



Our mission is to end abuse and violence by empowering women and their children through the provision of safe shelter, counselling, education and community partnerships.

Volunteer Commitment

While performing their duties, volunteers have a responsibility to conduct themselves in a manner which reflects positively on Women's Place of South Niagara Inc. (WPSN). They also have a right to expect a safe and positive working environment. If you have concerns about any of the responsibilities or rights outlined in this document, please discuss these issues with your supervising staff member or the Community Engagement Manager prior to your first shift.

1. I confirm that I am 18 years of age or older or, being under 18, have the approval of a parent or guardian to volunteer with Women's Place of South Niagara Inc.
2. I understand that as a Women's Place volunteer, I have a responsibility to understand the mission, values, and services of this agency. To this end, I will make myself familiar with information about Women's Place by attending a volunteer orientation session when one becomes available that fits my schedule, and through other means (e.g., reading the Women's Place website, asking questions).
3. I understand that I have a responsibility to treat staff members, volunteers, clients, and event guests with dignity, care and respect. I will not practice discrimination or harassment.
4. I understand that I am responsible for setting limits for myself. If I am being asked to do something I feel is unsafe or inappropriate for my skill level or physical abilities, or I am having difficulty with a staff member, volunteer or event guest, I have both the right and responsibility to ask for support from my supervisor, or for a change in my duties.
5. I understand that it is my responsibility to declare any real or perceived conflict of interest. A conflict arises when a volunteer, a member of his/her family or a business partner benefits, directly or indirectly, financially or otherwise, from the volunteer's role with Women's Place.
6. I agree to minimize my use of technology when volunteering. Excessive texting, calling, social media usage and the use of other forms of technology by volunteers are discouraged as these activities can impact safety and professionalism.
7. I understand that being under the influence of alcohol or drugs would interfere with my ability to safely volunteer. I therefore agree not to perform my volunteer duties while under the influence of drugs or alcohol.
8. As many people suffer from environmental allergies and are extremely sensitive to strong scents, I agree to moderate my use of perfumes and colognes when volunteering.
9. I understand that I am expected to be punctual for assigned shifts and to provide as much notice as possible if I am not able to fulfill a commitment.
10. I understand that I have a right to a safe working environment, and one that is free from discrimination and harassment.
11. I understand that I have a right to meaningful work that is well suited to my skill-level, interests, and reasons for volunteering.

Continued...

Confidentiality Agreement

I understand that as a volunteer of Women's Place of South Niagara Inc., I am required to safeguard client information. This confidentiality is a basic right of all clients, and an ethical obligation of Women's Place. I shall not release any information regarding a client, his/her family, friend etc. (including his/her identity) to any individual who is not currently employed by Women's Place of South Niagara Inc.

I understand that it is expected that employees and volunteers will limit their discussions of clients, and that these conversations shall not occur in public places. As much as possible, necessary discussions should involve first names only.

I understand that this agreement shall not bind a volunteer who believes that failure to disclose information is likely to result in harm to others. Such cases should involve clear and imminent danger to an individual or society. Wherever possible, the volunteer shall inform his/her supervisor prior to disclosure.

I understand that notwithstanding this agreement, all volunteers of Women's Place of South Niagara Inc. shall be bound by their legal obligations under the Child and Family Services Act. This Act requires our agency to report all suspected cases of child abuse. If, in my role as a Women's Place volunteer, I witness or have reason to suspect child abuse, I shall report this information to a staff member, who will take the necessary steps to ensure that FACS Niagara is informed of the situation.

Volunteer Waiver

I am agreeing to act as a volunteer for Women's Place of South Niagara Inc. (WPSN). I acknowledge and agree that activities performed in this role will be performed strictly on a voluntary basis, without pay, compensation or benefits. I agree to comply with the rules and policies established by WPSN and that failure to do so may result in my removal as a volunteer. I am aware of the nature of the activities to be performed as a volunteer, and I recognize and understand that there are certain risks inherent in any role. I agree that all volunteer activities are performed at my own risk. I understand that if any accident/injury occurs, no matter how minor, I will complete an Incident/Accident Report form and seek necessary medical attention. I agree to indemnify and hold harmless WPSN, its officers, directors, employees, agents, and volunteers from and against any loss, damage, claims, liability, costs and expenses of any nature arising from or occasioned by my activities as a volunteer for WPSN. I agree that WPSN may use my image for WPSN displays, educational programs and/or other public relations, and I hereby release any such images/photographs for use in its programs, publications and purposes.

I have read the above Volunteer Commitment, Confidentiality Agreement and Volunteer Waiver and state that I understand the information contained herein, and that I am voluntarily sign this document without any inducement or representation from any member of the WPSN staff.

Volunteer Signature

Volunteer Name (Print)

Date

**Guardian Signature
(if volunteer is under 18)**

Guardian Name (Print)

Date