



## CHILD SAFETY POLICIES AND PROCEDURES FOR VOLUNTEERS

Northwest Family Services believes the safety and well-being of the youth and families it serves as well as its staff and volunteers is paramount within its social service delivery.

**Two-Deep Leadership** – NWFS adult staff and volunteers will either have another adult staff or volunteer member age 18 or older on all official outings. Persons over the age of 17 may serve as volunteers when they have successfully completed a background check and NWFS Child Protection and Safety Policies Training.

**One-to-one Contact** – One-to-one contact between adults and youth is not permitted, unless it is with a custodial adult, such as a parent, and child. Youth leaders are not to disclose their contact information to the youth they serve. Any prospective contact between a youth leader and a youth met at an event sponsored under the auspices of NWFS must be cleared with a supervisor prior to any contact taking place. Transport by youth volunteers of the youth they serve is not allowed. Adults who attend as a participant or observer must follow one-to-one contact policies and are not permitted to act in a leadership role.

**Proper Decorum** – All volunteers are role models and are expected to maintain appropriate physical, emotional, and social boundaries by demonstrating appropriate language, dress and body language. Youth volunteers will conduct themselves as positive role models and will abstain from sexual activity, the use of drugs, tobacco, alcohol, or any other activities, online or in person, that are illegal or would reflect negatively on Northwest Family Services or the messages it promotes.

**Dress Code** – Volunteer attire should be appropriate and should reflect the messages promoted by Northwest Family Services. The following standards have been established to include clothing that would not be acceptable for presentations, performances, rehearsals or other NWFS events and activities:

- Low-cut tops or clothing that exposes the midriff, stomach, back, or cleavage
- Clothing that exposes undergarments, such as bra straps or boxers.
- Clothes with inappropriate pictures/language (for example, alcohol, violence, slogans demeaning to one's self or others, Tops with narrow or string straps or with sexual references)
- Pajamas / No Tube or see-through tops
- Sagging pants or pants that expose underwear
- Short-shorts or mini-skirts\*
- Dirty, ripped or torn clothing
- Wearing no shirt or shoes
- Any attire that is overly tight or causes distraction

\* *Shorts or mini-skirts are defined as too short if the wearer's fingers extend below the hemline when arms are held straight at his or her sides.*

**Confidentiality** – All staff members and volunteers will be expected to maintain a high level of confidentiality and will not share personal information about the people they serve, other students, their families, other volunteers, or NWFS staff.

**Administration** – All persons expressing a desire to volunteer with NWFS youth programs must complete the following paperwork prior to serving as a volunteer: Volunteer Application, Background Check, and signed Volunteer Agreement.

**Trainings for Volunteers** – All volunteers working with youth will be required to successfully complete the following trainings prior to serving: NWFS Volunteer Policies Training and additional trainings as needed prior to events (e.g., overnight activities).

**Waiver and Release** – I wish to take part in programs sponsored by Northwest Family Services, Portland, Oregon, and to participate in any and all of the trips included in the planned program of the organization. For those under the age of 18, permission is hereby granted for my child to participate in any and all the trips included in the planned program of the organization.

For valuable consideration, including the consideration of Northwest Family Services, I do hereby release Northwest Family Services, its employees, chaperones, Board of Directors of all liability and claims of whatever kind or nature (including but not limited to, injuries and death) arising out of or resulting from my participation in the activities.

It is further understood and agreed that I hereby authorize Northwest Family Services and its employees and chaperones to secure the necessary services for me or my child in the event of an accident or illness. Further, I will be solely responsible for the payment of those services.

I, the undersigned, hereby consent to the use of my likeness and words by Northwest Family Services (NWFS). NWFS has the absolute right and permission to copyright, use, re-use, publish, and republish them for educational programs, publicity, and non-commercial public service announcement purposes. The photographic portraits, pictures, videos, or audio-tapes of me or in which I may be included, in whole or in part of composite or distorted in character or form, may be used without restriction as to changes or alterations, from time to time, in conjunction with my own or an alias name, or reproductions thereof; in color or otherwise made through any media for the promotion and educational purposes of NWFS. I understand that the photos, videos, audio-tapes, or electronic or online representations will not be used in a manner which is degrading, libelous, unlawful, profane, obscene, pornographic, or tend to ridicule.

I consent to the use of any reproduced matter in conjunction therewith, with the same reservations as above. I hereby waive any right I may have to inspect or approve the finished product or products or advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless Northwest Family services from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture, videotape, audiotape, online, or other electronic representation, or in any subsequent processing thereof, as well as any publication.

I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. If a minor, my legal guardian's signature is included below. I state further that I have read the above authorization, release and agreement, and that I am fully familiar with the contents thereof.

