

VOLUNTEER CONSENT & AGREEMENT FORM

THE VOLUNTEER CONSENT AND AGREEMENT FORM MUST BE COMPLETED, SIGNED AND DATED FOR OUR RECORDS PRIOR TO YOUR VOLUNTEER PLACEMENT AND ASSIGNMENT. BY SIGNING THIS FORM, YOU CONFIRM YOUR RECEIPT OF THE VOLUNTEER CONSENT AND AGREEMENT FORM AND HAVE READ, AND WILL THEREFORE COMPLY WITH THE REGULATIONS OF THE VOLUNTEER PROGRAM AT THE WOMEN'S SAFE HOUSE.

INTERNAL OFFICE USE ONLY:

INDIVIDUAL VOLUNTEER
 ORGANIZATION VOLUNTEER

ORGANIZATION NAME: _____

VOLUNTEER TYPE: ONE-TIME EPISODIC CONTINUAL

LAST NAME: _____

FIRST NAME: _____

PLEASE INITIAL NEXT TO THE FOLLOWING VOLUNTEER POLICIES TO INDICATE THAT YOU HAVE READ, UNDERSTAND, AND THEREFORE WILL COMPLY WITH THE REGULATIONS OF THE VOLUNTEER PROGRAM AT THE WOMEN'S SAFE HOUSE OUTLINED IN THE VOLUNTEER HANDBOOK [IN ENTIRETY] AND THE CONSENT FORM.

CHILD ABUSE AND NEGLECT/BACKGROUND CHECK POLICY

To ensure the safety of our organization, volunteers [excluding those under the age of 18] must successfully complete a Child Abuse and Neglect Background Screening and Criminal Background Check.

INITIAL HERE: _____

CONCEALED WEAPONS POLICY

Weapons of any type, including but not limited to any form of firearm, explosive devices, or other devices that are generally considered to be weapons are prohibited and therefore banned from the premises.

INITIAL HERE: _____

CONFIDENTIALITY POLICY

To ensure the safety of our organization, volunteers are not to disclose information regarding our confidential location, including but not limited to the street address, zip code, neighborhood, etc. Volunteers are not to disclose any information regarding former or current clients in our program.

INITIAL HERE: _____

EXCHANGE OF INFORMATION POLICY

Volunteers are not to exchange any contact information with clients. The exchange of information, including but not limited to telephone number, email address, home address, etc. is an immediate breach of confidentiality and could result in the termination of the client and volunteer.

INITIAL HERE: _____

HOLD HARMLESS/LIABILITY AGREEMENT POLICY

Volunteers will hold The Women's Safe House harmless in the result of any injury[s], loss or damages which may be sustained while fulfilling the assigned volunteer tasks.

INITIAL HERE: _____

PHOTO RELEASE POLICY

The Women's Safe House is permitted to take and use photos of volunteers for social media purposes on our website, social media sites, literature, newsletters, etc. Photos of volunteers will be used for the sole purpose to promote the organization; its Volunteer Program, events, and activities.

INITIAL HERE: _____

PHOTOGRAPHY POLICY

To ensure the confidentiality of our organization, volunteers are not permitted to take photos of clients. If you wish to take pictures of your volunteer experience, you must not include the faces or any other identifiable images of the clients. To ensure that the appropriate guidelines are followed, it is recommended to have a trained staff person take the pictures on behalf of your organization. Furthermore, volunteers are not to take photos of clients at their request or discretion with personal cells or other electronic devices. Please refer the client to a staff person immediately.

INITIAL HERE: _____

MY SIGNATURE CONFIRMS THAT I HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THE VOLUNTEER POLICIES AND PROCEDURES OF THE WOMEN'S SAFE HOUSE. I UNDERSTAND THAT FAILURE TO COMPLY WITH THE VOLUNTEER POLICIES AND PROCEDURES WILL RESULT IN THE TERMINATION OF MY VOLUNTEER SERVICE, AND MAY RESULT IN LEGAL ACTIONS IF FOUND IN VIOLATION.

NAME [PLEASE PRINT]:	_____	Phone Number:	_____
SIGNATURE:	_____	Date:	_____

VOLUNTEERS UNDER THE AGE OF 18 MUST HAVE WRITTEN CONSENT FROM PARENT OR GUARDIAN REGARDING THE VOLUNTEER POLICIES AND PROCEDURES. AS THE PARENT OR GUARDIAN, YOU UNDERSTAND AND AGREE THAT YOUR DEPENDENT IS HELD TO THE SAME STANDAND OF ALL VOLUNTEERS AS IT RELATES TO THE EXPECTATIONS OF THE SET REGULATIONS.

PARENT/GUARDIAN'S NAME [PLEASE PRINT]:	_____	Phone Number:	_____
SIGNATURE:	_____	Date:	_____

PLEASE PROVIDE EMERGENCY CONTACT INFORMATION

THIS INFORMATION WILL BE EXTREMELY IMPORTANT IN THE EVENT OF AN ACCIDENT OR MEDICAL EMERGENCY.

PRIMARY EMERGENCY CONTACT:

LAST NAME: _____ FIRST NAME: _____ RELATIONSHIP: _____

HOME NUMBER: _____ CELL NUMBER: _____ WORK NUMBER: _____

If you have any questions or concerns, please contact Monica DuBois -Volunteer Manager at The Women's Safe House at 314.772.4535 -or- mdubois@twsh.org