



# ARTS Volunteer Guide: Policies & Procedures

The information contained in the ARTS Policies and Procedures addresses many but not all of the aspects of volunteerism with ARTS and is intended for your guidance.

## Attendance/Communication

The ARTS Center is required to record all daily attendance and participation and compile monthly reports. Time log sheets will be assigned to volunteers working at the ARTS Center to keep count on the amount of hours served. All Volunteers are required to fill out time sheets. Although not compensated, volunteer time is a valuable resource for the ARTS Center. See volunteer time log folder at the front desk and look for your name in a tab.

In case of illness or emergency, volunteers are asked to contact their site supervisor and the Lead Teaching Artist they are assisting if unable to attend a workshop. 24 hour-notice or more is requested so that arrangements can be made to cover the workshop.

## Smoking

There is no smoking inside the ARTS Center. By law, smoking cannot be done within 20 feet of any public building.

## Requirements

All agreements must be signed and returned to Volunteer Coordinator prior to working with youth along with any additional forms received upon hiring/training. Background checks and TB tests must also be completed and filed with Volunteer Coordinator prior to working with youth at the ARTS Center or any location where ARTS activities are provided.

## Orientation & Trainings

**Training:** All new volunteers are required to participate in a two hour training before or shortly after beginning work at the ARTS Center.

ARTS offers periodic training throughout the year on a variety of topics at no charge to volunteers of ARTS. These may include lectures, demonstrations, hands-on learning, etc. The Volunteer Coordinator will provide resources throughout the quarter such as articles and short-videos.

**Volunteer File:** ARTS respects the rights and dignity of each individual and protecting and enhancing the individual's right to privacy. ARTS will request and retain only information required for business and legal purposes. Confidentiality of all volunteer information retained in ARTS records and files will be protected at all times. Each volunteer has the right of reasonable and timely access to personal information of his/her records.

## Transportation & Safety

**Transportation Policy:** ARTS employees & Volunteers may not transport youth in personal vehicles or other undesignated vehicles.

**Safety:** A complete first aid kit is kept inside the Program Office at the ARTS Center and filled with basic first aid supplies. Emergency procedures and phone numbers are clearly posted at the ARTS Center.

All accidents pertaining to students must be reported to the Program staff immediately and an accident report form should be filled out and kept on record. 911 should be called immediately in case of serious illness or injury.

**During programming no youth may leave the ARTS Center premises unaccompanied without written consent by a parent or guardian.**

If requested, youth under the age of 12 must be accompanied to the bathroom by at least one other member of the same sex.

Every volunteer will receive an ID badge to identify who they are. It should be worn at all times while at the ARTS Center.

Every effort must be made to ensure the ARTS Center is kept in the safest and most secure condition possible for the youth we serve. Any hazards should be reported and dealt with accordingly.

**Protective Equipment:** All volunteers and participants must wear protective equipment when working in areas that require protective equipment.

- Work according to good safety practices
- Refrain from any unsafe act that might endanger yourself or others
- Use all safety devices provided
- Report any unsafe situation or act to supervisor
- Assume your share of the responsibility for thoughtless or deliberate acts causing injury to self or others.
- Receive training by an ARTS staff member as appropriate

Electrical equipment should be turned off when not in use.

Please make sure youth do not attempt any act which might potentially cause injury.

### **ARTS Center Facility**

**Maintenance/Cleanliness:** It is the responsibility of ARTS to maintain the cleanliness of each department space. It is the responsibility of staff and volunteers to keep their areas neat and orderly. Please clean up after yourself in the common workroom area.

### **Programs**

**Youth Enrollment:** Enrollment is open to youth between the ages of 11-22, enrollment is free of charge, unless otherwise specified. Programming will be broken into semester – Spring, Summer and Fall. Enrollment will be made available at least one month prior to each semester.

**Pick-up/Drop off Procedure:** Each student at ARTS signs in at the front desk and waits for the Teaching Artist to pick them up. After dismissal, each student will be accompanied by the Teaching Artist/Assistant Teaching Artist to ARTS hallway/atrium.

