Dear NHA Volunteer:

Welcome to the Neighborhood House Association! For nearly 100 years, NHA has helped thousands of individuals and families in San Diego County improve their quality of life by providing vital social services including employment, healthcare, child, family and senior services. NHA serves the community through a network of 10 programs in more than 100 locations throughout the county.

We know your time is precious and we are grateful you have chosen to spend part of it working with us to strengthen our community. At NHA, our volunteers are a vital part of our success and we congratulate you on your decision to join our team. Whether your passion is working with preschool children or seniors, helping people get access to health care or helping people buy their first home, NHA has a volunteer opportunity for you.

In this volunteer packet you will find a variety of forms designed to make sure that your time with us is as safe, productive and rewarding as possible. Please make sure to read each form thoroughly, fill it out entirely and return it to the volunteer coordinator before you start your first day of volunteering.

We hope that your volunteer experience is an enjoyable one!

Sincerely,

Rudolph A. Johnson, III
President and CEO
Neighborhood House Association
Mission
Developing children, families and future leaders of our communities through empowerment, education and wellness from our house to yours.

Vision
Leading the way in developing confident, self-sufficient, healthy families and communities.

Values
Integrity, Service, Excellence and Employees.
Protocols for NHA Volunteers

To protect the health and safety of our clients, staff and volunteers, NHA asks that all volunteers learn and observe the following rules:

Sign in when you arrive to volunteer and sign out when you leave.

Your supervisor counts on your help and “no shows” create a lot of problems. Please phone the center where you are volunteering if you will be late or unable to attend on a given day.

Treat all information encountered related to all NHA clients, including children and their families, with the strictest confidentiality.

If a problem develops during your volunteer shift, discuss it with your supervisor immediately.

Volunteers are expected to adhere to the same professional dress code as NHA employees.

Volunteers must refer clients, relatives of clients and parents of Head Start children who have questions or concerns to a qualified staff member.

Head Start volunteers must refer all discipline problems to the classroom teacher.
Volunteer Conduct Disclosure

As a volunteer of the Neighborhood House Association (“NHA”), I acknowledge and agree to immediately disclose any of the following to the VP / Human Resources:

- All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
- Convictions related to other forms of child abuse and neglect; and
- All convictions of violent felonies.

I acknowledge that failure to timely disclose any of the above may result in disciplinary action up to and including termination. I understand that I will not automatically be subject to disciplinary action if I have been arrested, charged with, or convicted of any of the offenses listed above. Further, I understand NHA will review each situation to assess it relevance to my position and job description, as well as other appropriate courses of action.

Your signature below signifies you have read and acknowledged the above.*

Volunteer Name (print) __________________________ Program/Position __________________________
(Parent/guardian name if under the age of 18)

Volunteer Signature __________________________ Date __________________________
(Parent/guardian signature if under the age of 18)

*NOTE: VOLUNTEER’S REFUSAL TO SIGN DOES NOT PREVENT THIS POLICY FORM APPLYING TO YOU. THIS POLICY IS EFFECTIVE THE DATE OF YOUR RECEIPT.
Dress Code For Volunteers

NHA’s dress code varies slightly depending on which site or program you are working at but, in general, your dress should be professional and the following items are to be avoided:

- Tank/halter tops
- Spandex biking shorts
- Revealing shorts, skirts or tops
- Clothing that is torn
- Clothing that is unclean
- T-shirts containing religious references or profanity
- Sandals or other open-toes shoes
- Jeans or denim except when designated as appropriate
Conflict of Interest Policy

All volunteers are required to exercise their best judgment in the interest of Neighborhood House Association in all matters in which they act for the agency, free of the adverse influence that arises from a self-interest that conflicts with the interests of NHA. There are certain situations which NHA always considers being in conflict with its interests and, therefore, these behaviors are prohibited.

Absent full and complete disclosure and authorization by the President and CEO or a majority of Board of Director members who do not have a personal interest, no person may:

- Obtain a significant financial or other beneficial interest in another supplier or vendor with whom NHA has existing or prospective business relations
- Engage in a significant personal business transaction involving NHA for profit or gain
- Accept money, gifts of other than nominal value, excessive hospitality, loans or other special treatment from any supplier, vendor or customer with whom NHA has existing or prospective business relations
- Compete unfairly with NHA by divulging confidential or proprietary corporate information, luring away its employees or customers or working on competing business while being paid by or serving as a volunteer for NHA
- Learn of a business opportunity through association with NHA and disclose it to a third party or invest in the opportunity without first offering it to NHA.

All employees, consultants and volunteers associated with NHA’s procurement department must sign an annual statement attesting to their independence in the procurement process.
Violence in the Workplace

Neighborhood House Association (NHA) is committed to providing a safe, violence-free workplace and strictly prohibits employees, volunteers, consultants, clients, visitors or anyone else on NHA property or engaging in any NHA-related activity from behaving in a violent or threatening manner. NHA seeks to prevent workplace violence before it begins and reserves the right to discipline behavior that suggests a propensity towards violence, even prior to the occurrence of any violent behavior.

