# Volunteer Application

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Print Name: **(First, Middle initial, Last)** | Date of Birth  GENDER:  M F  **(Please circle one)** | | | Home Phone: Cell Phone: \_ Work Phone: \_ \_ Fax: \_  **(Please circle the # you would like to designate as your primary number.)** |
| Maiden Name: |
| Street Address: | | | | |
| City: County: | | Zip | E-mail: | |
| Employer: | | Occupation: (if retired, please indicate prior occupation) | | |
| Employer Address: | | Referral Source: | | |
| Church Attended: | | Church Location: | | |
|  | |  | | |
| Do you have a valid Illinois Driver’s License? | | Yes No **(please circle one)** | | |
| **(Youth in Action Only)** – Do you have transportation? | | Yes No **(please circle one)** | | |
| Driver’s License # | | DL Expiration Date | | |
| Auto Insurance Co. | | Auto Insurance Expiration Date | | |
| Auto Insurance Policy # | | What type of vehicle do you drive? | | |
| Are you willing to commute outside of the County? | | Yes No **(please circle one)** | | |
|  | |  | | |

**Services you can provide: (Please check all that apply)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Transportation (**you must be 25 yrs. Old**) |  | Friendly Visits |  | Phone Calls |
|  | Bills/Record Keeping/Letter writing |  | Fundraising |  | Respite Care |
|  | Diaper Delivery |  | Gutter Cleaning |  | Shopping |
|  | Electrical D Painting D Plumbing |  | Home Repair (Minor) |  | Snow Removal |
|  | Expos/Events/Parades |  | Intake |  | Yard Work (Mowing, Spring/Fall Rake) |
|  | Flower Delivery |  | Office Help (3-6 hours per week) |  | |
| Other Professional Skills/Hobbies: **(please list any professional skills and/or hobbies below)** | | | | | |

**Your Availability (Please circle all that apply)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | | **Friday** | | **Saturday** | **Sunday** |
| Morning | Morning | Morning | Morning | | Morning | | Morning | Morning |
| Afternoon | Afternoon | Afternoon | Afternoon | | Afternoon | | Afternoon | Afternoon |
| Evening | Evening | Evening | Evening | | Evening | | Evening | Evening |
| Special Schedule: | | | | | | | | |
| Previous Volunteer Experience, if yes, Name of Agency: | | | | Phone No: | | | | |
| Agency Address: | | | | Contact Person: | | | | |
| **References: (Known for at least one year, no relatives, please)** | | | | | | | | |
| Print Name: | | | | | | Phone No.: | | |
| Address: | | | | | | Relationship: | | |
|  | | | | | |  | | |
| Print Name: | | | | | | Phone No.: | | |
| Address: | | | | | | Relationship: | | |
|  | | | | | |  | | |
| **Emergency Contact:** | | | | | | | | |
| Print Name: | | | | | | Phone No: | | |
| Address: | | | | | | Relationship: | | |
|  | | | | | | | | |
| **Group Affiliation:** | | | | | | | | |
| Please specify group affiliation: | | | | | | | | |

**I hereby grant** *XXX* permission to interview me and/or to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by *xxx* in perpetuity, and for other use by the Organization. I will make no monetary or other claim against *xxx* for use of the interview and/or the photograph(s)/video.

