



## **Volunteer Documents**

### **Volunteer Form**

Please complete the volunteer form prior to submitting your volunteer documents. The form can be found at [www.naturallynurturedbirthservices.com/volunteerapplication](http://www.naturallynurturedbirthservices.com/volunteerapplication).

### **Release and Waiver of Liability**

Please read carefully! This is a legal document that affects your legal rights.

**1. Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless Naturally Nurtured Birth Charitable Services and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Volunteer's Activities with Naturally Nurtured Birth Charitable Services.

VOLUNTEER UNDERSTANDS THAT THIS RELEASE DISCHARGES NATURALLY NURTURED BIRTH CHARITABLE SERVICES FROM ANY LIABILITY OR CLAIM THAT THE VOLUNTEER MAY HAVE AGAINST NATURALLY NURTURED BIRTH CHARITABLE SERVICES WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM VOLUNTEER'S ACTIVITIES WITH NATURALLY NURTURED BIRTH CHARITABLE SERVICES, WHETHER CAUSED BY THE NEGLIGENCE OF NATURALLY NURTURED BIRTH CHARITABLE SERVICES OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. VOLUNTEER ALSO UNDERSTANDS THAT NATURALLY NURTURED BIRTH CHARITABLE SERVICES DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS.

**2. Medical Treatment.** Volunteer does hereby release and forever discharge Naturally Nurtured Birth Charitable Services from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Naturally Nurtured Birth Charitable Services.

**3. Assumption of the Risk.** The Volunteer understands that the Activities may involve work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Naturally Nurtured Birth Charitable Services from all liability for injury, illness, death, or property damage resulting from the Activities.



**4. Insurance.** The Volunteer understands that, except as otherwise agreed to by Naturally Nurtured Birth Charitable Services in writing, Naturally Nurtured Birth Charitable Services does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

**5. Photographic Release.** Volunteer does hereby grant and convey unto Naturally Nurtured Birth Charitable Services all right, title, and interest in any and all photographic images and video or audio recordings made by Naturally Nurtured Birth Charitable Services during the Volunteer's Activities with Naturally Nurtured Birth Charitable Services, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**6. Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee. Volunteer also agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Name (Printed) \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



### **Statement of Confidentiality**

Respecting the privacy of our clients, donors, members, staff, volunteers, and of Naturally Nurtured Birth Charitable Services itself is a basic value of the NNBCS. Personal and financial information is confidential and should not be disclosed or discussed with anyone without permission or authorization from the Executive Director. “Confidential” means that you are free to talk about Naturally Nurtured Birth Charitable Services and about your program and your position, but you are not permitted to disclose clients’ names or talk about them in ways that will make their identity known. Care shall also be taken to ensure that unauthorized individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared. Employees, volunteers, and board members of Naturally Nurtured Birth Charitable Services may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of Naturally Nurtured Birth Charitable Services that such information must be kept confidential both during and after employment or volunteer service. Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including removal/dismissal.

I have read Naturally Nurtured Birth Charitable Services’ Statement of Confidentiality presented above. I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred.

Volunteer Name (Printed) \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## **Naturally Nurtured Birth Charitable Services Child Safe Policy**

### **Policy Intent**

The Child Safe Policy is intended to promote a safe and positive environment for children when in interaction with NNBCS or attending any NNBCS related activities. This child safe policy demonstrates that NNBCS is taking its duty of child safety seriously by providing the foundation for procedures and decision-making about NNBCS staff, volunteer interactions and involvement with children.

### **Ensuring a Safe Environment**

When one-on-one time with a child is necessary, NNBCS will make sure it happens in a place that is observable or that the activity can be interrupted easily. All youth are properly supervised, especially in private/isolated areas. All NNBCS staff and volunteers will adhere to the Code of Conduct policy established while engaging in any NNBCS related business. All NNBCS staff and volunteers are required to report inappropriate behavior as outlined below.

