



VOLUNTEER GUIDELINES

SUPERVISION: I understand that volunteers are always supervised by and accountable to the staff of this program of Catholic Charities. I understand that when an assignment is made, I will be advised by the Volunteer Coordinator the hours I will be asked to work and the location of that work.

POLICIES & PROCEDURES: I understand that Catholic Charities appreciates and depends upon the reliability and dedication of many volunteers. As a volunteer, I commit myself to adhering to Catholic Charities policies and procedures so that the agency can make efficient use of limited resources to do its charitable work. I understand that a supervisor may end that volunteer assignment at any time.

AGENCY PROPERTY: Unless otherwise agreed in writing, I understand that all products of my volunteer work (i.e. program materials, proposal, etc.) become the property of Catholic Charities and its programs.

CONFIDENTIALITY: I agree to maintain confidentiality of all proprietary or privileged information I encounter through my involvement at Catholic Charities. This includes information about agency business, staff, volunteers, clients, supporters, and any other persons.

DRIVING IN COURSE OF VOLUNTEERING: If the volunteer position requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license, and provide a copy of my Department of Motor Vehicles record and proof of insurance to Catholic Charities of Salina. I will abide by all driving laws and any procedures regarding driving issued by Catholic Charities, the Salina Diocese and/or their insurance carrier.

CHILD AND ELDER ABUSE REPORTING REQUIREMENTS: Any child or elder care custodian, health practitioner, or child protective agency who has knowledge of, or observes any suspected instance of child or elder abuse, is to report such instance immediately; or as soon as practically possible. I understand that I would be required to inform my supervisor and/or the Volunteer Coordinator if ever I witness and/or suspect child or elder abuse. I agree to receive an FBI background check and/or fingerprinting if I intend to volunteer directly with children under the age of 18. I further agree to complete the Virtuse program through the Salina Catholic Diocese as required of all volunteers.

SUBSTANCE ABUSE – SMOKING: I understand that volunteers are not allowed to consume alcohol on the premises of any Catholic Charities facility or during volunteer hours. Illegal drugs or controlled substances are not permitted at the facility or at any function sponsored by Catholic Charities. Volunteers may not be under the influence of and may not sell, buy, possess, or use illegal drugs or controlled substances on the premises of any Catholic Charities facility. Catholic Charities maintains a smoke free environment. Smoking is not allowed in our offices.

FIREARMS AND DANGEROUS WEAPONS: Volunteers are not permitted to bring to Catholic Charities worksite or to other places in the course of volunteering for Catholic Charities.

ABSENCE, ATTENDANCE, AND TARDINESS: I understand that as a volunteer, I am expected to be dependable and punctual. If I am unable to report to volunteer or will arrive late, I will contact the Volunteer Coordinator immediately. I also understand that as a volunteer, I am responsible for signing in and out on the volunteer time sheet provided by the volunteer Coordinator.

HARASSMENT: I understand that Catholic Charities will not tolerate harassment of Catholic Charities volunteers by other Catholic Charities volunteers, employees, clients or vendors. Likewise, Catholic Charities will not tolerate any harassment of others by a Catholic Charities volunteer,

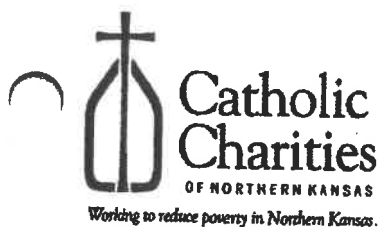
CONDUCT AND SERVICE TO OUR CLIENTS: I understand that service is the mission of Catholic Charities and quality client service is essential to our ongoing success both as an organizational and as individuals. Therefore, as a volunteer, providing quality client service should be my first priority at all times. Additionally, I understand that I am expected to conduct myself in a professional manner at all times.

