personto person

# VOLUNTEER REGISTRATION

Name: _____ Date: _____/_____/_____

Email: _____ Primary Phone: _____

Birthdate: ____/____/_____ Language(s) spoken: _____Circle One: Male/Female/Non-Binary

Address: _____ Town: _____ Zip: _____

Emergency Contact: _____ Phone: _____

How did you find out about P2P? _____

Have you ever been charged or convicted of a felony? YES NO

**PLEASE COMPLETE IF COMMUNITY SERVICE HOURS ARE REQUIRED:**

Why are community service hours required?
*Court mandated:* _____ *Housing:* _____ *School:* _____

Will you need a letter reporting community service? _____

If so, when do you need it by? _____ # Hours needed: _____

**FOR MIDDLE & HIGH SCHOOL STUDENTS:**

School: _____ HS Graduation Year: _____

***If the Volunteer is UNDER THE AGE OF 18, complete the following; the parent or guardian must sign.***

Signature of Parent/Guardian: _____ Date: ____/____/_____

(1) Parent/Guardian Name: _____ Phone: _____

(2) Parent/Guardian Name: _____ Phone: _____

***I certify that the information provided is true and correct.***

Signature: _____

For Office Use

- ☐ S4V Area_____
- ☐ VR Shift_____
- ☐ Out Day _____
- ☐ DP

# Person To Person
# Volunteer Policy

The Mission Statement for Person to Person identifies the organization as a volunteer-driven, community-based agency that remains flexible, non-bureaucratic and reliant on volunteers. As such, Person to Person recognizes the importance of its volunteers and offers diverse opportunities for a rewarding volunteer experience in an environment of appreciation and respect.

Individuals are enthusiastically welcomed as volunteers at Person to Person with the following expectations:

1. All Volunteers are welcome and P2P does not discriminate.

2. Volunteers should support our Mission and must demonstrate respect for clients, employees, visitors and other volunteers.

3. All Volunteers must respect our clients' confidentiality.

4. Volunteers will meet with the Volunteer Director to determine the best fit for the individual's interests, skills and talents within the organization.

5. Volunteers will receive training for their area of responsibility and must become familiar with Person to Person's policies and procedures.

6. Volunteers should contact the Volunteer Director with any concerns.

7. If an emergency occurs while volunteering off the Person to Person premises, the volunteer should call "911" and then contact Person to Person.

8. Clients may not volunteer; children of clients may volunteer.

9. Volunteers who are fulfilling a court mandated community service requirement may volunteer at P2P if they have NOT committed a violent crime, a sexual offense or theft.

10. In Norwalk; volunteers who are fulfilling a court mandated community service requirement may not deliver furniture.

11. Volunteers may not solicit while volunteering at Person to Person.

12. Donations are made to Person to Person with the intention and belief that they will be distributed to clients. Donations are not to be taken by volunteers. This includes all goods in the Clothing Center and Food Pantry. Initial _____.

I have read the Person to Person's Volunteer Policy, and I agree to always abide by this policy during my association with Person to Person.

Name: _____Signature: _____ Date: _____

**Person to Person**
**Confidentiality Policy & Agreement**

1. **Employees, volunteers, interns, consultants and board members** of Person to Person will have access to information of a confidential nature. This includes, but is not limited to, information concerning volunteers, clients, other employees, and their families, their financial situation, medical history and condition and many other sensitive issues pertaining to the operations of Person to Person such as personnel issues, financial/fundraising matters and internal memos, discussions and records, including financial records of this agency and donors, and donor contribution records.

2. **Employees, volunteers, interns, consultants, and board members may not use or disclose the confidential information of clients, donors, employees and volunteers** to any person other than persons who have a legitimate need for such information and to whom the clients, donors, staff and volunteers have authorized disclosure.

3. **Discussion of confidential client information is only permitted with the written permission of the client**, with the exception of discussion among Person to Person staff members for purposes of supervision and/or case management.

4. **Orientation and training of employees, volunteers, interns, consultants, and board members will include emphasis on the confidentiality policy** and its related office procedures. This also includes Scholarship and Campership volunteers.

5. **Confidential information in the possession of employees, volunteers, interns, consultants and board members must be returned to Person to Person** at the conclusion of the individual's association with Person to Person.

6. **All employees, volunteers, interns, consultants and board members having access to any financial records or other information of a personal nature must acknowledge this responsibility by signing the Confidentiality Agreement**.

