PAACA

Positive Action Against Chemical Addiction, Incorporated
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A United Way Agency

PAACA Code of Ethics

1. **As a member of the PAACA staff, I will treat all our clients and their families with the utmost dignity and respect.**
2. **I will exhibit kind and humane treatment of all in my care regardless of race, creed, age, gender, sexual preference, or disability.**
3. **I will not intentionally do harm to a client, either physically or psychologically. I will not verbally assault, ridicule, attempt to subjugate or endanger a client, nor will I allow other staff members to do so.**
4. **I will urge changes in the lives of clients only in their behalf and in the best interest of promoting recovery for the illness we are treating. I will not otherwise press them to adopt my beliefs and behaviors which reflect my value system rather than their own. I will be open-minded and will have no hidden agenda when working with a client in therapy.**
5. **I will remain aware of my skills and limitations. I will attempt never to council or advise clients on matters not in my areas of expertise. I will recognize when it is in the best interest of my clients to release or refer them to another program or individual, such as in the following cases;**
   - **When personal factors interfere with the therapeutic relationship**
   - **When it is beyond my training or ability**
   - **When the client demonstrates the he/she is not making progress in the relationship**
6. **I will not engage in any activity that could be construed as exploitation of clients for personal gain, be it sexual, financial, or social**
7. **I will not attempt to use my authority over a client in a coercive manner to meet my own needs at a client's expense. I will not promote dependence on me, but to empower themselves.**
8. **I will not name or give any information about a client, former client, or family member except to other PAACA staff as required by treatment or when specifically authorized by client. When it is necessary to consult with other staff members that, too is bound by confidentiality. When the client exhibits clear and immediate danger to themselves or another person, it is necessary to take appropriate action and notify the appropriate authorities.**
9. **I understand and agree to defend the PAACA policy on client's rights and respect the views of other professionals.**

_____ _____

Signature of Applicant **Date**

PAACA Volunteer Application

(Please Print)

Date_____

Name_____

Address _____

City/State/Zip _____

Telephone # _____ **Date of Birth** _____

Social Security # _____

Have you ever been dependent on any substance(s)? Yes _____ **No** _____
If yes, what substance? _____
How long have you been in recovery? _____ **Clean date** _____

Are you currently prescribed any medications? Yes _____ **No** _____
If yes, please list all medications (include methadone, buprenophine, etc.)
_____
_____
_____

Have you ever been convicted of a felony? Yes _____ **No** _____
(Answering yes to this question does not necessarily disqualify you)
If yes, please list all charges
_____
_____

Are you currently on probation? Yes _____ **No** _____
If yes, when are you scheduled to be off probation? _____
Probation Officer's Name _____**Tel #** _____

What type of work are you interested in at PAACA?
Front Desk Volunteer _____ **Housekeeping** _____ **Driver** _____ **Other** _____

Do you have any experience in the work for which you are applying? Yes ____**No** ___
If yes, please list
_____

Are you limited in any way from performing any duties? Yes _____ **No** _____
If yes, please explain
_____

What reason do you have of wanting to volunteer at PAACA?
_____
_____
_____

PAACA
Confidentiality Agreement

I hereby acknowledge that, in the course of my work at PAACA, I shall have access to information that is confidential, whether it relates to individual clients of the agency or the agency itself.

By signing this confidentiality agreement, I acknowledge that I have the legal responsibility to keep this information confidential and that any infraction of this confidentiality is grounds for summary dismissal.

_____ _____

Signature

Please provide copy of driver's license and social security card in space provided
Thank You.

For Office Use Only

Interviewed by _____

Code of Ethics signed on _____

Position Given _____

Trainer assigned _____

Start Date _____

Approved by _____