I understand I need to provide my social security number and birthday information, as NWFS conducts a complete background check on all employees and volunteers.

In addition, I have read and fully understand the NWFS Child and Safety Policies and Procedures for Volunteers. I agree to follow all policies listed above.

## CONFLICT OF INTEREST: EMPLOYEES AND VOLUNTEERS

Conflict of interest occurs when an individual has competing professional duties and personal interests or where there is a conflict of loyalties which impede an individual's ability to perform his or her duties and responsibilities objectively and well. It includes any interest, relationship or activity that jeopardizes his or her professional judgment, impartiality and independence or is not in the best interest of the organization. A conflict of interest arises when an employee exploits the organizational relationship for personal benefit such as financial gain, recruitment of members to other entities, or dual relationships. A conflict of interest can also arise when someone has two duties which conflict.

Examples of such conflicts of interest include:

- Holding membership in or being affiliated with organizations incompatible with the purpose and value system of NWFS
- Promoting one's church or religious affiliation during or surrounding an event offered by NWFS
- Inviting someone you serve through NWFS to join your religious group or any other kind of personal group to which you belong
- Diverting persons served by NWFS into your own personal or professional enterprises
- Handing out business cards or flyers other than those provided by or approved by NWFS
- Selling items or products for personal gain at work related events or to people you serve at NWFS
- Selling items for other worthy causes on the job site or at NWFS events (For instance, raffle tickets, walkathon pledges)

No member or employee of Northwest Family Services (NWFS) shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation with NWFS. Each individual shall disclose to NWFS Executive Director any personal interest which he or she may have in any matter pending before NWFS and shall refrain from participation in any decision on such matter. Further, each employee shall disclose any personal interest which may conflict with existing organizational relationships or policies, including but not exclusive to, federal grant requirements such as religious neutrality.

Any member or employee of NWFS shall refrain from obtaining any list of clients for personal or private solicitation purposes at any time during their time of affiliation, including but not exclusive to, solicitations during or surrounding NWFS events and presentations.

**Non-Compete Agreement**—Any member or employee of NWFS shall refrain from using programs, events and materials specifically developed by NWFS in any other venue without the express written permission of the Executive Director, both in current business and in potential future business. This agreement applies to both copyrighted and non-copyrighted materials.

**NWFS CODE OF RESPONSIBILITY FOR SECURITY AND CONFIDENTIALITY OF RECORDS AND FILES**

Security and confidentiality are matters of concern to all NWFS employees and to all other persons who have access to administrative records, financial records, reports, or any other confidential or privileged documents or information. The purpose of this code is to clarify responsibilities in these areas. Each individual who has access to confidential or privileged information is expected to adhere to the regulations stated below:

Anyone with access to administrative records, financial records, reports or any other confidential or privileged documents or information, may not:

- Reveal the content of any record or report to anyone, except in the proper conduct of his or her work assignments and in accordance with NWFS policies and procedures.
  - Make or allow any unauthorized use of information.
  - Include false, inaccurate or misleading entry in any report or record.
  - Expunge a data record or a data entry from any record, report or file.
  - Share individual passwords with any other person.
  - Seek personal benefit or allow others to personally benefit from the knowledge of any confidential or privileged documents or information.
- Remove any original or copy of an administrative record, education record, report, or any other confidential or privileged document, from the office where it is maintained, except in the performance of official duties and authorized by law.

<b>PERMISSION TO PROCURE AN INVESTIGATIVE REPORT</b>			<b>RESIDENCES:</b> Please list residences in the last 10 years		
<i>Please type or print legibly your name as it appears on your driver's license:</i>			State _____ City _____ County _____ Years: _____ to _____		
LAST	FIRST	FULL MIDDLE	State _____ City _____ County _____ Years: _____ to _____		
STREET ADDRESS			State _____ City _____ County _____ Years: _____ to _____		
CITY	STATE	ZIPCODE	<b>INVESTIGATIVE CONSUMER REPORT AUTHORIZATION</b>		
Please list other names used and dates of name change in the last ten years:			<i>In connection with my application I understand that an investigative consumer report may be requested that may include information regarding my court records both civil and criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits, and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I hereby release and discharge to the extent permitted by law, Northwest Family Services, its employees, any individual or agency obtaining information for Northwest Family Services, my personal and professional references, and my former employers, from any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand and agree with the above.</i>		
FULL NAME		DATE			
FULL NAME		DATE			
FULL NAME		DATE			
DOB: ____/____/____ SSN: ____-____-____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female					
DRIVER'S LICENSE NUMBER _____ STATE _____					
Have you ever been convicted of a crime? _____ If 'yes', please provide details and locations of all convictions on a separate page or below. (A 'yes' answer will not necessarily disqualify you from employment or a volunteer position.)					
_____					
_____					

