

Outlook Nebraska, Inc. Volunteer Program Policies and Procedures

Definitions

Volunteer – Volunteer is an individual who provides services to Outlook Nebraska, Inc and its associates and participates in the mission “To Positively Impact Everyone who is Blind or Visually Impaired”. A volunteer shall not be considered an associate or an independent contractor.

Types of volunteers

- Type A: This volunteer is expected to perform duties at public events organized by Outlook Nebraska, Inc. He or she will have only open public interaction with vulnerable people and will not have access to sensitive information.
- Type B: This volunteer is expected to perform general duties on a recurring basis. He or she will have only open public interaction with vulnerable people and will not have access to sensitive information.
- Type C: This volunteer is expected to perform general duties and work directly with vulnerable people and/or have access to sensitive information.

Vulnerable People – Any child under the age of 19. Also, an adult that has a substantial functional impairment.

Sensitive Information – proprietary and confidential information relating to ONI and its associates, clients, volunteers, and donors, including, but not limited to, financial information, personal information, associate information, and program operating practices.

Volunteer Procedures

Volunteers may apply online or in person at ONI. Volunteers will identify their skills and interests, availability, time commitment and duration on the application. Volunteer contact information will be maintained on file by ONI. Volunteers will be contacted by

ONI as services are needed. ONI administrators requesting volunteer services will identify what type of volunteer is required (see definitions above).

Screening Procedure - Volunteers will be screened according to their duties.

Depending on the volunteer's duties, the volunteer will fall into one of three categories as described above.

Screening and volunteer onboarding procedures shall apply as follows:

- Type A Complete the online application, sign required releases (Medical and Liability waiver, Photo/video consent, Confidentiality for Volunteers), and complete a brief orientation of ONI and volunteer expectations and rules with the volunteer supervisor of the service opportunity.
- Type B. In order to begin working, a volunteer must complete the online application and sign necessary releases (Medical and Liability waiver, Photo/video Consent, Confidentiality Agreement for Volunteers), read and review the Outlook Nebraska, Inc. Volunteer Program Policies and Procedures, and attend an orientation given by Human Resources.
- Type C In order to begin working, a volunteer must complete the online application and sign necessary releases (Medical and Liability waiver, Photo/video consent, Confidentiality Agreement, and Background Check,) read and review the Outlook Nebraska, Inc. Volunteer Program Policies and Procedures, attend an orientation given by Human Resources, and submit to a background check.

Training

Volunteers receive training on the service they are offering as part of their volunteer service with Outlook Nebraska, Inc.. Training will be given by the direct supervisor of the volunteer.

Dress Code

Volunteers are representatives of Outlook Nebraska, Inc. and are responsible for presenting a positive image to the community. Volunteers must dress appropriately for

the performance of their duties. Any questions regarding the dress code may be addressed to the volunteer's supervisor.

Attendance

Volunteers and their supervisor will work together to determine what days and times the volunteer is needed. It is crucial that a volunteer contacts his or her supervisor in the event he or she cannot attend an event with enough time for the supervisor to schedule another volunteer. Outlook Nebraska, Inc. will contact volunteers, in a timely manner, when events are canceled or schedules are changed.

Youth Volunteer and/or Service Learning

Volunteers under 19 years of age must have written consent of a parent or guardian before volunteering. Students volunteering for service learning credit hours for their school should provide all necessary paperwork required for documentation of the service learning hours.

Safety

Safety is of primary importance in every aspect of our volunteer activities. Volunteers must obey safety rules, maintain safe work practices, and exercise caution in all aspects of their duties. Volunteers are expected to immediately report any injury, unsafe environments and any equipment or condition that may pose a safety threat immediately to their supervisor.

Transportation

When driving a personal vehicle while volunteering for ONI, drivers must abide by state laws including having a valid driver's license and insurance. ONI is not responsible for injury or damage occurring during the volunteering time. Only Type C volunteers are allowed to transport clients or associates in private motor vehicle and only with a minimum of two adults in the vehicle in addition to the minor/vulnerable adult. If minors are being transported by bus, an additional adult plus the bus driver is sufficient.