### **Reporting of Inappropriate Behavior**

Every staff member or volunteer is required to report inappropriate behavior to the local police or child protective services at child abuse hotline at 1.877.237.0004 (toll free). Tennessee's law says that ALL persons SUSPECTING child abuse or neglect must report their suspicions to the proper authorities. Failure to report is a Class A misdemeanor with a fine of \$2,500. After reporting inappropriate behavior to the police or child protective services or volunteers should report incident to NNBCS's Executive Director and complete incident form. Retaliation for reporting inappropriate behavior will not be tolerated under any circumstances.



### **Naturally Nurtured Birth Charitable Service Child Safe Code of Conduct**

1. To protect NNBCS staff and volunteers, at no time should a staff person or volunteer be alone with a single child where they cannot be observed by others. If necessary, inform NNBCS Executive Director or Volunteer Coordinator of situation prior to situation occurring.
2. Staff and volunteers shall never leave a child unsupervised.
3. Staff or volunteers shall not abuse children or use corporal punishment of any kind. This includes physical abuse, verbal abuse, sexual abuse, mental abuse, or neglect. Any type of abuse will not be tolerated and is cause for investigation.
4. Staff and volunteers will respect children's rights not to be touched in ways that make them feel uncomfortable. A child's right to say "No" is to be encouraged and respected (ie hugs, embraces, sitting on lap). Children parents' wishes should be respected as well. Please do not kiss children under any circumstances.
5. Staff and volunteers will use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism.
6. Staff and volunteers will not give gifts or special favors to individual children or show preferential treatment to a child or group of children to the exclusion of others. All gifts need approval from the Executive Director.
7. Staff and volunteers will not have private interactions through social media, computer or handheld devices with any children living in or associated with NNBCS. If sending a text to a child, ensure either the parent or another staff, s or volunteer is included.
8. Staff and volunteers will respond to children with respect and consideration and treat all children equally regardless of gender, race, religion, sexual identity, or culture.
9. Under no circumstance should staff, s or volunteers release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian.
10. Staff and volunteers are required complete the incident report form to immediately if suspicion of child abuse or maltreatment is disclosed or suspected. Reports will be directed to the proper authorities.
11. Child Safety training will be conducted with Child Advocate Center for all staff and applicable volunteers.

Volunteer Name (Printed) \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



### **Acknowledgement of Receipt of Manual**

I acknowledge that I have been given a copy of the Naturally Nurtured Birth Charitable Service Volunteer Manual. I understand that this Manual summarizes the Naturally Nurtured Birth Charitable Service's personnel guidelines, and that it is furnished to me solely for my information. I further understand that volunteering with the Naturally Nurtured Birth Charitable Service is not for a specified term and is at the mutual consent of me and the Naturally Nurtured Birth Charitable Service. Accordingly, the Naturally Nurtured Birth Charitable Service or I can terminate the volunteer relationship at will, with or without cause, at any time. I also understand that the Naturally Nurtured Birth Charitable Service may modify or rescind any of its policies, or practices described in the Manual at any time, except for those policies required by law. I acknowledge that it is my responsibility to read and become familiar with the contents of the Manual.

Volunteer Name (Printed) \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



### Incident Report Form

Name of person completing this form:
Signature of person completing this form:
Date Completed:

**Incident**

Date and time of incident:
Name(s) of person(s) involved in incident:
Description of incident (be as detailed as possible, attach additional sheets if necessary):
Injuries (indicate location):
Actions taken immediately:
Were there any witnesses to the incident? Yes _____ No _____ If yes, attach separate sheet with names, addresses, and phone numbers of witnesses if available.
For suspected child abuse, report was made to designated state authorities: Child Abuse Hotline _____ Police _____ Other _____
<b>FOR OFFICE USE ONLY</b>



Name of person taking the report:	Date & Time report was made:
Reference/Case number if provided:	
<b>Executive Director Received (signature):</b>	<b>Date:</b>

**Follow up action**

Description of actions to be taken:
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