



Come Read with Me
...and so much more!

Please complete the attached forms and return to:
Julia McCullough or Marilyn Carter

Also needed are copies of:

- Driver's License
- Social Security Card
- Auto Liability Insurance
- Letter of Introduction
- Proof of Education
(High School Diploma, College Degree or Competency Test)
(See details of Competency Test)

If you have any questions, please contact:

Julia McCullough

Office: 817.553.7323
Mobile: 817.913.4507
Email: director@crwmtx.org

Marilyn Carter

Office: 817.553.7323
Email: office@crwmtx.org





*Serving Adults with Intellectual and Developmental Disabilities
Promoting Long-term Cognitive Strength through Life-long Learning*

2019 Guidelines and Expectations for Instructors/Volunteers

Understandings:

Student needs and the stability of the organization, Come Read with Me, are our primary concerns, for that reason our policies are as follows:

- As an instructor/volunteer, you will be offering opportunities to learn, but unlike public school settings, you are not required to insist that a student learn or always appear to be actively participating in the class. Exposure to new information is always a good thing. It is often the student who seems to pay the least amount of attention, quietly processing what he or she is hearing, seeing or touching. The student may not be able to apply the data for several years; Instructors/volunteers are only asked to offer opportunities, not insist that each student accept their offer.
- Instructors/volunteers treat Come Read with Me students as adults and speak to them in the same manner in which they would with any other adult. In general, most people rise to the expectation of others. If treated as an adult, we act as an adult.
- If an instructor/volunteer is unable to teach one of their scheduled classes and a substitute teaches the class, the substitute will become the paid instructor for that day's class(es) rather than the regular instructor.
- While we strive to give each instructor/volunteer consistent classes to teach, sometimes the number of class hours an instructor/volunteer may expect to teach will vary. If a class size falls below a certain number of students, the number of instructors/volunteers teaching or assisting the class will be adjusted accordingly. It may change during a semester.

Warm Regards,

Julia McCullough
Executive Director





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Volunteer Application Form

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	



Come Read with Me
 ...and so much more!

PREVIOUS EMPLOYMENT	
Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date



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Consent for Criminal Background History Check Authorization/Waiver/Indemnity

I hereby give my permission to **COME READ WITH ME**, to obtain information relating to my criminal history record through the **TEXAS DEPARTMENT OF PUBLIC SAFETY** (Crime records service). The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by **COME READ WITH ME**, and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify **COME READ WITH ME**, and each of their officers, directors, employees, and agents and hold them harmless from and against any and all causes and actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of **COME READ WITH ME**,) and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become an employee/volunteer member.

_____	_____	_____	_____
Date	Ethnicity	Gender	Driver's License Number
_____			_____
Applicant's Signature			Date of Birth
_____			_____
Applicant's Printed Name			Social Security Number





Universal Precaution Procedures

Because the potential for infectivity of any consumer's blood and body fluids cannot be known, blood and body fluid precautions recommended by the Centers for Disease Control (CDC) should be adhered to for all specimens submitted to the laboratory and for all consumers. These precautions, called "universal precautions", should be followed regardless of any lack of evidence of the consumer's infection status.

- Routinely use barrier protection to prevent skin and mucous membrane contamination with blood or body fluids of all consumers and specimens.
- Wear gloves when engaged in the following:
 - Touching blood and body fluids
 - Touching mucous membranes and non-intact skin of all consumers
 - Handling items contaminated with blood or body fluids, including specimen containers, counter tops, etc.
- Note: All skin defects (cuts, abrasions, ulcers, areas of dermatitis, etc.) should be covered with an occlusive bandage.
- Change gloves between each consumer.
- Wear a mask and eye covering, or preferably a face shield, during procedures that are likely to generate droplets of blood or body fluids to prevent exposure to the mucous membranes of the mouth, nose and eyes.
- Wear a gown, apron or other covering when there is a potential for splashing or spraying blood or body fluids.
- Wash hands or other skin surfaces thoroughly and immediately if contaminated with blood or body fluids.
- Wash hands immediately after gloves are removed.
- Take extraordinary care to avoid accidental injuries caused by needles, scalpel blades, etc., when performing procedures, cleaning instruments, handling sharp instruments and disposing of used needles.
- Minimize the need for mouth-to-mouth emergency resuscitation procedures. Mouthpieces, resuscitation bags or other ventilation devices should be used routinely.
- Take care to minimize the formation of droplets, spatters, splashes and spills of blood or body fluids.
- Clean all surfaces exposed to blood and body fluids with a detergent solution followed by decontamination with an appropriate EPA-approved chemical germicide.