Conduct

ONI strives to uphold an atmosphere that reflects our values of Trust, Collaboration, Respect, Growth of all individuals. Volunteers are expected to follow rules of conduct that will protect the interest and safety of all volunteers, staff and Outlook Nebraska, Inc.. The following are some examples of improper conduct:

- Using alcohol or illegal drugs and/or illegal or unauthorized possession, distribution, sale, transfer of drugs while in the volunteer environment.
- Unauthorized disclosure of Outlook Nebraska, Inc. propriety or confidential information.
- Any communications resulting in the use of obscenities.
- Any other disrespectful conduct.
- Any violent physical contact including corporal punishment

Social Media

As representatives of ONI, volunteers are expected to represent ONI, activities, ONI associates and other volunteers in a positive light on any social media. **All volunteers must sign the Video/Photo/Audio Consent Form.**

Harassment and Discrimination

Outlook Nebraska, Inc. is committed to providing volunteers with a harassment and discrimination free environment. Any inappropriate behavior based on an individual's sex, disability status, race, ethnicity, age, religion, sexual orientation, or any other legally protected characteristic will not be tolerated. Volunteers should report any harassment, discrimination or inappropriate behavior to the immediate attention of their supervisor.

Abuse and Molestation Prevention and Response

ONI espouses a zero tolerance policy of any abuse or molestation or attempted abuse or molestation by an associate, volunteer, or hired contractor. To ensure the utmost safety of all clients and particularly of minors and vulnerable adults, these best practices for prevention must be followed:

- No person with a record of abuse or molestation will be allowed to volunteer or work with any ONI clients or vulnerable persons.
- Type C volunteers and staff working directly with minors or vulnerable persons will be trained to identify signs of abuse or molestation.
- One-on-one training must be held in areas freely visible or accessible by other staff or volunteers (e.g. windows in doors, open doors or cubicles.)
- At least two adults must be present when services or activities include a minor.
- If a minor or vulnerable person will be picked up by someone other than a parent or guardian, ONI must be notified prior to the event and identification is required before the participant is released.
- Parents or guardians are welcome to attend any training or activity at any time with no prior notification.
- Transportation of minors or vulnerable persons can only be offered by Type C volunteers or staff with background checks on file and must include a second adult in the vehicle.
- ONI does not offer overnight activities.

If an ONI staff member or volunteer is told of or suspects abuse or molestation has occurred, staff members are required to immediately ensure the safety of the minor or vulnerable person by verbally confirming with them they are safe and accompanying them to a supervisor to report the incident. At no time shall the minor or vulnerable person be left alone with a possible perpetrator.

In the event of an allegation or report of abuse or molestation immediate care will be provided to the victim including medical and mental health support. If victim is a minor, parents will immediately be notified. Victim will remain in the supervision of two adults (not related to the incident.) All mandatory reporting requirements will be followed including notification of state authorities within 24 hours. Anyone suspected of an abuse/molestation offense will be subject to civil or criminal prosecution to the fullest extent allowed by law. All staff and volunteers present at time of incident will be required to provide a written statement of their observations. Volunteers or staff involved in

perpetrating any abuse or molestation will immediately be removed from service until further notice. Activity supervisors will notify all ONI Senior leadership of the incident and determine additional appropriate internal response. ONI staff will fully cooperate with any formal investigation of any allegations of abuse or molestation.

Public Display

This policy and all related forms are available for public access on the ONI website.

ONI Orientation Training Outline

- Vision of ONI and connection of activity to vision and objectives of activity
- Plan for activity or work to be completed by volunteer
- Introduction of all staff and supervisors and other volunteers participating in the activity or work.
- General awareness of how to work with someone who is visually impaired
 - –Always introduce self, let them know you have your hand out to shake if need be but never take their hand or arm without asking permission
 - Ask if a person would like assistance first before providing it. If so, ask what manner of assistance works best for them as each visually impaired person has unique capacities and limitations.
 - Encourage independence as much as possible by giving direction rather than doing an activity for a visually impaired person unless requested to do so.
 - Respect their privacy to choose not to share their medical or vision history.
- Specific instruction for activity or work being done at this event.
- ONI policies when working with minors and/or vulnerable adults:
 - Two adults must be present at all times when working one on one with minors. This includes any time a minor needs private assistance of any kind.
 - Keep doors ajar and music/sound down at all times.
 - Always ask permission before you touch a person and indicate where you are going to touch them (e.g. arm, shoulder, waist, feet.)
 - All volunteers are required to report:
 - Any safety hazards
 - Injury to themselves or another volunteer, staff, or client
 - Misconduct by any volunteer or staff member
 - Suspected abuse or molestation
- Receive a verbal agreement of all of these instructions and expectations.
- Any questions? Ensure volunteers knows immediate supervisor and how to contact at all times.