|  |  |
| --- | --- |
| Signature: | Date: |
| Witness: | Date: |

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of a misdemeanor? | Yes | No **(please circle one)** |
| Have you been convicted of a felony? | Yes | No **(please circle one)** |
| **Youth in Action Only** - Have you ever been convicted in juvenile court for any |  |  |
| criminal offense? | Yes | No **(please circle one)** |
| **If yes, please explain:** |  |  |
| Have you ever used any controlled substances in the last 3 months? | Yes | No **(please circle one)** |
| Are you currently suffering from a psychological condition that would prevent you from |  |  |
| performing public service work? | Yes | No **(please circle one)** |
| I hold a current valid driver’s license, and I have current automobile insurance coverage higher than the state minimums. | Yes | No **(please circle one)** |
| I have not had any accidents in the last three years. | True | False **(please circle one)** |
| I have not had more than three moving violations in the last three years. | True | False **(please circle one)** |
| I have not been determined unsafe to drive for failing the vision test in the last three |  |  |
| years. | True | False **(please circle one)** |
| I have never been convicted of a DUI. | True | False **(please circle one)** |
| Are you currently taking any medications that would prevent safe driving?  Have you ever suffered from any illness, seizures or blackouts that would prevent safe driving? | Yes  Yes | No **(please circle one)**  No **(please circle one)** |
| Have you lived outside the state of Illinois within the last 10 years? **(Most current first)**  1. 2. \_ 3. \_ 4. \_ 5. \_ | Yes No **(please circle one)**  **If yes, please enter the states you have lived in.** | |
| Have you lived outside McHenry County within the last 10 years? **(Most current first)**  1. 2. \_ 3. \_ 4. \_ 5. \_ | Yes No **(please circle one)**  **If yes, please enter the counties you have lived in.** | |
|  |  | |
| \_ \_ \_  Signature: | / /\_\_ \_  Date: | |

### POLICY

**Background Check Policy XXX**

Adopted by the Board on XXX

The purpose of this policy is to describe the terms and conditions under which background checks are conducted and how the results of those checks will be handled accordingly. XXX is a volunteer organization whose goal is to help resident seniors maintain their independence and dignity for as long as possible. XXX believes that qualified individuals contribute to the overall success of the program and as a result, background checks serve as an important part of the application process.

XXX conducts background checks on all employees, volunteers, board members and candidates for any other position that the XXX Board of Directors may require. XXX may use a third party administrator to conduct background checks. The type of information that may be collected includes, but is not limited to: a criminal background check using a social security number or a LEADS/NCIC database, a state and/or National Sex Offender Registry check, education records, employment history and professional and personal references. This process is conducted to verify the accuracy of the information provided by the candidate and to determine his/her suitability for the position.

XXX will ensure that all background checks are held in compliance with applicable federal and state statutes. XXX reserves the right to make the sole determination concerning information for any position arising out of the background check. XXX may perform a background check as described above, or at any time prior to or during the course of assigned duties.

### DEFINITIONS

1. **“Person”** shall apply when no specific position is stated and shall include all employees, volunteers, board members or candidates for any other position including but not limited to internships and externships.
2. **“Conviction”** shall mean a legal act by judge or jury which declares the guilt of a party and upon which sentence or judgment is founded. Convictions shall include serving probation, a voluntary plea of guilty, a finding of guilt by either a judge or jury and a plea of nolo contendere that results in sentencing for a conviction. Convictions shall not include a plea of guilt that results in court supervision. In addition, all sealed and expunged records shall be excluded from consideration.
3. **“Serious Traffic Offense”** shall include but not be limited to hit and run, leaving the scene of an accident, DUI and multiple charges of driving while revoked or driving on a suspended license.

### GUIDELINES

1. **General-Volunteer/Employees:**

Every person is required to complete a written application and provide information relating to employment and volunteer history and whether that person has lived outside the State within

the last four (4) years. All applicants must provide at least two (2) references who are unrelated to the applicant.

Any person who has lived outside of the State in the last four (4) years must also authorize XXX to conduct a national background check either through the NCIC or FBI fingerprint database system or any other system that is accessible and permissible by law.

Every person is required to sign all relevant background check authorization forms before acceptance into the program. Failure or refusal to sign such authorization forms will result in automatic rejection of the applicant or dismissal of anyone in a current position, paid or otherwise.

### No person convicted of or serving probation for a felony, regardless of the felony classification, age at the time of the offense or amount of time that has passed since the offense, will be accepted into XXX.

No person will be accepted into the program if that person has been convicted of, or who currently has charges pending for, a **felony or misdemeanor** involving a sex offense or any other act that would pose a substantial risk to seniors.

