

# Athelas Institute, Inc.

## Volunteer's Agreement

*As a Volunteer, I agree to the following standards and performance:*

- I will be punctual and present.
- For all planned absences, I will notify the Supervisor or the Volunteer Coordinator if advance and in case of an emergency, I will contact the Supervisor as soon as possible.
- I will maintain daily time and attendance records by signing the Volunteer Attendance Register.
- I will follow the instructions of my assigned Supervisor and will accept direction and supervision from the Athelas Institute, Inc. Staff.

In all instances of Individual contact, I will observe the normalization principle:

- I shall treat each Individual with respect and dignity.
- I will perform all duties in a way that will provide a consistent model of behavior in order to foster a calm and safe environment for the Individuals.
- I will endeavor to create the least restrictive environment possible.
- I will encourage each Individual to act independently.
- I understand that failure to observe the normalization principle and abuse of any kind (psychological, physical, sexual or verbal) as well as behavior and attitudes that are offensive to the self-esteem of the Individuals are justification for immediate dismissal.
- I understand that relatives and friends of Staff, Volunteers and/or Individuals will not be placed in the same programs, as this additional association has not always proven to be beneficial to either the Individual or the Volunteer.
- I understand that Individual's records, programs, behavior, conversations and all other personal information are regarded as confidential, and I will not refer to them outside of Athelas Institute, Inc.
- I will be attired in clean, neat work clothing and will meet all OSHA dress standards. Whenever working in an office, I will wear appropriate office attire suitable for meeting the business community. While working with Individuals, I will keep my fingernails cut and groomed to avoid inadvertently scratching.
- I will only smoke in designated smoking areas.
- I will provide my own transportation to and from Athelas Institute, Inc. work sites.
- I will not use, or sell, or dispense illegal drugs, narcotics, or alcohol on Athelas Institute, Inc.'s premises. (This includes all illegal drugs, which impair my ability to perform my jobs).
- I understand that if I bring unprescribed drugs, narcotics, or alcohol on the premises, I shall be dismissed immediately.
- I will adhere to the policies and procedures of Athelas Institute, Inc.
- I understand that Athelas Institute, Inc. can terminate this Volunteer Agreement at any time.
- I have received the Volunteer Handbook, and I will follow the guidelines and policies outlined within accordance with Athelas Institute, Inc.

I understand the following procedures:

Fire Drills (I have been informed and I will follow the fire drill procedures)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# Athelas Institute, Inc.

## Consent Form

I authorize investigation of all statements herein and release Athelas Institute, Inc. and all others from liability in connection with same. I understand that untrue, misleading or omitted information herein may result in dismissal, regardless of the time of discovery by Athelas Institute, Inc.

I agree to read the Athelas Institute, Inc. Volunteer Handbook and abide by the policies therein. This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Athelas Institute, Inc. has my permission, (both during and anytime after), to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Athelas Institute, Inc. and/or applying for funds to support these purposes and activities.

If, during my participation in Athelas Institute, Inc. activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize Athelas Institute, Inc. to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

### I understand that:

The information I have provided may be verified and I give my permission to Athelas Institute, Inc. to make inquiry of others including but not limited to a criminal background check, motor vehicle record, and any other information, concerning my suitability to act as an Athelas Institute, Inc. Volunteer; I authorize and request others to make available to any duly authorized representative of Athelas Institute, Inc. any information relevant to my position as a Volunteer. I hereby waive any right I may have with regard to the release of this information to Athelas Institute, Inc.

In the course of volunteering for Athelas Institute, Inc., I may be dealing with confidential information and agree to keep said information in the strictest of confidence.

The relationship between Athelas Institute, Inc. and Volunteers is an "at will" arrangement, and may be terminated at any time without cause by either the Volunteer or Athelas Institute, Inc.

I am responsible for informing Athelas Institute, Inc. of all changes regarding information contained in this application.

I am responsible for following and abiding by the Volunteer Code of Conduct as outlined in the Athelas Institute, Inc. Volunteer Handbook

I affirm that I have read and understand this application and that the information given is true and complete. I understand that in the event false information is provided, I may be terminated from my volunteer position.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_