CONFIDENTIALITY AGREEMENT FOR VOLUNTEERS
Required for Type A, Type B, Type C Volunteers

AS A VOLUNTEER FOR OUTLOOK NEBRASKA INC. ("ONI"), I HEREBY AGREE AS FOLLOWS:

1. **Confidentiality.** During the course of my volunteer work for ONI, I have had and/or will have access to proprietary and confidential information relating to ONI and its associates, including, but not limited to, financial information, donor information, associate information, associate programs, and training. During the course of my volunteer work and thereafter, I will keep secret and retain in strictest confidence all such proprietary and confidential information, and will not disclose, disseminate or use such information to my own advantage or for the advantage of any person, business or entity other than ONI.

2. **ONI Property.** All records, files, charts, reports, data, memoranda, notes, models, specifications, programs, lists (including computer-generated lists), drawings, documents, emails, equipment, and similar items relating to ONI's business and any other proprietary data or objects I prepared or received in the course of my volunteer work with ONI shall remain ONI's sole and exclusive property. I agree not to remove copy or use any ONI information for personal benefit or the benefit of any other person or business entity.

Volunteer Signature

Date Signed

OUTLOOK NEBRASKA, INC. MEDICAL AND LIABILITY RELEASE FORM

Each participant and their parent and/or guardian must complete the liability release form. Forms must be turned in before participating in OUTLOOK NEBRASKA, INC. sponsored activities.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT"). In consideration of participating in sponsored activities provided by OUTLOOK NEBRASKA, INC., I represent that I understand the nature of this activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity may involve risks of serious bodily injury which may be caused by my own actions, or inactions, those of others participating in the activity, the conditions in which the event takes place, or the negligence of other parties; and that there may be other risks not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity. Furthermore, I do hereby accept the responsibility for any injury I may incur while participating in any volunteer activity. In order that I may receive the necessary medical treatment, I hereby authorize Outlook Nebraska, Inc., to obtain medical treatment for such injury or illness during volunteering, and I hereby hold the personnel and representatives of Outlook Nebraska, Inc., the host facility, employees and directors harmless in the exercise of this authority. I hereby release, discharge, and covenant not to sue Outlook Nebraska, Inc., or its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

USE OF PERSONAL IDENTIFYING CHARACTERISTICS

At some point during your volunteer service your image and activities may be recorded. By volunteering you are consenting to allow ONI to use your image, name, voice and activities in any and all publications, publicity and fundraising materials, newspaper, radio or television coverage, social media or for general information purposes.

I have read, or a representative has read this on my behalf, this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability

to the greatest extent allowed by law and agree that if any portion of this Agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Date: _____

Printed name of participant: _____

Signature of participant:

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any releasee may incur as the result of any such claim.

Date: _____

Printed name of Parent/Guardian: _____

Medical Allergies: _____

Signature of Parent/Guardian:

Video/Photo/Audio Consent Form

I, the undersigned, do hereby consent to the use by Outlook Nebraska Inc. of my image, voice, or both described below, in (1) the video, photograph, or audio recording described below; and (2) any video, photograph, or audio recording reproduced either in whole or in part from the video, photograph or audio recording described below: regardless of whether these materials are used for fundraising, advertising, publicity, or any other purpose on behalf of Outlook Nebraska Inc.

Further, I hereby grant to Outlook Nebraska Inc. the absolute and irrevocable right and permission to use, re-use, publish, and re-publish, and otherwise reproduce, modify, and display, in whole or in part, individually or in conjunction with other information, and in conjunction with any copyrighted matter, in any and all media now or hereafter known, for illustration, promotion, art, advertising, and trade, news, informational and educational purposes and to copyright the same, in its own name or otherwise and assign my rights throughout the world in the following information related to me.

I warrant that I have the full right and authority to grant this consent.

In addition, I waive all claims to compensation or damages based on the use of my image or voice, or both, by Outlook Nebraska Inc. I also waive any right to inspect or approve the finished photograph or video or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns.

I understand that I will receive no remuneration or consideration for use of my image, voice or both.

I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

Description of situation involving video, photograph, or audio recording:

Printed name of participant:

Age of participant:

Address of participant:

Signature of participant:

Date:

Parent/ Guardian Printed Name and Signature (if participant is under age 18)