If any **volunteer** has been convicted of a misdemeanor or serious traffic offense (not a sex offense or other act that would pose a substantial risk to seniors) ***more than ten (10) years ago*** then the Volunteer Coordinator will examine the details and nature of the offense and take into consideration the person’s age at the time of the offense and the amount of time that has passed since the offense. In the event that the Volunteer Coordinator cannot decide whether a person should be accepted into the program, the matter should be addressed with the Operations Coordinator. If the Operations Coordinator is unable to decide, the matter should be addressed with the Executive Director who may elect to consult with the XXX Board of Directors. The decision of the Executive Director shall be final.

If any **volunteer** has been convicted of a misdemeanor or serious traffic offense (not a sex offense or other act that would pose a substantial risk to seniors) ***less than ten (10) years ago*** then the Volunteer Coordinator will examine the details and nature of the offense and take into consideration the person’s age at the time of the offense and the amount of time that has passed since the offense and the matter shall immediately be discussed/addressed with the Operations Coordinator. If the Operations Coordinator is unable to decide, the matter should be addressed with the Executive Director who may elect to consult with the XXX Board of Directors. The decision of the Executive Director shall be final.

If any **employee** has been convicted of a misdemeanor or serious traffic offense (not a sex offense or other act that would pose a substantial risk to seniors) ***more than ten (10) years ago*** then the Operations Coordinator will examine the details and nature of the offense and take into consideration the person’s age at the time of the offense and the amount of time that has passed since the offense. In the event that the Operations Coordinator cannot decide whether a person should be accepted into the program, the matter should be addressed with the Executive Director who may elect to consult with the XXX Board of Directors. The decision of the Executive Director shall be final.

If any **employee** has been convicted of a misdemeanor or serious traffic offense (not a sex offense or other act that would pose a substantial risk to seniors) ***less than ten (10) years ago*** then the Operations Coordinator will examine the details and nature of the offense and take into consideration the person’s age at the time of the offense and the amount of time that has passed since the offense and the matter should immediately be discussed/addressed with the Executive Director.

If the Executive Director is unable to decide, the matter should be addressed with the XXX Board of Directors. The decision of the XXX Board of Directors shall be final.

For any misdemeanor unrelated to a sex offense or unrelated to an act that would pose a substantial risk to seniors and where no conviction has been entered but where there are multiple charges over a extended period of time, the Volunteer Coordinator and the Operations Coordinator reserve the right to consider the totality of the circumstances and whether or not such charges could result in a negative impact on the creditability of XXX.

### Board of Directors:

If any **board member** has been convicted of a misdemeanor or serious traffic offense (not a sex offense or other act that would pose a substantial risk to seniors) ***more than ten (10) years ago*** then the Executive Director will examine the details and nature of the offense and take into consideration the person’s age at the time of the offense and the amount of time that has passed since the offense. In the event that the Executive Director cannot decide whether a person should be accepted onto the board, the matter should be addressed with the XXX Board of Directors. The decision of the XXX Board of Directors shall be final.

If any **board member** has been convicted of a misdemeanor or serious traffic offense (not a sex offense or other act that would pose a substantial risk to seniors) ***less than ten (10) years ago*** then the XXX Board of Directors will examine the details and nature of the offense and take into consideration the person’s age at the time of the offense and the amount of time that has passed since the offense. The decision of the XXX Board of Directors shall be final.

### DISCLAIMER

All background checks and results are the property of XXX and its agents and/or representatives are under no obligation whatsoever to make background check results known to me.

I hereby consent that any designated representative of XXX may review my employment, education, criminal and legal files and obtain copies of pertinent records from these files. I further agree that any designated representative may contact any person I have listed as a personal or professional reference.

I also give consent to representatives of XXX to discuss my case in detail with all persons who have a legitimate need to be made aware of the information released.

This consent is given freely and voluntarily. I understand that I do not have to give consent and no threats or promises have been made to me in order to secure such consent. I understand this consent can be withdrawn by me, in writing, at any time and no information may be released after that time.

I hereby release XXX and any individual in the program from any and all claims, damages, causes of action and the like of whatever kind or nature which may at any time result from my participation in this process.

**I FURTHER ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND SIGN THE SAME OF MY OWN FREE WILL.**

Signature:

DATE:

**BACKGROUND CHECK**

Have you lived at your current address for the past four years? Yes No If no, please list prior addresses to facilitate our required checks.