Every threat of violence is serious and must be treated as such. Threatening behavior may include, but is not limited to:

- Making menacing gestures or engaging in physically aggressive or violent behavior; attempts to instill fear in others; or subjecting others to emotional distress;
- Expressing “grudges” against co-workers;
- Attempting to intimidate or harass other individuals;
- Causing physical injury to another person;
- Making threats of any kind;
- Other behavior which suggests a propensity toward violence, which may include belligerent speech, excessive arguing or swearing, sabotage or threats of sabotage of agency property or a demonstrated pattern of refusing to follow agency policies or procedures;
- Intentionally damaging agency property or property of another employee, consultant or member of the public;
- Possession of a weapon while on agency property or while on agency business;
- Committing acts motivated by, or related to, sexual harassment or domestic violence.

If you observe or become aware of any of the above-listed actions or behaviors by an employee, volunteer, consultant, client, visitor or anyone else, you are required to notify your supervisor immediately.

All reports of workplace violence will be taken seriously and will be thoroughly investigated. In appropriate circumstances, NHA will inform the reporting individual of the results of the investigation. To the extent possible, NHA will maintain the confidentiality of the reporting employee and of the investigation. However, NHA may need to disclose results in appropriate circumstances as it deems necessary and/or appropriate (e.g., in order to protect individual safety). NHA does not condone retaliation against any employee who reports workplace violence.
If it is determined that a threat of violence was made, was reasonably perceived to have been made, or actual violence occurred, or was reasonably perceived to have occurred, disciplinary action will be imposed, up to and including immediate termination. In appropriate situations, an individual who violates this policy may be required to obtain counseling or other available assistance to protect the safety of others and/or property.

Your signature below indicates you have read and acknowledge the above.

______________________________   ______________________________
Volunteer Name (print)          Program/Position
(Parent/guardian name if under the age of 18)  

______________________________  ______________________________
Volunteer Signature            Date
(Parent/guardian signature if under the age of 18)
Drug-Free Workplace Policy

It is Neighborhood House Association’s intent to provide a drug-free, healthful, safe and secure work environment. NHA recognizes drug and alcohol abuse as a potential health, safety and security problem. Use of alcohol, illegal drugs or controlled substances, whether on or off the job, can adversely affect an employee’s work performance, efficiency, safety and health and, therefore, seriously impairs the employee’s value to the agency. In addition, the use or possession of these substances on the job constitutes a potential danger to the welfare and safety of other employees and exposes the agency to the risks of property loss or damage or injury to other persons. It is the policy of NHA that management personnel shall take reasonable measures to recognize drug and/or alcohol abuse by employees and to see that any such abuse does not jeopardize the safety of our operations or otherwise adversely affect the facility or its employees.

To help insure a drug-free, healthful, safe and secure work environment, the agency prohibits the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in the workplace. The term "controlled substance" refers to all illegal drugs and to legal drugs used without a physician's order. It does not prohibit taking prescription medication under the direction of a physician.

All employees must abide by the terms of this Drug-Free Workplace policy. Employees violating such prohibitions will be subject to disciplinary action, up to and including discharge. In addition, NHA may contact appropriate law enforcement authorities, notify such authorities of violations of laws and turn over any drugs or alcohol to such authorities.

The following rules and standards of conduct apply to all employees on NHA property, in an NHA vehicle or during the workday (including meals and rest periods).

The agency strictly prohibits the following:

1. Possession or use of alcohol or being under the influence of alcohol while on the job.
2. Distribution, sale or purchase of an illegal or controlled substance while on the job.
3. Possession or use of an illegal or controlled substance or being under the influence of an illegal or controlled substance while on the job.

In order to enforce this policy, NHA reserves the right to conduct searches of NHA property and, in cases of reasonable suspicion, employees and/or their personal property and to implement other measures necessary to deter and detect abuse of this policy.

Convictions of illegal sale or possession of any controlled substance while off NHA property will not be tolerated because such conduct, even though off duty, reflects adversely on the agency. In addition, the agency must keep people who sell or possess controlled substances off the agency’s premises in order to keep the controlled substances themselves off the premises.

**Drugs, Alcohol, Inhalants**

This policy prohibits the use of any drugs, inhalants or substances that may affect an employee’s senses, responses, motor functions or alter a person’s perception while working. Any employee requiring the use of prescribed drugs is permitted to use such drugs at work as long as such drugs are taken pursuant to a duly licensed physician's instructions and do not impair or otherwise alter the employee’s safe functioning on the job and performance of his or her duties.
**Alcoholic Beverages**
This policy prohibits the use or presence of alcoholic beverages in the workplace or at NHA events, except where specifically and expressly authorized by the Chief Executive Officer or designee. Any misuse or abuse of alcoholic beverages is strictly prohibited.

**Unauthorized Items**
The possession or use of any drug paraphernalia used, or designed for use in, testing, packaging, storing, injection, ingesting, inhaling or otherwise introducing into the human body of a substance is prohibited. Any employee with a disability requiring the use of items necessary for drug ingestion is permitted to use such items. The employee must notify the human resources department of the need for this accommodation.