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Proper Handwashing Procedure

1. Assemble items need to wash hands – paper towels, soap and waste can.
2. Turn on faucet with a dry paper towel held between your hand and the faucet. Drop the towel in the waste can. Stand back from the sink so you do not contaminate your clothing.
3. Wet your hands with the fingertips pointed downward.
4. Apply soap and lather over your hands, wrists and between fingers. Use friction and interlace your fingers. Work lather over every part of your hands and wrists. Clean your fingernails by rubbing the other hand to force soap under the nails. Rub for about 20 seconds, or the length of “Happy Birthday”.
5. Rinse hands with your fingertips pointed down and dry them thoroughly.
6. Turn off the faucet with another paper towel then drop the towel in the waste can.





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Universal Precautions and Infection Control

Name _____ Date _____

1. _____ is the best method of preventing the spread of infection, colds, flu and gastrointestinal illnesses.
 - a. Handwashing
 - b. Use of gloves
 - c. Not breathing on the consumer
 - d. Antibiotic use

2. True or False
Proper handwashing is the fundamental part of using universal precaution.

3. Please list three activities that require you to wear gloves:
 - a. _____
 - b. _____
 - c. _____

4. True or False
There is no need to change gloves between handling different consumers.

5. True or False
All surfaces exposed to blood and body fluids should be cleaned with a detergent solution followed by decontamination with an EPA-approved chemical germicide

6. _____ should be covered with an occlusive bandage at all times.
 - a. Cuts, abrasions, ulcers
 - b. Skin defects
 - c. Areas of dermatitis
 - d. All of the above

7. The objective of routine precautions is to prevent the spread of infection within the workplace/home:
 - a. From consumer to consumer
 - b. From consumer to staff
 - c. From staff to consumer
 - d. From staff to staff
 - e. All of the above



8. The following statement is true about effective handwashing:
- a. Keep elbows lower than hands when washing and rinsing.
 - b. Use friction to clean between fingers, palms, nailbeds, backs of hands and wrists.
 - c. Wash for 30 seconds, or longer, using alcohol-based hand rinse.
 - d. Use a paper towel to turn off the light switch.
9. True or False
The use of gloves is an effective substitute for handwashing.

I, _____ (name) have received material regarding Universal Precaution Procedures and Infection Control as well as Proper Handwashing Procedures. I understand that it is my responsibility to take the indicated precautions when working with CALAB consumers.

Signature

Date

Universal Precautions and Infection Control Study Sheet

1. **a. Handwashing** is the best method of preventing the spread of infection, colds, flu and gastrointestinal illnesses.
2. **True**
Proper handwashing is the fundamental part of using universal precaution.
3. Please list three activities that require you to wear gloves:
 - a. **Touching blood and body fluids.**
 - b. **Touching mucous membranes and non-intact skin of all consumers.**
 - c. **Handling items contaminated with blood or body fluids, including specimen containers, countertops, etc.**
4. **False**
There is no need to change gloves between handling different consumers.
5. **True**
All surfaces exposed to blood and body fluids should be cleaned with a detergent solution followed by decontamination with an EPA-approved chemical germicide
6. **d. All of the above** should be covered with an occlusive bandage at all times.
7. **e. All of the above** the objective of routine precautions is to prevent the spread of infection within the workplace/home:
8. The following statement is true about effective handwashing:
 - b. **Use friction to clean between fingers, palms, nailbeds, backs of hands and wrists.**
9. **True** The use of gloves is an effective substitute for handwashing.

CALAB, Inc.
Home and Community-Based Services Program

Reporting of Abuse, Neglect or Exploitation

I, _____ (name) understand that I am to immediately, (within one hour) report any incident of abuse, neglect or exploitation to the TDADS Hotline whose telephone number is 1.800.647.7418.

I understand that I may be criminally liable for failure to report abuse. I further understand the facility may not suspend, terminate, discipline, or discriminate against me as a result of my good faith effort to report abuse, neglect or exploitation of a student.

Printed Name of Contractor

Signature of Contractor

Date

Signature of Witness

Date

CALAB, Inc.
Criminal Records Affidavit and Release
Employee Misconduct Registry (EMR) and Nurse Aide Registry (NAR)
Revised 08/01/05

I _____, have never been convicted of any of the following offenses, which would bar employment:

- | | |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1) Criminal Homicide | (10) Solicitation. Sale or Purchase of a Child |
| (2) Kidnapping and Unlawful Restraint | (11) Arson |
| (3) Indecency with A Child | (12) Robbery |
| (4) Sexual Assault | (13) Aggravated Robbery |
| (5) Aggravated Assault | (14) A conviction under the laws of another state, federal law or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed above (1) – (13) |
| (6) Injury to a Child, Elderly or Disabled Individual | (15) Felony Theft (until five years after the date of conviction) |
| (7) Abandonment or Endangerment of a Child, Elderly or Disabled Individual | |
| (8) Aiding Suicide | |
| (9) Agreement to Abduct from Custody | |