Address Dates

Address Dates

I understand that I am required to participate in an orientation session before becoming an active XXX volunteer. Additional training sessions will be offered.

I certify that the facts set forth above are true and complete to the best of my knowledge. My signature on this form is my acknowledgement that I will respect the trust of the person(s) served and will maintain confidentiality. My signature also authorizes XXX to contact employers and references listed on the application.

I hereby allow XXX to perform a check of my background, including: Criminal Record Driving Record

Personal References Past Employment History

Other Volunteer Experiences Education Records

As appropriate for the volunteer jobs in which I have expressed an interest. I understand that I do not have to agree to this background check, but that refusal to do so will exclude me from consideration for some types of volunteer work.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information as they deem appropriate.

Name (printed) \_

(First) (Middle) (Last)

Social Security #

Birth Date\_

Current Address City ST

Zip Phone #

Signed\_ Date

### CONFIDENTIALITY AGREEMENT

**Approved by the board on xxx**

Once accepted as a volunteer with the xxx Program, I, the undersigned, understand that all individuals participating in and serving as a volunteer are required to maintain confidentiality regarding all senior care receiver information, whether that information is personal or medical in nature.

I further understand and agree to protect the confidentiality of all senior care receiver information, verbal, written or electronic I may receive about a senior care receiver or their family members.

I will not copy any information from a file, disseminate or disclose any information without the express written permission of the executive director. I will not repeat or divulge any information that would be contrary to this purpose.

Signature:

DATE:

# Volunteer

**Hold Harmless Agreement**

The undersigned volunteer agrees to indemnify, save harmless, and defend Xxxof McHenry County, its agents, servants, and employees, and each of them against and hold it and them harmless from any and all lawsuits, claims, demands, liabilities, losses and expenses, including court costs and attorney’s fees, for or on account of any injury to any person, or any death at any time resulting from such injury, to any person, or any damage to property, which may arise or which may be alleged to have arisen out of or in connection with the scope of service covered while volunteering with Faith in Action. The foregoing indemnity shall apply except if such injury, death or damage is caused directly by the willful and wanton conduct of the Xxxof McHenry County program, its agents, servants, or employees or any other person indemnified hereunder.

### Volunteer Name:

**Volunteer Signature:**

**Signature of Parent or Legal Guardian if Volunteer is under 18 years of age:**

**Date:**

**Witness:**

**Date:**

**Conflict of Interest Policy**

Adopted by the board as revised

### Definitions:

*Conflict of interest* includes but is not limited to a tangible interest, intangible interest or

proprietary interest in any direct, indirect or third party dealing with xxx use of personnel, property, equipment, supplies or good will for any other activity unrelated to XXX business, receipt of personal gifts of value, loans, discounts, services or prizes.

*Immediate family* includes but is not limited to spouse, domestic partner, fiancée, child, spouse of a child, parent, spouse of a parent, sibling, spouse of a sibling, grandchild, spouse of a grandchild, grandparent, spouse of a grandparent, or any other person with whom a close personal relationship is intact.

*Party, group or other organization* includes but is not limited to political, business, recreational, social, fraternal or religious.

### Policy:

A conflict of interest arises when a situation makes it difficult for a person to fulfill his/her duties

due to competing professional, business, political, recreational, social, fraternal, religious, personal or financial obligations. No xxx board member, director, staff member or volunteer shall derive any personal profit or gain, whether directly or indirectly, by reason of his/her participation in xxx. If any of the situations defined above—conflict of interest, issue involving an immediate family member or competing party, group or other organization— directly or indirectly involves or potentially could involve a conflict of interest, the matter should be disclosed, within seven (7) business days, to the xxx board or executive director.

The mere appearance of a conflict of interest may be as serious and potentially damaging as an actual conflict of interest itself. Reports of conflicts of interest based on appearances can undermine public trust in ways that may not be adequately restored even if/when mitigating facts are brought to light. Apparent conflicts, therefore, should be disclosed and evaluated with the same level of scrutiny as actual conflicts of interest.

