



Volunteer Application

As a volunteer for Valley Center for the Blind (VCB), I agree to act within the scope of my responsibilities and abide by all program policies and procedures as specified in, but not limited to the following: volunteer job descriptions, handbooks, manuals, and other guidance. VCB is not responsible for any activity that I engage in, or any responsibility that I assume other than those specified in the above mentioned program policies and procedures. Any action that I take outside the scope of responsibilities for my volunteer position will be taken at my own personal risk.

Nature of Volunteer Service

- I understand that as a VCB volunteer, I will be relied upon to serve DOR & VCB clients and their community. The scope of responsibility varies for each volunteer.
- I understand that my responsibility may include providing accurate and objective assistance to VCB consumers.
- I understand that my responsibilities may include the use of internet-based programs to help clients.
- I understand that my responsibilities may also include educating the public on issues that affect blind and visually impaired people.
- I understand that my volunteer activities may need to take place at specific sites, by telephone, or at clients' homes when necessary.
- I understand that I must submit monthly documentation of my activities to my VCB supervisor.
- I understand that VCB volunteers provide services free of charge to any consumer who seeks assistance from the program.

Confidentiality

- I understand that I will have access to sensitive information about consumers.
- I agree to keep such information confidential and to use it only to perform my duties as a VCB volunteer, to the extent that a client explicitly authorizes.



Non-conflict of Interest

VCB volunteers cannot promote private or personal interests as they go about performing the duties described in VCB program policies and guidelines. To comply with this requirement, I agree to the following:

- I will in no way attempt to conduct market research, or solicit or persuade clients to purchase or enroll in a specific type of disability service, to switch from one service provider to another to replace existing services, or to go to a specific provider of service or services.
- I will not disclose or use confidential or other personal information obtained from a client through my association with VCB for personal gain of my employer or any other party.

Agreement

- I understand that as a volunteer, I am committing to _____ volunteer hours each month.
- I agree to attend initial and update training programs as required.
- I agree to respect the confidentiality of my clients and to exercise good faith and integrity in performing my duties as a VCB volunteer.
- I understand that a breach of this agreement will result in the termination of my volunteer service and may subject me to liability for harm that I cause to a client through a breach of confidentiality or acting outside the scope of my responsibilities.

Volunteer Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

(If volunteer is under 18.)