if I violate any of these rules.

Signature: _____

Date: _____

Witness: _____

Date: _____

Please mail completed applications to:

Pinal Community Reentry Project/

Casa Grande Alliance

P.O. Box 11043

Casa Grande, AZ 85130

Or by email to:

cgareentry@gmail.com

Any questions, call us at

520-836-5022

Or stop by and see us at:

280 W McMurray Blvd.

Casa Grande, AZ 85122