**Background**

Out of respect for our clients and the privacy of all individuals associated with Person to Person, employees, volunteers, interns, consultants and board members of Person to Person are expected to adhere to the Confidentiality Policy at all times. In accordance with the Person to Person Confidentiality Policy, all volunteers having access to any financial records or other information of a personal nature must acknowledge this responsibility by signing this Confidentiality Agreement.

**Agreement**

As an employee, volunteer, intern, consultant or board member, I understand that I may not use or disclose the confidential information of clients, donors, employees or volunteers to any person other than persons who have a legitimate need for such information and to whom the clients, donors, employees and volunteers have authorized disclosure.

I may not discuss, use or disclose any confidential client information without the express written permission of the client, except among Person to Person staff for purposes of supervision and/or case management.

I understand that whether I am privy to this confidential information by virtue of my job duties/volunteer service, or whether I overhear such information, it remains confidential, and therefore should not be shared with anyone, without specific authorization.

At the conclusion of a program assignment or my association with Person to Person, I will return any confidential information which is in my possession to Person to Person.

I have read Person to Person's Confidentiality Policy stated above, and I agree to abide by this policy at all times.

I understand that violation of this confidentiality agreement will subject me to discipline, which might include, but is not limited to, termination of employment/removal from volunteer service or Board membership.

Full Name (printed): _____

Signature: _____ Date: _____

**Person to Person**
**Photography Release Form**

I _____ hereby give Person to Person absolute right and permission to copyright, publish, reproduce, use and reuse in any medium, photographic portraits or pictures in color or otherwise in which I may appear.

Person to Person is hereby granted the right to reproduce the image for the purposes of promotion, education, fundraising, or any other purpose that furthers the mission of Person to Person. These rights are freely granted without compensation or restrictions on use in perpetuity.

I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to save harmless Person to Person, its legal representatives, and all persons acting under Person to Person's permission or authority from any liability, costs and attorney fees including but not limited to claims for invasion of privacy, libel, or slander.

I certify and state further that I have read the above authorization, release, and agreement and that I am fully familiar with the contents thereof.

Dated _____

Signature _____

Printed name _____

***If the Volunteer is under the age of 18:***

I am the parent or legal guardian of the Volunteer whose name appears above. I have read, understand and agree to the terms of the Photography Release Form.

Signature of Parent/Guardian:

_____ Date: _____

## Volunteer Activities and Responsibilities

1. Volunteers may be asked to help with many different types of activities, including but not limited to: events; working in the P2P offices and facilities; driving or traveling to other locations; loading, unloading, carrying, packing, and transporting bags and boxes of donated goods and other items; cleaning; working and interacting with staff members, P2P clients, other volunteers, and members of the public ("Volunteer Activities").

2. By offering to volunteer with P2P, Volunteer acknowledges that she/he is both physically and mentally able to engage in Volunteer Activities. **If there is any Volunteer Activity in which Volunteer feels that she/he cannot participate, Volunteer should immediately inform a P2P staff member.**

3. Volunteer agrees that she/he will perform Volunteer Activities in a careful and prudent manner and will avoid any careless and reckless behavior.

4. During the course of volunteering with P2P, Volunteer may come in contact with confidential information about P2P, its staff, its donors, its other volunteers, and its clients. Both during and after Volunteer's service with P2P, Volunteer agrees to keep confidential all such information, including keeping confidential the identity of P2P's clients.

5. Volunteer understands and agrees that there may be some risks in performing Volunteer Activities and she/he knowingly and voluntarily assumes all risks associated with the volunteer activities she/he performs, including the risk of personal injury, illness, disability, property damage or loss, or death. To the extent permitted under law, Volunteer agrees to release, discharge and hold harmless P2P, its successors and assigns from any and all liability, claims or demands which may arise from the Volunteer Activities she/he performs.

6. Please note that P2P does not maintain health, medical or disability insurance coverage for its volunteers. Also, since Volunteer is not a P2P employee, Volunteer would not be covered by any workers' compensation insurance coverage for any injuries she/he may sustain while assisting P2P.

7. By volunteering, Volunteer grants P2P the unrestricted right to own, use and sell all photographic images and video or audio recordings made by or on behalf of P2P during her/his volunteer activities; and Volunteer agrees that P2P may use her/his name in connection with any activities associated with P2P's operations.

Please acknowledge your understanding and agreement with these terms, by signing and dating this form below.

Signature of Volunteer_____ Date: _____

***If the Volunteer is under the age of 18:***

I am the parent or legal guardian of the Volunteer whose name appears above. I have read, understand and agree to the terms of the Volunteer Agreement.

Signature of Parent/Guardian_____ Date:_____