

Roger Williams University

Human Resources Volunteer Questionnaire (for use with Category One Volunteers)

PLEASE PRINT CLEARLY.

VOLUNTEER IDENTIFICATION INFORMATION

1. Preferred Name: _____ Dr.

Other _____

2. Name: _____
Last First Middle Initial

3. Suffix:

Jr. II Ph.D. J.D.
 Sr. III CPA Esq. Other _____

Email Address

Home Business Other

5. Telephone Number(s):

1. _____ Ext. _____ Type: Home Cell Alternate

6. Social Security Number: _____ - _____ - _____

7. Bias related to the volunteer assignment, but does

g)

t in this country?

Yes No

10. Current employer and job title

To be completed by RWU Supervisor

Department _____ RWU Supervisor _____

EMERGENCY CONTACT

1. Contact Name: _____

Telephone Number: _____ Relationship: _____

2. Contact Name: _____

Telephone Number: _____ Relationship: _____

REFERENCE CONTACT

1. Personal Reference: _____

Phone # and email: _____

2. Professional or work related: _____

Phone # and email: _____

ROGER WILLIAMS UNIVERSITY AND
ROGER WILLIAMS UNIVERSITY SCHOOL OF LAW

VOLUNTEER/INTERN ACKNOWLEDGMENT

I hereby acknowledge that I have received, read and reviewed the following information regarding Roger Williams University and Roger Williams University School of Law (collectively, the “University”) policies and reporting obligations related to sexual harassment and sexual abuse of minors:

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Rhode

Rhode Island Mandatory Child Abuse and Bystander to Sexual Assault Reporting Laws

ROGER WILLIAMS UNIVERSITY

PROTECTION OF MINORS POLICY

PURPOSE

Roger Williams University (including Roger Williams University School of Law) collectively, WKH 38 Q L is committed to promoting a secure and safe environment for minors on its campuses and for those who participate in any University-sponsored events or programs whether on or off campus. This policy establishes consistent standards intended

f if applicable, the name, title and contact information for every University employee, agent, contractor or volunteer who is believed to have direct knowledge of the abuse or misconduct;

In cases where it is reasonably believed that a child is in imminent or continuing danger, the reporter should first contact the Police (by dialing 911) and then immediately thereafter the 8 Q L Y H Department of Public Safety at 401-254-3333 (on campus, ext.3333)

Any doubt about reporting a case of suspected abuse or neglect should be resolved in favor of making an immediate report. State law (R.I. Gen. Laws §0-11-4) provides that any person participating in good faith in making a report of known or suspected abuse or neglect shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. Further, it is the policy of the University that no member making a good faith report of suspected abuse or neglect will be disciplined or retaliated against in the terms and conditions of employment or in their educational program for making such reports.

Failure to report known or suspected child abuse pursuant to this Policy and the statutory requirements with which it is aligned may result in appropriate disciplinary measures in accordance with applicable personnel policies and procedures, collective bargaining agreements, and applicable Student Code of Conduct provisions.

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Absent written permission from the University's Office of General Counsel, volunteers may not perform the following activities at the University: (i) operate heavy equipment, (ii) operate University owned, rented, or leased motor vehicles (as governed by the University's Motor Vehicle Use Policy), (iii) operate University owned watercraft; or (iv) handle hazardous substances

Category One Volunteers

Category One Volunteers must complete a Volunteer Questionnaire and