



## YOUTH VOLUNTEER WAIVER

### PLEDGE OF CONFIDENTIALITY

FACETS provides a wide range of services to children and families. As a volunteer, you play an integral role in the quality of service FACETS' clients receive. It is essential for you to understand that any and all names you may see or hear during your volunteer work, as well as any written material or correspondence or discussions regarding clients, are to be treated as confidential information. "Confidential" means that any information you receive about specific clients in verbal or written form is not to be discussed or shared outside of FACETS.

Our clients expect and deserve this confidentiality. We promise them the highest level of privacy as determined by FACETS' policies and by state and federal laws. The right to confidentiality applies not only to written records, but also to video, film, pictures or use of a client's name in publications. This pledge of confidentiality applies even after you and or the client are no longer associated with FACETS.

The Code of Virginia states that it is unlawful for any person or association to use any names obtained directly or indirectly through access to client records for purposes other than those intended by the organization or to divulge the name of any person receiving public assistance, and any person violating these provisions shall be guilty of a misdemeanor and punished accordingly. In addition, any person or agency that fails to comply with the provision of The Privacy Protection Act will be liable for the costs of the action together with reasonable attorney fees as determined by the Court.

#### Limits of confidentiality

\*Information including photos, videos, film, or a client's name can only be shared if the client or client's guardian, for clients under 18, has signed an authorized "consent to release information" form and it is appropriately signed by the volunteer and FACETS' program supervisor.

\*Suspected abuse (child or adult) needs to be immediately reported to the FACETS' program supervisor, and if there is sufficient reason to believe there is a threat of imminent danger, you should contact Adult Protective Services (703-324-7450) or Child Protective Services (703-324-7400) and the police. If you contact these agencies, leave a message for the program supervisor.

\*If a volunteer receives information indicating that a client may be a danger to himself or herself or to others, the information needs to be immediately shared with the FACETS' program supervisor and, if the situation has reached an emergency level, reported to the police.

### PHOTOGRAPHY RELEASE

I hereby irrevocably consent to and authorize FACETS or anyone authorized by FACETS to use and reproduce my personal story and/or quotes, my photograph or likeness in video or my child's photograph or likeness in video in digital, print, or video format for any purpose whatsoever, including but not limited to printed marketing materials, magazines, newspapers, televised broadcasts, and on the Internet, without compensation to me. I waive the right to inspect or approve the finished version of such use. All copies, masters, negatives, positives, together with the release proofs shall constitute FACETS' property, solely and completely.

## **VOLUNTEER CODE OF ETHICS**

### **Agency Mission and Values**

- I will continually be aware of the agency's mission and values and will do my job in a manner consistent with them.
- I will conduct myself in a manner that is representative of the agency's values when I'm in the community.

### **Confidentiality**

- I will not share confidential information with anyone without sound legal or ethical justification.
- I understand that the general requirement of keeping information confidential does not apply when the client is threatening harm to themselves or others or when legal requirements demand that confidential information must be revealed.
- I will not discuss a client's case with anyone.
- I will take precautions to ensure the confidentiality of information transmitted through the use of computers, e-mail, fax machines, telephones, voicemail systems, and other electronic/computer technology is protected.

### **Competency**

- I will perform my volunteer position within my boundaries of competence, based on my education, training, supervised experience and orientation.
- I will take steps to maintain competence in the skills I use, I will be open to new procedures, and I will keep current with the diverse populations and specific populations with whom I work.
- I will assist volunteers in recognizing their own professional impairment and provide consultation and assistance when warranted with volunteers showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.

### **Dignity and Respect**

- I will use appropriate language and tone of voice when interacting with clients, FACETS staff, other volunteers, and community partners.
- I will maintain a professional demeanor when clients become verbally aggressive or verbally challenge me.
- I will maintain and encourage courteous verbal and written communication when interacting with FACETS staff, other volunteers and the general public.
- I will dress in a respectful manner, following all agency guidelines on dress code.

### **Cultural Sensitivity**

- I will recognize that culture affects the manner in which clients' problems are defined.
- I will communicate information in ways that are both developmentally and culturally appropriate.
- I will be sensitive to clients' cultures when communicating and interacting with them.
- I will proactively seek to prevent and eliminate discrimination both within the organization and in the community.
- I will not discriminate on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.

