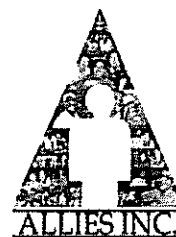


# ALLIES, INC.

## Volunteer Job Description



NAME: \_\_\_\_\_

TITLE: Volunteer

SUPERVISOR: \_\_\_\_\_

SUPERVISION: \_\_\_\_\_

The volunteer is supervised by their assigned supervisor or a staff person on duty, as designated by the assigned supervisor.

### **DUTIES INCLUDE:**

1. Work agreed upon hours.
2. Interact with individuals and staff in a positive and friendly manner.
3. Accompany individuals during activities under the supervision of assigned staff.  
Activities can occur in the individual's home, work location or community.
4. Assist in building and/or becoming a part of a support network between the individual(s) and the community.
5. **Complete volunteer time sheet on a monthly basis.**
6. Have the option of participating in Circle(s) of Support for personal futures planning, if requested by the individual or team.
7. Utilize your skills and talents to enhance the lives of the individuals, under the supervision of assigned staff.

### **SCOPE OF RESPONSIBILITY:**

A volunteer does not take the place of an assigned staff person and cannot perform the duties that staff that they are trained and required to perform (i.e. dispensing medications, providing personal care, taking individuals to assigned medical appointments, complete required documentation, etc.).

The volunteer works in conjunction with the assigned staff and management to provide positive and enriching experiences in the lives of the individuals that Allies supports.

It is not the intent of this job description to cover all of the duties and responsibilities of the position. The aforementioned are some of the important areas of responsibility and are intended to convey a general understanding of the position.

I have read and understand the job description for Volunteer.

\_\_\_\_\_  
Volunteer Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Supervisor or Agency Representative Signature

Date \_\_\_\_\_

Allies, Inc.

## VOLUNTEER FORM

ANY VOLUNTEER MUST COMPLETE THE FOLLOWING VOLUNTEER RELEASE FORM BEFORE YOU MAY BEGIN YOUR ACTIVITIES IN OR ABOUT THE PREMISES OR ANY OTHER OFFSITE LOCATION.

(Please keep a copy of this form within each persons file for future reference)

### AGENCY Information

|                 |        |       |       |       |
|-----------------|--------|-------|-------|-------|
| Agency Name:    | _____  |       |       |       |
| Agency Address: | Street | City  | State | Zip   |
|                 | _____  | _____ | _____ | _____ |

### Personal Information

|                         |                |                               |                                 |            |
|-------------------------|----------------|-------------------------------|---------------------------------|------------|
| Person's Name:          | _____          | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Age: _____ |
| Person's Phone Number:  | (Home): ( ) -  | (Work): ( ) -                 |                                 |            |
| Person's Address:       | Street         | City                          | State                           | Zip        |
|                         | _____          | _____                         | _____                           | _____      |
| e-mail address:         | _____          |                               |                                 |            |
| Emergency Contact Info: | Date of Birth: | Social Security #:            |                                 |            |
|                         | Name:          |                               |                                 |            |
|                         | Phone Number:  |                               |                                 |            |

### RELEASE

I acknowledge there are certain inherent risks serving as a volunteer, including but not limited to physical injury and death. I acknowledge that all risks can not be prevented and I assume those beyond the control of **ALLIES, INC.** staff. I represent that I am physically able, with or without accommodation, to participate in volunteer service, and that I am able to use the equipment and/or supplies described.

Should I require emergency medical treatment as a result of accident or illness arising during volunteer work, I consent to such treatment. I acknowledge that **ALLIES, INC.** does not provide health and accident insurance for volunteers and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify **ALLIES, INC.** staff at my volunteer site in writing if I have medical conditions about which emergency medical personnel should be informed.

I further acknowledge that **Allies, Inc.** may obtain a full background check on me to include Social Security number check, criminal background, sexual offender search and, if applicable, motor vehicle commission search. My signature below authorizes **Allies, Inc.** to obtain this information in connection with my volunteer application.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Volunteer Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Name (print): \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

# Volunteer Agreement

In Signing this form, I understand and agree to the following terms and conditions related to volunteering my services to Allies, Inc.  
(Please keep a copy of this form within each volunteers file for future reference.)

|                        |                               |                                 |
|------------------------|-------------------------------|---------------------------------|
| Volunteers Name: _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|------------------------|-------------------------------|---------------------------------|

I recognize that, as a volunteer I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.

I will not participate in and will report any and all instances of any sort of harassment, abuse, neglect, exploitation, and or intimidation. I have received training in this area. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers, clients and visitors).

