



**COMMUNITY ACTION COMMITTEE
OF CAPE COD & ISLANDS, INC.**

*David Willard
Board President*

Volunteer/Internship Site Information

Name of Organization: Community Action Committee of CC&I's, Inc.

Address: 372 North Street, Hyannis, MA 02601

Phone: 508-771-1727, ext. 236

Fax/Email: cap@cacci.cc

Contact Name/Title: Caronanne Procaccini-Director of Compliance & Operations

Participants Name:

Address:

Phone:

Email:

Dates of Volunteering/Internship:

Responsibilities:

Notes:



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"INTERNSHIP/ VOLUNTEER" NON-DISCLOSURE AGREEMENT

In consideration of an **Internship/Volunteering** at Community Action of the Cape and Islands, Inc. (CACCI), the undersigned **Intern/Volunteer** hereby acknowledges and agrees. As a condition of his/her **Internship/Volunteering**:

1. That during the course of my **Internship/Volunteering** there may be disclosed to me certain information made available to *CACCI*, consisting of but not necessarily limited to:

(a) **Client** Information: Name. Address, phone, number, social security number, income source and amount and other personal information.

(b) **Funding** Information: Source of, amount of, contractual requirements of and other information concerning any funding source, benefactor, grantor or potential donor.

(c) **Business** Information: Client lists, funding data. Budgets, any systems and/or plans including but not limited to any vendors contracts.

(d) **Employee** Information: Name. Address, phone number, social security number, CORI results, payroll deductions and/or payments and any other information of any type with regard to any employee or subcontractor of *CACCI*

2. I agree that I shall not during or at any time after the termination of my **Internship/Volunteering** with *CACCI*, use for myself or others, or disclose or divulge to others including future employees, any of the above referenced or any other information that is proprietary or confidential of any type except to that extent as required by law or contract and then only with the express permission of management.

3. I further agree that upon termination from *CACCI*, I will not retain any copies, notes or abstracts of the above referenced materials and will return to *CACCI* any and all documents that are the property of *CACCI*, including but not limited to, client lists, computer programs and/or budgets of *CACCI* or any of its affiliates obtained by me in any way during the course of my **Internship/Volunteering**.

4. I understand that failure to comply with this agreement may result in disciplinary action including termination of **Internship/Volunteering** and that the *CACCI* may seek remedies granted by law, if applicable.

Signed and agreed this _____ day of _____, 20 ____.

Intern/Volunteer Signature

Print Name



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**CACCI copy for personnel file.
Please sign and return this copy to Caronanne Procaccini**

SECTION SEVEN

VOLUNTEER/INTERNSHIP AGREEMENT ON USE OF CACCI TECHNOLOGY

I have read, understand, and agree to comply with the foregoing policies, rules and conditions governing the use of CACCI's technology equipment and services. I understand that I have no expectations of privacy when I use any of the aforementioned equipment or services. I am aware that violations of this guideline on appropriate use of the electronic media and services may subject me to disciplinary action, including, but not limited to, termination from employment, Internship, legal action, and criminal liability. I further understand that my use of this technology may reflect on the image of CACCI to our clients, donors and the community and that I have responsibility to maintain a positive representation of the company. Furthermore, I understand that this policy can be amended at any time.

DATE

Volunteer/Intern Signature

Printed Name

Department



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TECHNOLOGY POLICY

SECTION ONE

PURPOSE

To remain competitive, better serve our clients, and provide our **Volunteers/Interns** with the best tools to do their jobs. CACCI makes available to our **Volunteers/Interns** access to one or more forms of electronic media and services, including, but not limited to, computers, printers, copiers, fax machines, telephones, voicemail, e-mail, internet and the World Wide Web.

While CACCI encourages the use of these tools, all **Volunteers/Interns** and everyone connected with the organization should remember that they are provided by the company, are company properties and their purpose is to facilitate and support company business. All technology users have the responsibility to use these resources in a professional, ethical, and lawful manner.

CACCI works with several Collaboratives & Partners, and all **Volunteers/Interns** must also adhere to their Technology Policies.

To ensure that all **Volunteers/Interns** understand, the following guidelines have been established for the use of all of the above-mentioned technology. No policy can lay down rules to cover every possible situation. Instead, it is designed to express CACCI's philosophy and set forth general principles when using electronic media and services.

SECTION TWO

PROHIBITED COMMUNICATIONS

Electronic media cannot be used for knowingly transmitting, retrieving, or storing any communication that is: discriminating or harassing; defamatory or threatening; in violation of any license governing the use of software; or engaged in for any purpose that is illegal or contrary to CACCI's policy or business interest.

SECTION THREE

PERSONAL USE

The electronic media and services provided by CACCI are primarily for business use to assist **Volunteers/Interns** in the performance of their jobs. Limited, occasional, or incidental use of electronic media for personal, non-business purposes is acceptable, and all such use should be done in a manner that does not negatively affect the systems' use for their business purposes, as long as all CACCI work is completed. (Please note that CACCI reserves the right to review these files, please see SECTION FOUR). Therefore, **Volunteers/Interns** are expected to demonstrate a sense of responsibility and not abuse this privilege.

SECTION FOUR

ACCESS TO VOLUNTEERS/INTERNS COMMUNICATIONS

CACCI reserves the right, at its discretion, to review any **Volunteer's/Intern's** electronic files and messages to the extent necessary to ensure electronic media and services are being used in compliance with the law, this policy, and other company policies.

Volunteers/Interns should not assume electronic communications are completely private. Accordingly, if they have sensitive information to transmit, they should use other means. System use may be monitored and recorded; use of this system constitutes consent to any such monitoring.

SECTION FIVE

DOWNLOADS/UPLOADS

CACCI prohibits **Volunteers/Interns** from downloading images from the Internet (ex. Screen savers/Wallpaper). CACCI also prohibits **Volunteers/Interns** from downloading/uploading any software/programs via the Internet (or personnel). Please see the Network Administrator for approval/assistance.

SECTION SIX

VIOLATIONS

Any **Volunteer/Intern** who abuses the privileges of their access to electronic media in violation of this policy will be subject to corrective action, including possible termination of **Volunteering/ Internship**, legal action, and criminal liability.



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CORI REQUEST FORM

Community Action Committee of Cape Cod & Islands has been certified by the Criminal History Systems Board for access to conviction and criminal case data. As an applicant/employee/volunteer for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT/EMPLOYEE/VOLUNTEER SIGNATURE

APPLICANT/EMPLOYEE/VOLUNTEER INFORMATION (Please Print)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME or ALIAS (If Applicable) PLACE OF BIRTH

DATE of BIRTH SOCIAL SECURITY NUMBER ID Theft Index PIN
(Last 6 Digits Required) (If Applicable)

MOTHERS MAIDEN NAME FATHERS NAME

CURRENT AND FORMER ADDRESSES:

SEX:____ HEIGHT:____ft.____in. WEIGHT____ EYE COLOR____

STATE DRIVER'S LICENSE NUMBER:_____
(include state of issue)

~~***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE
FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC
IDENTIFICATION:~~_____

REQUESTED BY:_____
SIGNATURE of CORI AUTHORIZED EMPLOYEE

*The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.
All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.