Neither have I been convicted of any of the following offenses, which potentially may bar employment:

- | | |
|---------------------------------------------------------------------------------|--------------------|
| • Assaultive Offenses | • Fraud |
| • Burglary and Criminal Trespass | • Public Lewdness |
| • Possession of Weapons | • Public Indecency |
| • Felony Violation for the Possession or Distribution of a Controlled Substance | |

I hereby allow CALAB, Inc. to conduct a criminal record check in order to verify the above statement. Below is a space for me to inform CALAB, Inc. of anything that will be on my record, and provide explanation:

The Texas Department of Human Services maintains registries of individuals who have been found to have abused, neglected, exploited a consumer, or misappropriated a consumer's property. I have never been investigated by the Texas Department of Human Services and found to have abused, neglected, exploited a consumer, nor have I been found to have misappropriated a consumer's property. CALAB, Inc. is required by law to search the Employee Misconduct and Nurse Aide Registries before hiring an employee. CALAB, Inc. is prohibited from employing a person who is listed in the registries as having abused, neglected, or exploited a consumer or misappropriated a consumer's property.

I, _____ am not now, nor have I ever been recorded in the Employee Misconduct Registry (EMR) nor the Nurse Aide Registry (NAR) under Texas Health and Safety Code Section 253.007.

I hereby allow CALAB, Inc. to search the EMR and the NAR. I verify, also, that I have read and understand the company's policy concerning client abuse.

I further acknowledge and agree that my Signature below will serve as my resignation if a criminal history check reveals any conviction for any of the above listed offenses, which I have not revealed herein. My signature will hereby serve as my resignation if I am found to be listed in the Employee Misconduct Registry Of ill the Nurse Aide registry.

Signature of Contractor

Date

Witness Signature

Date

My signature indicates that I called the EMR and NAR on this date _____. The employee indicated above was NOT LISTED on either registry. _____ (signature of Staff who called EMR & NAR)

Print Employee / Contractor Name

The False Claims Act Acknowledgement Form CALAB, Inc.

The False Claims Act ("FCA") provides, in pertinent part, that:

(a) Any person who (1) knowingly presents, or causes to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States, a false or fraudulent claim for payment or approval; (2) knowingly makes, uses or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; (3) conspires to defraud the Government by getting a false or fraudulent claim paid or approved by the Government; . . . or (7) knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government, is liable to the United States Government for a civil penalty of not less than \$,5 000 and not mere than \$10,000, plus 3 times the amount of damages which the Government sustains because of the ac of that person. . .

(b) For purpose:, of this section the terms "knowing" and "knowingly" mean that A person, with respect to information (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

31 U.S.C. § 3729. While the False Claims Act imposes liability only when the claimant acts "knowingly," it does not require that the person submitting the claim have actual knowledge that the claim is false. A person who acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information also can be found liable under the Act. 31 U.S.C. 3729(b).

In sum, the False Claims Act imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided. The False Claims Act also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. An example of this may include a government contractor who submits records that he knows (or should know) is false and that indicate compliance with certain contractual or regulatory requirements. The third area of liability includes those instances in which someone may obtain money from the federal government to which he may not be entitled, and then uses false statements or records in order to retain the money. An example of this so-called "reverse false claim" may include a hospital who obtains interim payments from Medicare throughout the year, and then knowingly files a false cost report at the end of the year in order to avoid making a refund to the Medicare program.

In addition to its substantive provisions, the FCA provides that private parties may bring an action on behalf of the United States. 31 U.S.C. § 3730 (b). These private parties, known as "qui tam relators," may share in a percentage of the proceeds from a FCA action or settlement.

Section 3730 (d) (1) of the FCA provides, with some exceptions, that a qui tam relator, when the Government has intervened in the lawsuit, shall receive at least 15 percent but not more than 25 percent of the proceeds of the FCA action depending upon the extent to which the relator substantially contributed to the prosecution of the action. When the Government does not intervene, section 3730 (d) (2) provides that the relator shall receive an amount that the court decides is reasonable and shall be not less than 25 percent and not more than 30 percent.

The FCA provides protection to qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an act on under the FCA. 31 U.S.C. 3730 (h). Remedies include reinstatement with comparable seniority as the qui tam relator would have had buy for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

I hereby acknowledge that I have been informed about federal and state fraud and false claims laws and the whistleblower protections available under those laws. I further understand that violation of such laws is strictly against the policy of CALAB, Inc. and will result in immediate termination of employment or contract.

Employee / Contractor Signature

Date