**Prescription Drugs**
An employee shall not consume a prescribed drug more often than directed by his/her physician. An employee may consume only prescription drugs that have been prescribed specifically for that employee and no employee may assist in the violation of this policy.

Any employee taking a drug whose physician, pharmacist, or medication warnings indicate that the drug may have side effects that may impair his/her ability to perform his/her job must obtain the approval of their immediate supervisor prior to working while taking such a drug.

NHA may have a physician of its choice determine if use of a prescription drug or medication by an employee produces effects that may increase the risk of injury to the employee or other NHA employees or damage to property.

Your signature below indicates you have read and acknowledge the above.

______________________________   ______________________________
Volunteer Name (print)      Program/Position
(Parent/guardian name if under the age of 18)

______________________________   ______________________________
Volunteer Signature      Date
(Parent/guardian signature if under the age of 18)
Release of Liability

Volunteer hereby releases NHA and further agrees to indemnify, defend and hold harmless NHA and each of its directors, officers, employees, agents, representatives and affiliates from and against any and all claims, demands, actions, liabilities, losses, damages, injuries, death, costs and expenses (including reasonable attorneys' fees) relating to or arising from: (i) Volunteer's use of NHA's workplace or its equipment; (ii) any breach or default by Volunteer of any of its representations, warranties or covenants set forth in this Agreement; and (iii) any work or services performed by Volunteer under this Agreement, that results in injury or damage to a third-party.

Volunteer Name (print)    Program/Position
(Parent/guardian name if under the age of 18)

Volunteer Signature    Date
(Parent/guardian signature if under the age of 18)
Media Relations Policy

It is the policy of the Neighborhood House Association to provide the news media with prompt and accurate information. The President and CEO, COO and Director of Community Affairs are the only spokespersons who are officially allowed to communicate with the media. **No staff member or volunteer is allowed to communicate with the media or provide any information, data, reports or memos to a member of the media at any time, under any circumstances.** The release of any verbal or written information must be approved by the President and CEO, COO or Director of Community Affairs.

If the media contacts you during or after your volunteer shift, you must refer the caller to the Director of Community Affairs. Do not answer ANY questions the reporter asks, no matter how minor the question may seem. Staff and volunteers are not allowed to provide any comments to the media “off the record.”

Violation of this policy will result in termination of the volunteer relationship.
Confidentiality Agreement

Each volunteer shall safeguard confidential information obtained during the course of their service hours with Neighborhood House Association (NHA). The protection of such information is vital to the interests of the agency. Maintaining the confidentiality of such information is also important to NHA’s competitive position and ultimately to the agency’s ability to achieve financial and service delivery success. Unauthorized disclosure could do irreparable harm and result in liability to the agency as well as to the volunteer. Such confidential information includes, without limitation, personnel information, compensation data, computer programs, strategic business objectives, codes and processes, proprietary agency information, client records and medical records.

In the course of your work, you may have access to confidential information regarding the agency, its contractors, suppliers, clients or employees. It is your responsibility to not reveal or divulge any such information internally or externally, unless authorized by the Vice-President within your chain of command. NHA will not tolerate any breach of this policy. The agency will impose disciplinary action, including, without limitation, termination of volunteers who improperly use or distribute confidential information.

Your signature below signifies you have read and acknowledged the above.

________________________________________________________________________
Volunteer Name (print)                                                  Program/Position
(Parent/guardian name if under the age of 18)

________________________________________________________________________
Volunteer Signature                                                     Date
(Parent/guardian signature if under the age of 18)
STATEMENT OF GOOD HEALTH

FOR ALL VOLUNTEERS WORKING DIRECTLY WITH CHILDREN OR SENIORS, PLEASE SIGN AND COMPLETE THE FOLLOWING:

I hereby certify that I, _______________________________________, am in good health.

Signature: _______________________________
Date: _______________

Please list any allergies:

____________________________________________________________________________________
____________________________________________________________________________________
Emergency Information

Name: ________________________________ Date of Birth: ______________________________

TB Clearance: Yes________ Date Tested: ___________ No: _________

Address: ______________________________________________________________________

Telephone: _____________________________

Persons to contact in case of emergency:

1. ________________________________ Telephone: ______________________

2. ________________________________ Telephone: ______________________

Doctor or Hospital Information:

_________________________________________________________________________

Please list any medical conditions or allergies: _____________________________________
I ________________ acknowledge that I have received a copy of the Neighborhood House Association volunteer handbook. I understand that it is up to me to read the entire handbook and to familiarize myself with its contents. I understand that it is my responsibility to comply with the policies contained in the handbook and any revisions made to it. I understand that I may ask my supervisor or the volunteer coordinator any questions I might have concerning the handbook.

Furthermore, I understand and agree to comply with all NHA’s policies and procedures including, but not limited to, my obligation to not divulge to any unauthorized person any data or confidential information obtained while volunteering with NHA.

Volunteer Name (print) ___________________________ Program/Position ___________________________
(Parent/guardian name if under the age of 18)

Volunteer Signature ___________________________ Date ___________________________
(Parent/guardian signature if under the age of 18)