**Discipline Policy:** It is strictly against ARTS policy to resort to any physical punishment when dealing with youth and would constitute grounds for termination. Discipline at the Center should hit a happy medium between strict classroom atmosphere and the informality of the playground. A Discipline Policy will be administered by a designated ARTS staff member, not by volunteers. Volunteers are to report any discipline issue to the designated staff.

**Program Supervision:** Each volunteer artist is responsible for the personal supervision of their activity area. Program areas should be supervised by an artist/staff member and an adult volunteer. Staff to child ratio should be 1/10.

## **Volunteer Agreement and Release from Liability**

1. **Voluntary Participation.** I acknowledge that I have voluntarily applied to provide service to A Reason to Survive (ARTS). I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by A Reason to Survive (ARTS), and that I will not be eligible for any Workers Compensation benefits. I further agree that either ARTS, any of its affiliated organizations, or I may terminate my participation at any time.
2. **Assumption of Risk.** I am aware that, in participating in volunteering my services, I may be exposed to personal injury or damage to my property as a result of my activities, the activities of other volunteers

or the conditions under which my volunteer services are performed. With knowledge of these dangers, I agree to accept any and all risks of injury, damage, or death.

3. **Release.** In consideration of the opportunity afforded me to assist my services, I hereby agree that I, my assignees, heirs, guardians and legal representatives will not make a claim against ARTS or either of their officers or directors, or the supplier of any materials or equipment that is used, or any of the volunteer workers, for injury, damage or death resulting from the negligent acts or omissions of any person or entity, however caused, arising from me volunteering for ARTS. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection with my volunteer work: provided, however, that the loss or damage was not caused by an act or omission that was reckless, wanton, intentional, or grossly negligent.
4. **Photo/Video Release.** I further consent to the unrestricted use by ARTS and/or any person authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual or auditory recording of me in connection with volunteering. I understand that my image may be edited, copied, exhibited, published or distributed by ARTS, or any of its affiliated organizations, and I waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be electronically displayed via the Internet or in a public educational setting. There is no time limit on the validity of this release nor is there any geographic limitations of where these materials may be distributed.
5. **Knowing and Voluntary Execution.** I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and A Reason to Survive (ARTS), and sign it of my own free will. By signing this agreement I certify that all information contained herein is true and accurate.

## CONFIDENTIALITY ACKNOWLEDGEMENT & AGREEMENT FORM

During the course of your volunteering, you may have access to information which is confidential and may not be disclosed except as permitted or required by law and in accordance with ARTS policies and procedures. In order to properly care for the children and engage in successful business planning, certain information must remain confidential. Confidential information includes, but is not limited to:

1. Medical and certain other personal information about children.
  2. Medical and certain other personal information about employees.
  3. Medical records and committee proceedings.
  4. Reports, policies, procedures, marketing or financial information, and other information related to the business of services of ARTS and its affiliates which has not previously been released to the public at large by a duly authorized representative.
- 
1. As a volunteer, I will only access information for which I have a legitimate business purpose.
  2. Medical information is confidential and access is restricted to legitimate medical need to know for care of a particular patient.
  3. As a volunteer, I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner which is inconsistent with applicable policies and procedures of ARTS.
  4. As a volunteer, my access and use of any information system is subject to routine, random, and undisclosed surveillance by the site.
  5. Failure to comply with confidentiality obligation may result in disciplinary action or termination of my volunteering affiliation and its affiliates, or corrective action in conformance with current staff bylaws, rules and regulations.

6. Impermissible disclosure of confidential information about a person may result in legal action being taken against me by or on behalf of that person.

