THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT THE HARBOUR!

Whether you have a special skill you'd like to share, or if you'd just like to gain a greater sense of community through giving back, we're glad to have you. As a service agency providing care to youth who may have experienced abuse or neglect, we need to collect a bit of information to protect both our clients and potential volunteers.

WHAT DO I NEED TO DO?

Please complete and return the enclosed forms:

- Volunteer Information Form
- Confidentiality Agreement
- Liability Form

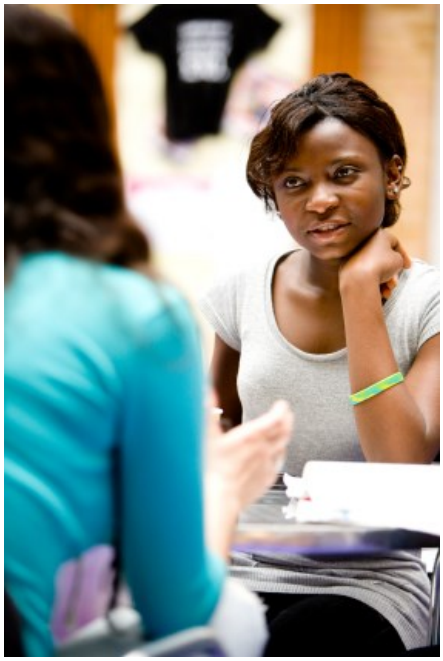
** If you are volunteering as part of a group, each volunteer 18 years of age and over must complete separate forms.*

Materials may be sent to:

Email: general@theharbour.org

Fax: (847) 297-8562 Attn: Volunteer Coordinator

Mail: The Harbour
1440 Renaissance Dr., Ste. 240
Park Ridge, IL 60068



Volunteer opportunities range from tutoring to assisting with moving youth into apartments

- *Completed forms must be returned at least one week before scheduled activity.*
- *You may be asked to complete additional documentation depending on services.*

JUST A FEW THINGS TO KEEP IN MIND….

- *It takes time to plan and implement activities*
- *You may be asked to provide fingerprints, a background check, or undergo training*
- *All youth volunteers must be accompanied by a responsible adult*
- *All food & supplies necessary for the project must be provided by you or your group unless otherwise agreed*

QUESTIONS?

Please don't hesitate to contact our office at (847) 297-8540 or email at general@theharbour.org

We are always excited to have members of the community involved with our mission, but please be aware that some activities cannot be accommodated to protect the safety & best interest of our clients.

Thank you—we look forward to working with you to improve the lives of our clients!

VOLUNTEER INFORMATION

If you are volunteering as part of a group, <u>each</u> participant
18 years of age and over must complete the following forms.

NAME:_____

ADDRESS:_____

EMAIL:_____

PHONE #:_____

HOW DID YOU LEARN ABOUT THE HARBOUR?_____

HAVE YOU VOLUNTEERED WITH THE HARBOUR IN THE PAST? YES NO

ARE YOU VOLUNTEERING AS AN INDIVIDUAL OR GROUP?

INDIVIDUAL GROUP

GROUP NAME:_____

OF VOLUNTEERS IN GROUP:_____

WILL ANY VOLUNTEERS BE MINORS (<18)? YES NO

PLEASE INDICATE WHICH OF OUR VOLUNTEER ACTIVITIES YOU ARE INTERESTED IN:

_____

_____

OTHER IDEAS FOR VOLUNTEER PROJECTS? WE'D LOVE TO HEAR ABOUT THEM!

_____

WAIVER OF LIABILITY

All Harbour volunteers, regardless of age, must complete and sign this Liability Waiver form prior to beginning volunteer activities. If you are under the age of 18 years of age, a parent or legal guardian must sign this waiver.

I understand that the scope of my relationship with The Harbour, Inc. is limited to a volunteer position and that no compensation is expected in return for services provided; that The Harbour, Inc. will not provide any benefits traditionally associated with employment, and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my involvement with The Harbour, Inc.

1. *Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless The Harbour, Inc. and its successors and*

assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to The Harbour, Inc. I understand and acknowledge that this Release discharges The Harbour, Inc. from any liability or claim that I may have against The Harbour, Inc. with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to The Harbour, Inc. or occurring while I am providing volunteer services.

2. *Insurance: Further I understand that The Harbour, Inc. does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of The Harbour, Inc. beyond what may be offered freely by The Harbour, Inc. in the event of such injury or medical expenses incurred by me.*

3. *Medical Treatment: I hereby Release and forever discharge The Harbour, Inc. from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my*

tenure as a volunteer with The Harbour, Inc.

4. *Assumption of Risk: I understand that the services I provide to The Harbour, Inc. may include activities that may be hazardous to me. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release The Harbour, Inc. from all liability for injury, illness, death or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.*

5. *Photographic Release: I grant and convey to The Harbour, Inc. all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by The Harbour, Inc. in connection with my providing volunteer services to The Harbour, Inc.*

6. *Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Illinois and that this Release shall be governed by and interpreted in accordance with the laws of the State of Illinois. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.*

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

_____	_____	_____
Volunteer Printed Name	*Volunteer Signature*	*Date*

I am the parent/legal guardian of the above signed, and I give my permission for the above youth to participate in the volunteer activity at The Harbour, Inc. I understand that The Harbour will not be responsible for supervising the above youth during volunteer activities.

_____	_____	_____
Parent/Guardian Printed Name	*Parent/Guardian Signature*	*Date*

CONFIDENTIALITY AGREEMENT

*Employees, Contractual Employees, Mentors, Interns & Volunteers of The Harbour possess confidential information about agencies, donors, personnel, governmental entities, families, children and individuals. Such information **may not** be shared **without** written consent of the parties. Breach of confidentiality will result in termination.*

By signing this Agreement you are acknowledging that you understand and agree with the above statement.

_____ _____

Print Name *Date*

_____

Signature

_____

Position

Harbour/Volunteer Agreement

The Harbour agrees to:

- ✦ Provide you with an orientation to familiarize you with our mission and organization
- ✦ Offer additional training and support if needed
- ✦ Place you in a location that you feel comfortable working in

Provide you with support, supervision and flexibility

As a Volunteer you agree to:

- ✦ Attend a welcome orientation either on the scheduled date or by appointment. ***(if applicable)***
- ✦ Give advance notice when you are unable to volunteer at an agreed time by either calling or emailing the volunteer coordinator or your assigned supervisor
- ✦ Submit a background check, if asked
- ✦ Maintain a positive goal-oriented environment
- ✦ Treat clients and staff with openness and respect
- ✦ Respect confidentiality
- ✦ In the event of a client crisis, please alert a staff member for assistance as this is part of their professional training and responsibilities.

Provide feedback and correspondence to the caseworker or coordinator

Volunteer

_____ _____

Name **Date**