

Volunteer Agreement Regarding Volunteer Requirements, Expectations and Responsibilities, and Agreement regarding Confidentiality and Waiver and Release of Claims

Minimum Requirements

In order to be engaged by Catholic Charities of the Diocese of Arlington (CCDA) for volunteer activities and service, Volunteers must be at least 18 years of age (or meet age minimum for specific volunteer role) and have no criminal record of sexual offenses convictions involving issues involving moral turpitude. An individual's criminal record will be reviewed individually and assessed against the requirements of the position and the nature of the volunteer activity.

Safety

Volunteers will be provided with a safe working environment and a productive and meaningful volunteer experience. CCDA requests that volunteers provide the agency with feedback as they engage in volunteer assignments and raise problems, suggestions or concerns to the attention of the Director of Volunteers at volunteer@ccda.net.

Responsibilities

1. Attendance. Regular scheduled attendance for your assignment is expected and required.
 - a. If you are unable to fulfill your scheduled volunteer commitment, please notify Volunteer Services at least 24 hours in advance.
 - b. Be punctual and conscientious. Do not commit time or resources beyond what you can reasonably deliver.
 - c. Sign in and out of each scheduled volunteer activity.
 - d. We do not recommend leaving valuable items either unattended or in your vehicle, or unattended. Please see CCDA staff at your volunteer activity/facility for the appropriate storage of valuables and personal items.
2. Performance. Performance expectations will be established by your site supervisor.
 - a. Dress in a manner that is modest and appropriate for the volunteer service activities for which you are engaged. Please refrain from wearing open-toe shoes, tank tops, midriff tops, shorts, and any clothing that is tight, low-cut, or has controversial imprints.
 - b. Seek the direction of the facility or site supervisor for specific assignments and the terms and conditions for completing those assignments.
 - c. Always conduct yourself in a moral, ethical, and mature manner, in accordance to Catholic social and moral teaching. Always treat others, ie. volunteers, employees and those we serve, with respect and in a manner that recognizes their individual dignity and worth.
 - d. Please Do Not Engage in the Following Activities:
 - i. Give or loan money to anyone we serve
 - ii. Give rides to anyone we serve
 - iii. Accept or give gifts to those we serve without a staff member's authorization
 - iv. Accept or give personal information to those we serve without a staff member's authorization
 - v. Make decisions for participants, guests or those we serve. Please refer them to a staff member
 - vi. Initiate extracurricular social contact with participants, guests or those we serve.
 - vii. Offer employment to a participant or those we serve without a staff member's authorization
 - viii. Give other volunteers any donations including food.
3. Confidentiality. Protecting the Dignity and Respect for Those We Serve.
 - a. As a volunteer for CCDA, I agree to maintain the highest ethical standards of confidentiality concerning the participants, guests, those we serve, staff and other persons associated with the programs of Catholic Charities of the Diocese of Arlington. I agree not to disclose confidential or personal information relating to those individuals and further agree that such confidential or personal information to which you become privy will not be used for any purpose other than that associated directly with your CCDA volunteer service. The only exceptions to the foregoing prohibition would relate to (i) the requirement that such confidential or personal information be disclosed where required by law or (ii) under circumstances where the failure to disclose such confidential or personal information would place participants, guests, those we serve, staff or any other person associated with Catholic Charities at serious risk of harm to themselves or others. Situations of the latter type should be

promptly reported to a staff member, preferably a supervisor. Please direct any questions to the Director of Volunteer Services.

Volunteer Risk Awareness and Agreement to Waive and Release Claims

As a CCDAs volunteer, I agree to offer my time and services on a strictly volunteer basis to Catholic Charities. I hereby acknowledge and agree that I understand that I am not and will not be an employee of Catholic Charities, nor will I be eligible for any compensation or benefits provided to CCDAs employees. As a volunteer, I recognize and acknowledge that I am not being compensated in any manner for services rendered. I further recognize and acknowledge that I will not be provided with any form of workers' compensation, unemployment compensation, medical or disability insurance coverage or coverage under any other employee insurance or benefit program. As a volunteer participant in the Catholic Charities program(s) to which I am assigned, I hereby understand and agree that I am aware of and fully accept the risk inherent in the above program activity to which I may be assigned and that I do so freely and of my own free will.

Except for claims that may be covered by the insurance program and insurance policies of the Arlington Catholic Diocese and any coverage that program or policies provided for Catholic Charities volunteers (see below), I agree, voluntarily and without reservation, to release, waive and hold harmless the Arlington Catholic Diocese, Catholic Charities of the Diocese of Arlington, and its trustees, officers, employees, volunteers, agents and representatives, in both their individual and representative capacities, from any claim, cause of action, demand or liability that I ever had, have or may have, or that a third party has or may have, that arises from, occurs in the course of or results from the volunteer services I render to Catholic Charities.

Liability Coverage

I have been informed and understand that the Diocesan Master Insurance Program for the Arlington Catholic Diocese maintains comprehensive general liability insurance, as well as directors and officers insurance, and that such coverage also protects me as a "Covered Person" under certain circumstances. Specifically, it protects me from liability for my negligent actions only while acting in the scope of my defined volunteer responsibilities, where such actions or omissions result in damage or injury to another person or persons. I further understand that the referenced policies do not include coverage for acts constituting gross or willful misconduct or for criminal or intentional acts. I further understand that there may be no insurance coverage for allegation of negligence in claims of sexual abuse involving a minor, which would include hiring, retention, and/or supervision of any kind. Notwithstanding the foregoing general description, I understand that under all circumstances the terms and conditions of the referenced insurance policies then in effect will determine the availability of coverage.

Use of Vehicles

I further acknowledge and agree that I willingly and voluntarily agree that, to the extent my volunteer services involve the personal use of my personal vehicle, any physical damage sustained to such vehicle or another vehicle involved in an accident with my vehicle, or any personal injury suffered by me or any third party, except to the extent such injury is covered by volunteer medical accident coverage (see below), will be a liability incurred solely by me and not by Catholic Charities or the Diocesan Master Insurance Program.

Reimbursement of Medical Expenses

I recognize and acknowledge there is volunteer medical accident coverage as well as medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury I sustain as a result of performing my volunteer service. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from Catholic Charities, or their insurer, for any medical expenses until all underlying coverage that may or may not apply is exhausted. I acknowledge that the circumstance and levels of coverage may vary and that the Diocese is under no obligation to continue to maintain any such coverage for my medical expenses.

Informed Consent to Medical Treatment

In the event of an injury during which I am unable to give my personal informed consent for medical treatment or transportation, I hereby give Catholic Charities full authority to take whatever action it believes is warranted under the circumstances regarding my health and safety including but not limited to the application of emergency medical procedures, transport to a medical facility, admission to that facility or hospital, and the provision of medical care by a medical professional at my expense.

Safety

I agree to follow all procedures and safety precautions set forth by the Arlington Catholic Diocese and Catholic Charities of the Diocese of Arlington in addition to ensuring the protection of minors from sexual misconduct and/or child abuse and to conform with and strictly adhere to the requirements adopted by the United States Conference of Catholic Bishops and Catholic Diocese of Arlington Policy on the Protection of Children/Young People and Prevention of Sexual Misconduct and/or Child Abuse.

I have read the foregoing and fully agree to the terms and conditions of my volunteer service as set forth above.