ACKNOWLEDGEMENT OF RECEIPT OF VOLUNTEER GUIDELINES & HANDBOOK

I have received and read the Catholic Charities Diocese of Salina Volunteer Guidelines. In addition, I have reviewed the Volunteer Handbook, which is available to me in hard copy upon my request. I have understood the meaning of the Volunteer Guidelines and Volunteer Handbook, and agree to conduct myself in accordance with these documents. I also understand that this acknowledgment will be kept in my volunteer file, and that this acknowledgement may be disclosed to third parties.

Applicant Signature: _____ **Date:** _____

Accepted by: _____ **Date:** _____



CONSENT AND AUTHORIZATION FOR MARKETING

I, _____, consent to the unrestricted and unlimited use, by Catholic Charities of Northern Kansas (and those acting with its permission and authority), of any and all photographs, videos, recorded audio, and stories taken (in whole or in part). This includes for all purposes in any form or medium, including, without limitation, its use through or on any electronic media, including the internet.

I waive any right to inspect or approve the finished product(s), advertising copy or printed materials that may be used with the finished photograph(s), video(s), recorded audio(s) and/or stories.

Further, I relinquish all rights, titles and interests I may have in the finished photograph(s), negatives(s), video(s), recorded audio(s), stories and/or reproduction(s) to Catholic Charities of Northern Kansas or its designee. It is understood that Catholic Charities of Northern Kansas retains copyright of images with the express understanding and agreement that it shall have exclusive reproductions rights to the images.

I hereby release Catholic Charities of Northern Kansas from any and all claims in connection with the photograph(s), negatives(s), video(s), recorded audio(s), and stories, including any and all claims of libel.

_____ I am over the age of 18, have read the above and fully understand its contents.

_____ I am the parent or guardian of a minor, have read the above and fully understand its contents.

I give permission for the listed child(ren)'s photograph(s), negatives(s), video(s), recorded audio(s), and stories to be used in the accordance with the manner specified within this agreement.

Name (please print) _____

Age _____

Minor's Name(s) if applicable _____

Address/City/State/Zip _____

Telephone _____

E-Mail _____

Signature _____

Date _____

Relation to subject (if subject is a minor) _____



Volunteer Liability Release Form

I, _____, agree and do hereby release from liability and agree to indemnify and hold harmless Catholic Charities of Salina, and any of its employees or agents, regarding my volunteer participation. To the maximum extent permitted under Kansas Law, this release is for any liability for personal injuries (including death), property losses or damage, and any and all other risks known and unknown, occasioned by, or in connection with any activity relating to my participation as a volunteer, whether caused by the negligence of Catholic Charities or not. The undersigned further agrees to abide by all the rules and regulations promulgated by Catholic Charities. I assure Catholic Charities that there are no health related reasons or problems which would restrict my participation in this volunteer activity. I agree to indemnify and hold Catholic Charities harmless from any medical costs relating to my participation as a volunteer. I understand that this release means that I am giving up, among other things, my right to sue Catholic Charities and/or its employees or agents for injuries (including death), damages, or losses I may incur relating to my participation as a volunteer.

I have read this entire release. I fully understand it and agree to be legally bound by it

Volunteer Signature

Date

Witness Signature

Date

For volunteers under 18 years old, this Liability Release Form must also be signed by apparent or legal guardian.

Parent/Legal Guardian

Date

CONFIDENTIALITY AGREEMENT

I agree to maintain agency and client confidentiality. Catholic Charities of Salina places responsibility for maintaining of confidentiality with each employee and volunteer. Volunteers may not disclose information outside the agency without specific authorization from the Executive Director.

Within Catholic Charities of Salina, information may be released to other members of staff when necessary to further the delivery of services, to include information for billing purposes, information shared with other staff clinicians in the transfer of cases and all accompanying records, and for the purpose of conducting quality assurance reviews. In such cases information transferred from one Catholic Charities office to another within the diocese of Salina will be treated in the same manner as transfer of information within a single office location. All Catholic Charities employees and volunteers are bound by a confidentiality agreement and will not violate that trust.

Client confidentiality procedures include security of files, handling of materials related to cases, release of information, billing records, etc.

Name _____

Signature _____

Date _____