



Office Volunteer Packet

Note: This packet is for Volunteers who want to work specifically for IVAT's offices (either on location or remotely). Those who want to volunteer at IVAT's conferences must complete the *Summit Volunteer Packet*.



Volunteer Policies & Procedures

Volunteers play an integral role in meeting the Institute on Violence, Abuse & Trauma. As an IVAT Volunteer, it is your responsibility to understand and abide by the policies outlined below. These policies apply to all persons, whether they volunteer as individuals or as members of a group, regardless of length of time or frequency of volunteer activity.

Sign-In/Sign-Out

Volunteers are expected to sign-in and sign-out for each shift worked. This allows IVAT to track volunteer hours and provide volunteers with proof of hours worked if needed.

Job Duties

IVAT has diverse opportunities among our diverse departments. Please be aware that your job duties may shift throughout your volunteer period, depending on the needs of the Institute at any particular time. Your cooperation and assistance in performing such additional work is greatly appreciated.

Policies & Procedures

- In accord with IVAT’s mission statement, Volunteers must promote an environment of mutual respect with all staff, volunteers, and participants.
- Volunteers must respect the privacy and confidentiality of any information that may be obtained while working within IVAT.
- All relationships between volunteers and staff, other volunteers, and participants will be professional within the boundaries of the particular job or activity, including dress and language.
- IVAT promotes an environment free of drugs and alcohol, sexual harassment, verbal and physical abuse, and violence.
- Volunteers are trained for their specific tasks, duties and responsibilities, and will execute these tasks to the best of their abilities. Volunteers will follow the directions of the supervisory staff.
- The safety and health of each volunteer is of extreme importance to IVAT. You must report any injury and/or safety incident to your supervisor immediately, regardless of its apparent severity.

I, _____, agree to abide by the policies and terms stated above. I understand that IVAT retains the authority to ask me to cease volunteering and leave the property if I violate any of the above policies. I will hold harmless IVAT from all liability, personal injury, loss, or damage from any cause which may arise from activities in and about the facilities of IVAT event(s) and/or behalf of IVAT dba FVSAI.

Signature _____ Date _____



CONFIDENTIALITY AGREEMENT

I, _____, recognize that the Institute on Violence, Abuse & Trauma (“IVAT” dba FVSAI) operates highly confidential information and that it is important for IVAT to protect itself from potential disclosure of clients’ private information and other information acquired through IVAT’s expenditure of time, effort, and money.

Therefore, because I wish to volunteer at IVAT in a capacity in which I will receive and/or contribute to IVAT’s Confidential information, I agree to be bound by the following terms and conditions.

I acknowledge that IVAT would not have entered into this agreement and that I would not have been offered volunteer work without my understanding of this agreement.

Definition of Confidential Information

In this agreement, “Confidential Information” includes information about IVAT operations or its clients. This includes, but not limited to, clients records, marketing strategies, employees’ compensation, methods of doing business, and financial affairs of IVAT and other information which belongs to IVAT or its clients.

Non-Disclosure of Confidential Information

1. I agree to retain all Confidential Information in the strictest confidence. I will not disclose any Confidential Information to any person other than for the purposes of IVAT and I will not use for my own purposes or for purposes other than those of IVAT, any Confidential Information which I have acquired in relation to the business of IVAT, IVAT affiliates or clients of IVAT or IVAT affiliates.
2. I acknowledge that the obligation not to disclose to others or use the Confidential Information continues in effect following the termination of my volunteer work with IVAT, for whatever reason, unless I obtain the prior written consent of the President.
3. I agree that upon the request of IVAT, and in any event upon the termination of my volunteer work with IVAT, for whatever reason, I will immediately return to IVAT all of the materials, including all copies in whatever form, containing Confidential Information which are in my possession or under my control.
4. I understand my obligations under this agreement not to disclose to others any Confidential Information shall not apply to any Confidential Information I am required to disclose by any court or regulatory body or under applicable law provided that I shall give IVAT prompt notice of any demand made of me to disclose such Confidential Information.

I HAVE READ THIS AGREEMENT, UNDERSTAND THE CONDITIONS, AND AGREE TO ITS TERMS.

NAME / SIGNATURE:

DATE:



Volunteer Information

Please complete all fields		
Name:	Date:	
Organization:		
Mailing Address:		
City:	State:	Zip:
Work Phone:	Home Phone:	
Cell Phone:	Fax:	
Email:		
Emergency Contact:		
Emergency Contact Name:		
Emergency Contact Phone:		
Emergency Contact Email:		
Relationship to Self:		

Estimated Start Date: _____ **Estimated End Date:** _____

Please select (X) your weekly availability: Mondays Tuesdays Wednesdays Thursdays Fridays

Please note any skills you think will be applicable to your volunteer work with IVAT:

Please answer here



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