### **Honesty**

- I will honestly report my volunteer hours whether they take place in the office or off-site.
- I will be honest in information sharing with FACETS staff and the public.
- I will uphold the law and perform with the highest ideals and principles, and maintain honor and integrity in all actions.
- I will maintain honesty when questions about my personal behavior arise.
- I will not participate in, condone, or be associated with dishonesty, fraud, or deception.

### Dual Relationships

- I will not engage social, sexual or business relationships with current or former clients.
- I will not create a conflict of interest by making efforts to secure the agency's services for family and friends.
- I will follow agency guidelines when transporting clients in my car including being properly insured.

### Teamwork

- I will make an effort to obtain an accurate understanding of all of the positions at the agency with whom I directly work with.
- I will contribute time and expertise to activities that promote respect for the mission, values, integrity, and competence of the agency.
- I will honestly acknowledge the work of and the contributions made by my fellow volunteers.
- I will respect and follow the chain of command.

### Safety

- I will promote office safety by working in close proximity and checking in with FACETS staff during early morning or evening hours when there are few people working in the office.
- I will inform FACETS staff when I become aware of angry or disgruntled behavior of clients.

### Ethical Use of Resources

- I will use the agency vehicles only when authorized and will follow all applicable laws when operating agency vehicles.
- I will inform donors of the organization's mission, of the way the organization intends to use donated resources, and of its capacity to use donations effectively for their intended purposes.
- I will make ethical use of donations with the knowledge that these resources are public funds and gifts from the community to the agency and are not meant for personal use or distribution.
- I will assure donors that information about their donation is handled with respect and with confidentiality to the extent provided by law.
- I will exercise financial discipline with assets and resources.

## **VOLUNTEER'S RIGHTS**

### **As a FACETS volunteer, I can expect the following:**

- To be respected, appreciated and affirmed.
- To receive a clear explanation of the duties and responsibilities I have agreed to take on.
- To receive information about FACETS and where my volunteer position fits within the organization.
- To have regular contact with the FACETS staff person or lead volunteer to whom I am responsible.
- To receive prompt replies for any questions or concerns regarding my involvement.
- To have the facilities, equipment and back-up services I need to carry out my work, including safe working conditions.
- To receive a quarterly newsletter.
- To share my point of view, ideas and experiences to help FACETS staff make good decisions and program improvements.
- To develop my skills, abilities and experiences within FACETS.



**VOLUNTEER'S RESPONSIBILITIES**

**As a FACETS volunteer I agree to do the following:**

- To accept my volunteer assignment with an open mind, positive attitude and a willingness to learn.
- To learn about FACETS and how my job fits within the organization. This will involve attending training and continuing education programs and reading the information FACETS provides.
- To work according to procedures and carry out the duties I agreed to with the responsible member of the staff.
- To give regular and reliable commitment of my time and inform my staff supervisor of changes to agreed upon hours.
- To appreciate the confidential nature of some aspects of FACETS' work.
- To discuss any questions or concerns with the staff supervisor and/or Director of Volunteers when they arise.
- To record my volunteer hours at the site where I do my volunteer work.
- To complete my monthly mentor or tutor report and send it to the office by the 30th of each month (for mentors and tutors only).
- To notify the Volunteer and Events Manager of any changes in my address, phone number, employment, insurance coverage, etc.
- To notify the FACETS staff member with whom I am working of any extended leave, resignation or desire to change assignments.

**YOUTH RELEASE**

I, the undersigned (parent or legal guardian), give my permission, as Parent/Legal Guardian, to my son/daughter to participate as a FACETS Volunteer. In the event that I cannot be reached, I hereby grant permission for my son/daughter to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I personally and on behalf of my child, hereby release FACETS from liability for injuries or damages arising or resulting from participation in this event. My child agrees to abide by all rules, regulations and codes of conduct.

**ECD YOUTH**

As a participant of the ECD Program, I understand and agree to abide by all rules, regulations and codes of conduct as outlined. I also understand and agree that I will notify my parents or legal guardian at the time of any infractions requiring my dismissal and I will be sent home at my own and/or my parent/guardian's expense.

Youth Name: \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_