



VOLUNTEER INFORMATION

What: The Exceptional Foundation of West Tennessee (EFWT) enriches the lives of people with intellectual disabilities by meeting their social, recreational, and continued educational needs. We serve our participants' social and recreational needs by offering cultural field trips, daily exercise, sporting activities, music classes, social skills classes, American Sign Language, culinary arts, gardening and stimulating art classes. At the EFWT, our participants socialize and meet new people in supportive settings. Volunteering at the EFWT leaves an impact on the lives of all that participate.

When: You can volunteer at The Exceptional Foundation at any time we are open! To view our current calendar of events and activities, visit our website www.eftwn.org.

Volunteer Expectations: Volunteers must be willing to be a friend to those who participate along with being an assistant in activities such as sports programs, board games, crafts, music, social skills, etc.

Getting Started:

- Volunteers should be 16 years of age. If younger, prior approval should be granted by the Executive Director or Program Director.
- Complete a volunteer orientation.
- Fill out the volunteer forms.
- Start having fun with EFWT participants!

Contact: For any questions regarding volunteering at The Exceptional Foundation of West Tennessee please contact Jamie Mays, Program Director at Jamie@efwtn.org or Nealy Locastro, Communications Manager at Nealy@efwtn.org or 901-387-5002.



VOLUNTEER FORM

Name: _____

Address: _____

Phone Number(s): _____

Email address: _____

Age: _____ Date of Birth: _____ School or organization: _____

Any interests or talents with this population: _____

Previous experiences volunteering and references: _____

Have you ever been convicted of a felony or sexual offense: Yes _____ No _____

Signature: _____ Date: _____

Parent/Guardian Signature (for volunteers under 18): _____

The Exceptional Foundation of West Tennessee (EFWT) reserves the right to run a background check on any volunteer. The EFWT also reserves the right to decline volunteers that have been convicted of a felony, sexual offense, or any other questionable charge. Additionally, please be aware that the EFWT reserves the right to decline volunteers if inappropriate actions or comments are made.



VOLUNTEER GUIDELINES

- Volunteers must be at least **16 years old**.
- Participant information is strictly confidential. This includes information relating to the participants, their disability and their families. By signing this form, you are agreeing to never discuss any details you may learn at the EFWT with friends or family during your volunteer time or after.
- Dress appropriately and comfortably: **Females**- no short shorts or short skirts, no spaghetti straps. **Males**- no gym shorts. Wear tennis shoes or comfortable shoes, no flip-flops.
- Please sign in and out of the volunteer log. Please also wear name tag.
- All personal belongings should be kept in the business hub.
- No cell phone use in building.
- Keep in mind Social Appropriateness (re-enforce handshakes, high-fives, etc. rather than hugs).
- Volunteers should **NEVER** be alone with a participant.
- Volunteers should **NEVER** take participants to the bathroom.
- Volunteers should **NEVER** discipline participants.
- No smoking allowed on the premises.
- Volunteers may not give any outside food or drink to participants.

VOLUNTEER RESPONSIBILITIES

- Volunteers are responsible for assisting staff with daily activities.
- Volunteers may not roam freely throughout the building. If you should complete your assignment, please check with your supervisor for additional tasks.
- Report any unusual situations to the Program Director or Executive Director.
- **Volunteers may not take pictures or videos of participants.** If your group should need pictures for publicity please let the Program Director know and they will be provided for you.
- Volunteers may not communicate with participants using sites such as Facebook, Twitter or Instagram. This includes “friending,” posting pictures of participants or messaging.
- Be a good listener without being inquisitive.
- Be tolerant and understanding in all situations.
- Have a good sense of humor.
- Be courteous, friendly and helpful.
- Volunteers should **ALWAYS** be interacting with participants while at the EFWT.
- Remember to have FUN and use common sense!!!!

By signing this form, you are agreeing to abide by the policies and procedures set forth by the EFWT. I have read and understand the aforementioned procedures and guidelines.

Signature: _____ Date: _____

Parent/Guardian Signature (for volunteers under 18): _____



RELEASE OF LIABILITY

I recognize that as a staff member, intern, or volunteer, I represent The Exceptional Foundation of West Tennessee to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.

Please initial here: _____ Parent/Guardian (for volunteers under 18) _____

I agree to maintain the confidentiality of all volunteers, participants, and donors about whom I have personal and identifying information.

Please initial here: _____ Parent/Guardian (for volunteers under 18) _____

I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as is possible in the event that I will be absent from my shift. I agree to update my personal information and emergency information as changes occur.

Please initial here: _____ Parent/Guardian (for volunteers under 18) _____

I am aware that as a staff member, intern, or volunteer, I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, swimming accidents, pool accidents, accidents from housekeeping chores, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury.

Please initial here: _____ Parent/Guardian (for volunteers under 18) _____

I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever causes, by any employee, agent, intern, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release The Exceptional Foundation of West Tennessee, its employees, board of directors and anyone else affiliated with them from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer or staff member.

Please initial here: _____ Parent/Guardian (for volunteers under 18) _____

If my staff position, intern service, or volunteer service includes driving an automobile, I acknowledge that I have both a valid driver's license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer or staff member for the organization. I am knowledgeable of and agree to

abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances.

Please initial here: ____ Parent/Guardian (for volunteers under 18) ____

It is the responsibility of every staff member, intern and volunteer to report any suspicion of abuse or neglect of any participant served by The Exceptional Foundation of West Tennessee to the Executive Director. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the EFWT program. I agree that I will not participate in any sort of harassment, exploitation, intimidation, physical, emotional, or sexual abuse or neglect of any participant working/volunteering/interning for The Exceptional Foundation of West Tennessee.

Please initial here: ____ Parent/Guardian (for volunteers under 18) ____

Please initial one of the two below with regards to photographs and videos.

I give permission to be photographed and videoed, with said pictures and videos and my name to be used in public relations and fundraising efforts to promote The Exceptional Foundation of West Tennessee and other participating agencies. I also give permission for photographs and videos to be used in social media and give permission to be tagged in social media.

Please initial here: ____ Parent/Guardian (for volunteers under 18) ____

I give permission to be photographed and videoed, with said pictures and videos and my first name only to be used in public relations and fundraising efforts to promote The Exceptional Foundation of West Tennessee and other participating agencies. I also give permission for photographs and videos to be used in social media but do not give permission to be tagged.

Please initial here: ____ Parent/Guardian (for volunteers under 18) ____

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Signature: _____ Date: _____

Parent/Guardian Signature (for volunteers under 18): _____