## Volunteer Agreement

**Child Abuse Reporting:** Section 11166 of the Penal Code requires any child care custodian, medical practitioner, non-medical practitioner, employee, or volunteer of a child protective agency who has knowledge of or observes a child in his or her professional capacity, or within the scope of his or her volunteer work, who he or she knows or reasonably suspects has been the victim of child abuse, to report the known or suspected instance of child abuse to a child protective agency immediately-or as soon as possible-by telephone, and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Child care custodian includes teachers, administrative officers, supervisors of welfare and attendance, or certified public personnel employees/volunteer of any public school, administrators of a public or private day camp, licensed day care workers, administrators of a community care facility licensed to care for children Head Start teachers, licensing workers or licensing evaluators, public assistance workers, and employees/volunteers of a child care institution including, but not limited to: foster parents, group home personnel, residential care facility personnel, and social workers or probation officers.

I hereby acknowledge that I understand my obligations as a mandated reporter of suspected child abuse and agree to fulfill my responsibilities as described above. \_\_\_\_\_ (initials)

The undersigned acknowledges and agrees that:

- ARTS is not obligated to assign volunteers to work with youth participating in ARTS programs;
- I will not contact any of the youth participants in ARTS programs outside of the ARTS program session(s) and without prior knowledge by A Reason To Survive (ARTS), and I will not give personal information (address, social media, phone etc.) to any of the youth participants in the ARTS programs;
- I will complete all screening procedures and training as deemed necessary by ARTS, site staff and any authorized staff;
- That if I am assigned to a site or working with children he/she will accurately complete evaluations and submit them by the end of each month.
- I give ARTS permission to conduct a background check/live scan at the discretion of the ARTS staff.
- In case of illness or emergency, volunteers are asked to contact the program manager or volunteer coordinator if unable to attend a scheduled class. 24 hour notice is requested. Failure to notify is cause of termination of volunteerism.

I affirm that the following statements are, to the best of my knowledge, true and complete:

- I understand and authorize my application and interview responses will be shared with any and all facilities with which I choose to volunteer through ARTS.
- I understand that I will be fingerprinted, have a background check, submit to a TB test, drug and/or alcohol test and other health screenings deemed necessary by any facility with which I choose to volunteer and at the ARTS Center when working with youth. I agree to incur all costs related to such screenings measures if necessary.
- I understand that although the organization respects the confidentiality of client and volunteers records, ARTS retains the right to disclose information received when, in the organization's opinion, such disclosure would be in the best interest of a youth.
- I understand that while active as a volunteer in any ARTS program, I am obligated to report if there are any changes in my arrest record.

- I understand that ARTS uses photos of volunteers in a variety of activities for recruiting and promotional reasons. I am willing to support these efforts. ARTS has my permission to use my name and my likeness (photos, images, etc.) to promote the agency.

As a condition of doing volunteer work with the staff or persons receiving services from ARTS,

I \_\_\_\_\_ agree not to divulge any information obtained in the course of such work to unauthorized persons, not to publish or otherwise make public any information regarding persons involved with ARTS at any capacity. I understand that making any information public is not permitted at any time. I recognize that unauthorized release of confidential information may make me subject to civil action.

I also agree to abide by all of the policies and procedures of ARTS and that my volunteer status can be revoked at any time at the sole discretion of ARTS staff or Board of Directors.

I also agree to hold harmless ARTS, the board of directors, and staff in the event of an accident or injury which results from volunteer work at ARTS.

\_\_\_\_\_  
Signature Date

I am 18 years of age

I am under 18 years (please complete parent signature)

**PARENTAL CONSENT**

**This section must also be completed and signed by parent/guardian, if volunteer is under eighteen (18) years of age.**

I hereby consent that my son/daughter, may participate as a volunteer and I hereby execute the enclosed "Volunteer's Agreement and Release of Liability" on his/her behalf. I certify that my child is physically able to participate as a volunteer and has not been advised otherwise by a qualified medical person. I hereby agree to indemnify and hold harmless the persons and entities mentioned above from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that my son/daughter may sustain while participating as a volunteer.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND A Reason to Survive (ARTS), AND I SIGN IT OF MY FREE WILL. I FURTHER UNDERSTAND THAT NO MEDICAL INSURANCE OR WORKER'S COMPENSATION INSURANCE IS PROVIDED.

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Print Name Date*