No board member, director, staff member or volunteer may participate in any decision making process when said person or members of his/her immediate family, or any party, group or organization to which said person has any allegiance, may have an interest that may be seen as competing with the interests or concerns of xxx. Furthermore, no board member, staff member or volunteer may have direct or indirect financial interest in the assets, leases, business transactions or professional services of xxx.

Board members, directors, staff members and volunteers must weigh carefully all circumstances in which there exists the possibility of accusations of competing interests. Board members, staff members and volunteers shall disclose to the board any possible conflict of interest and any and

all relevant information pertaining to the possible conflict and may not participate in any decision making process related to the matter in which there may be a conflict of interest. Furthermore, board members, staff members and volunteers shall excuse themselves from the room when there is any deliberation and decision on the matter of interest.

The minutes of the board and/or committee meetings shall reflect that the conflict of interest was disclosed and that the interested person was not present during the deliberation and the final decision on the matter of interest.

In the event of possible conflict of interest in a decision making process concerning staff, the executive director shall report to the board, in writing, that the conflict of interest was disclosed and that the interested person was not in the room and did not participate in the final deliberation and decision on the matter of interest.

In the event of possible conflict of interest involving the executive director, any member of the xxx board of directors shall report to the entire board, in writing, that the conflict of interest was disclosed and the executive director was not in the room and did not participate in the final deliberation and the final decision on the matter of interest.

In the event of a possible conflict of interest involving a member of the xxx board of directors, any other member of the board shall report to the board, in writing, that the conflict of interest was disclosed and the board member was not in the room and did not participate in the final deliberation and decision on the matter of interest.

If a person involved with the conflict knowingly fails to disclose the conflict prior to becoming involved in the transaction or decision affected by the conflict, the board shall determine the whether discipline and/or dismissal is warranted.

Notwithstanding the above, the xxx board of directors may waive the foregoing restrictions and allow a board member, director, staff member or volunteer with a conflict of interest to join in such portion of the discussion on the matter of interest as the board deems appropriate.

When there is doubt as to whether a conflict of interest exists, the matter shall be resolved by a majority vote of the entire board of directors, excluding the person(s) who may have the possible conflict.

The policy shall be reviewed at the first meeting of duly elected board members and annually with the executive director, all staff members and volunteers. Each new board member, staff member and volunteer shall be supplied with the Conflict of Interest Policy at the initiation of their involvement with xxx. A copy of this policy shall be supplied to each board officer, board member, director, staff member and volunteer.

This Conflict of Interest Policy dated and adopted xxx, and amended/revised xxx, replaces all previous written or unwritten Conflict of Interest Policies.

### CERTIFICATION

Conflict of Interest

I , a board officer or member, director, staff member or volunteer of xxx, declare that I have read this full disclosure and conflict of interest statement and understand and agree to abide by all of the requirements set forth therein.

Check applicable box: / / I have no known past, present, or future conflicts of interest

that must be disclosed.

/ / I wish to disclose the following matter(s) that may be conflicts of interest:

Printed Name:

Signature:

Date:

### CODE OF ETHICS POLICY

Approved by the board as revised on xxx

Adoption:

This Code of Ethics Policy, adopted by the xxx of Directors, provides volunteers, staff and board members with guidelines for professional behavior and ethical conduct.

Objective:

xxx is committed to operating in an honest, fair, professional, and humane manner. We are an inclusive organization which seeks to reflect the diversity of our county.

Definitions:

xxx, in the context of this document, shall refer to any board of director’s officer, board of director’s member, executive director, employee, staff member, intern and/or volunteer.