I agree to maintain the confidentiality of all volunteers, clients, employees and visitors about whom I have personal and identifying information. Please initial here: \_\_\_\_\_.

I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as is possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur. Please initial here: \_\_\_\_\_.

I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. Please initial here: \_\_\_\_\_.

I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts , howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release Allies from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer. Please initial here: \_\_\_\_\_.

If my volunteer service includes driving an automobile, I acknowledge that I have both a valid drivers license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I will provide a copy of both documents for my file. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances. Please initial here: \_\_\_\_\_.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

|                     |                |                   |                |
|---------------------|----------------|-------------------|----------------|
| _____               | Date: __/__/__ | _____             | Date: __/__/__ |
| Volunteer Signature |                | Witness Signature |                |

|                           |                     |                     |       |       |
|---------------------------|---------------------|---------------------|-------|-------|
| Volunteer's Phone Number: | (Home): (    )    - | (Work): (    )    - |       |       |
|                           | Street              | City                | State | Zip   |
| Volunteer's Address:      | _____               | _____               | _____ | _____ |

**Allies, Inc.**  
**Volunteer Talents/Skills Questionnaire**

**Volunteer:** \_\_\_\_\_

What specific strengths, experiences, talents and skills can you bring to Allies, Inc.?

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Do you belong to any affiliations, club memberships etc.?

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# **Allies Policy Statements**

## **Volunteers**

### **Volunteer Mission Statement**

**Allies, Inc.** volunteers create special connections for people with disabilities. We welcome volunteers to bring their gifts and talents to our organization enriching the lives and experiences of the people we support.

### **Confidentiality Policies for Volunteers**

Volunteers do not have access to the medical or personal records of the individuals we support. Consumer confidential information includes but is not limited to program logs, progress notes, case records, medical records, assessments, correspondence, photographs and videotapes. This information shall not be communicated to the public without the express written consent of the individual served (if they are their own guardian) or their legal guardian.

Volunteers do not take the place of staff that are responsible for attending to the individual's personal needs. However, in the process of working with these individuals the volunteer may become aware of some personal information such as medical issues, medication, etc. as the individual may disclose some information in the course of conversation. The volunteer may also observe the dispensing of medications or other treatments in the course of an outing or activity in which the volunteer is involved. The volunteer must treat this information with strict confidentiality.

### **Policies/Procedures for Dismissal of Volunteer**

Allies values the contribution of volunteers in enriching the lives of those we support. If a specific volunteer assignment is not working out for any reason every effort will be given to identify another volunteer assignment that may be more beneficial to all involved. Guidance and support will also be given to the volunteer by the immediate supervisor to address and correct any issues identified. This is documented through our performance appraisal process. All performance appraisals are signed by the volunteer and supervisor, or designee. Copies are maintained on file.

In the event that the above actions do not result in a positive volunteer experience for the volunteer and the individuals supported the volunteer will be dismissed from their volunteer status with Allies. This will be handled by the supervisor or designee. This determination is made by the supervisor based on the volunteer duties as delineated in the volunteer job description and the performance factors as noted on the volunteer performance appraisal.

## **Volunteer assessment of performance**

**Allies will provide feedback to all volunteers based on their performance and responsibilities.**

**Feedback will be provided by the volunteer's immediate supervisor or a volunteer coordinator, as appropriate. Areas of feedback may include general performance, progress and attendance. This information will be discussed with the volunteer and the volunteer will be given an opportunity to collaborate and discuss the future direction of his/her volunteer work. When appropriate, formal evaluations will be completed and signed by the volunteer and the immediate supervisor.**

**Additionally, the supervisor and/or volunteer coordinator may give the volunteer on-going verbal and/or written input with respect to their performance.**

**Volunteers requiring written evaluation by another organization (high school, college, other agency) to verify their volunteer work will be provided with necessary documents by the supervisor or volunteer coordinator. This will be done on the required paperwork from that organization, if provided. If specific paperwork is not provided, evaluation will be done on the Allies, Inc. Volunteer Evaluation form**

**ALLIES, INC.**

**Volunteer Orientation Training – Site Specific  
Acknowledgement of Training**

**Date of Training:** \_\_\_\_\_

**Trainer's Name:** \_\_\_\_\_

\_\_\_\_\_ **has completed the Allies, Inc.**

**Volunteer Orientation Training.**

**Signature of Volunteer:** \_\_\_\_\_

**Signature of Trainer:** \_\_\_\_\_