Code:

1. xxx shall avoid having any conflict of interest. Where such conflict of interest occurs, becomes known, or is suspected, the individual in question shall reveal the conflict and recuse themselves from any and all action or activities related to that conflict.
2. xxx shall not have any financial interest in the organization beyond normal pay and allowable reimbursable expenses.
3. The board of directors shall select, supervise, evaluate the performance of and, if necessary, release the executive director. The executive director shall select, supervise, evaluate the performance of and, if necessary, release any other employee, staff member or intern of the organization as outlined by the job description for the executive director. The Chairman of the board or his/her designee shall be the primary contact to the board of directors.
4. xxx shall provide a financial audit or 990 to granting agencies, governmental entities, or any other party, group or organization as determined by law, statute, code or as directed by the board of directors.
5. xxx shall keep any and all information regarding care receivers and their families confidential, only sharing such information with appropriate persons.
6. xxx shall treat all individuals with respect, dignity and courtesy.
7. xxx shall use authority appropriately, shall avoid the appearance of impropriety, and shall not use the program to promote any personal or financial gain.
8. xxx shall abide by a written non-discrimination policy and uphold the organization’s position as an equal opportunity employer which operates in compliance with federal, state and local laws and regulations prohibiting discrimination in employment.
9. When providing information or services via electronic media (computer, email, cellular telephone, radio, fax, answering machines, or other electronic or computer related technology) xxx shall inform the recipients of the limitations and risks associated with such media.
10. xxx should not engage in dual or multiple relationships with clients or former clients in which there are risks of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, xxx should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries.(Dual or multiple relationships occur when xxx relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively).
11. Employee, volunteer and care receiver (client) records should be transferred or disposed of in a manner that protects confidentiality and is consistent with state statutes governing record keeping and disposal.
12. xxx should under no circumstances engage in sexual activities or sexual contact with current clients, previous clients, client relatives, or other individuals with whom the clients maintain a close personal relationship whether such contact is consensual or forced. xxx board members should under no circumstances engage in sexual activities or sexual contact with staff members and volunteers, whether such contact is consensual or forced. xxx should under no circumstances engage in sexual activities or sexual contact with persons who they supervise, trainees or colleagues over whom they exercise any professional authority.
13. xxx should avoid any appearance of, suggestion of and shall not sexually harass any other xxx personnel or clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature. Sexual harassment is any advance, solicitation, request for favor, verbal or physical conduct that creates a feeling of uneasiness in another person.
14. xxx should not use derogatory language in their written or verbal communications to or about any xxx client.
15. xxx should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of xxx.
16. Any xx employee, staff member, board member or volunteer who speaks on behalf of xxx accurately represents the official and authorized positions of the organization.
17. No xxx employee, staff member, board member or volunteer should allow their own personal problems, psycho social distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.
18. Xxx shall not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.
19. xxx employees, staff members, board members and volunteers should advocate within and outside their agencies for adequate resources to meet clients' needs and should advocate for resource allocation procedures that are both open and fair.

Board Chairman Executive Director

xxx xxx

### x x

DATE DATE

**FORMAL GRIEVANCE POLICY**

Approved by the board on xxx

The xxx Executive Committee shall be chaired by the board Chairperson and shall include the Vice-Chairperson, the Treasurer and the Recording Secretary. The board Chairperson shall have discretion to appoint any other voting board member to the committee.

1. **Responsibilities of the Executive Committee shall include:**
   1. Participation in the hiring of the xxx director through its Chairperson or his/her designee;
   2. The hearing of grievance issues by or against the XXX director, employees and/or volunteers;
   3. The review of written and verbal recommendations received from the XXX director concerning the separation from service of all employees; and
   4. The review of any differences that may arise between any voting or non-voting members of the XXX board of directors.
2. **Definitions**
   1. A "grievance" shall be defined as any complaint or objection by the grievant involving the XXX program.
   2. A "grievant" subject to the provisions of this policy may be one or more of the following:
      1. a XXX volunteer;
      2. XXX staff;
      3. the XXX executive director; and
      4. any voting or non-voting member of the board.
   3. A grievance filed by a grievant under this policy (whether by a volunteer, staff member, the executive director or board member), must be processed through the steps set forth below. A grievance that is processed by a grievant in conflict with the steps set forth in this policy shall receive no further consideration.
3. **Grievance Procedure for XXX Volunteer Grievants**

The following is a protocol for addressing grievances by volunteers:

Grievances by XXX volunteers shall first be presented to the volunteer coordinator, either in written or verbal form. If the grievant remains dissatisfied after discussion with the volunteer coordinator and the grievant wishes to further pursue that grievance, the grievance should be presented in writing, to the executive director. If, after review by the director, the grievant remains dissatisfied and the grievant wishes to further pursue that grievance, the grievance should be brought before the XXX Executive Committee in the form of a written appeal. The decision of the Executive Committee shall be final.

1. **Grievance Procedure for Employed/Paid Director and Staff**

The following is the protocol for addressing grievances by the XXX director or other employed/paid staff:

* 1. Grievances by the director or other employed/paid staff involving volunteers, the board and/or its policies or decisions (which do not otherwise affect the employee's wages, benefits and other terms and conditions of employment) should be directed as follows:

If a grievance is made by the director, it shall first be presented, either in written or verbal form, to the Executive Committee. If, after review by the Executive Committee, the grievant remains dissatisfied and the grievant wishes to further pursue that grievance, the grievance should be further appealed, by the director, in writing, to the full XXX board of directors. By majority vote, the decision of the board of directors shall be final.

If a grievance is made by other employed/paid staff (other than the director), it shall first be presented, in written or verbal form, to the operations coordinator. If, after review by the operations coordinator, the grievant remains dissatisfied and the grievant wishes to further pursue that grievance, the grievance should be presented, in writing, to the executive director. If, after review by the director, the grievant remains dissatisfied and the grievant wishes to further pursue that grievance, the grievance should be appealed, in writing, to the Executive Committee. If the grievant remains dissatisfied and the grievant wishes to further pursue that grievance, the grievance should be further appealed, in writing, to the full XXX board of directors. By majority vote, the decision of the board of directors shall be final.

* 1. Grievances by the XXX director or other employed/paid staff involving wages, benefits and other terms and conditions of employment should be directed as follows:

If by the director, the grievance shall first be submitted, in writing, to the Chair of the Executive Committee. If the grievant remains dissatisfied and the grievant wishes to further pursue that grievance, the grievance should be appealed, in writing, to the full XXX board of directors. By majority vote, the decision of the board of directors shall be final.

If by other employed/paid staff, the grievance shall first be submitted pursuant to the provisions of any applicable agreements and policies (including collective bargaining agreements applicable to the employment relationship) and such grievances by staff shall be first presented to the director, either in written or verbal form, as supervisor of that staff. If the grievant is dissatisfied with the director's response and the grievant wishes to further pursue that grievance, the grievance should be further appealed, in writing, to the Executive Committee by the director. The Executive Committee shall then make a written recommendation to the full XXX board of directors. The decision of the board of directors shall be final.

1. **Grievance Procedure for Board Members**

The following is the protocol for addressing grievances by all XXX board members:

If a grievance is made by any board member, it shall first be presented, either in written or verbal form, to the board Chairperson. If, after review by the board Chairperson, the grievant remains dissatisfied and the grievant wishes to further pursue that grievance, the grievance should be further appealed, by the grievant, in writing, to the Executive Committee. If the grievant remains dissatisfied and the grievant wishes to further pursue that grievance, the grievance should be appealed, in writing, to the full XXX board of directors. By majority vote, the decision of the board of directors shall be final.

I, the undersigned, agree that I have received and read a copy of the XXX grievance policy and that I understand its limitations and contents. I further agree to be bound to all conditions and procedures set forth herein.

Signature Date

## Acknowledgment of

**Volunteer Orientation**

Volunteer orientation is intended to help you become acquainted with *xxx*. The orientation will serve as a guide; it is not the final word in all cases. It will illustrate our Mission, Vision and expectations of approved volunteers.

Please read the following statements and sign below to indicate your acknowledgment and participation of the *Xxx* volunteer orientation.

* I understand that the policies, rules and benefits described are subject to change at the sole discretion of *Xxx* at any time.
* I further understand that my volunteering is terminable at will, either by *xxx*, or myself regardless of the length of my volunteering.
* I am aware that during the course of my volunteering, confidential information may be made available to me. I understand that confidential information must not be released within or outside *Xxx* premises.
* I understand that my signature below indicates I have been oriented to and fully understand the policies and procedures of Xxx and I agree to abide by such.

Volunteer’s Signature

*Xxx*Witness

Date