



VOLUNTEER WELCOME PACKET

Dear Volunteer,

Welcome to Institute of Wholistic Empowerment ! Your services are crucial to the success of our programs, and we are delighted to have you join us.

Institute of Wholistic Empowerment is a non-profit agency located in Miami and Broward county that has been providing support for our citizens since 2017. In our short yet effective year history, we have helped hundreds of individuals become informed and self-sufficient. To our volunteers, we offer opportunities to create a safer and more hopeful future for women, veterans, persons with disabilities and returning citizens. We are a 501(c) (3) tax-exempt non-profit agency.

The work that we do is certainly challenging but rewarding work!

Programs we offer include volunteer opportunities in the following areas:

- Administration
- Group Facilitation
- Nonprofit Management and Development
- Marketing

It is important to remember that we are not here to work miracles or to make everything all right for all people. Most of our clients simply want to be treated with respect and provided with the information they need to make their own decisions.

Welcome to Institute of Wholistic Empowerment!

Volunteers are an essential, collaborative component of our mission, which involves supporting and improving our community. The volunteer work that you will do and the time you will give are immeasurable to our organization.

Please read through the following, which will give you information about our organization and what is expected at your volunteer project.

About Institute of Wholistic Empoerment

About Us

Institute of Wholistic Empowerment is a non-profit 501 C (3) organization that seeks to create positive community development, inspire education, build partnerships and promote entrepreneurship. We encourage personal growth, self-advocacy, and self-sufficiency by supporting individuals in their efforts to become successful.

Institute of Wholistic Empowerment has been serving the community for over three years and has provided employability skills training and job placement services to youth and adults with varying limitations and backgrounds. Institute of Wholistic Empowerment has established a comprehensive process that supports each individual's career pathway by providing case management, workforce readiness, support services and job placement.

Our clients represent some of the most vulnerable members of our community living with a plethora of barriers that may be hindering them from being successful participants in society.

Our Approach

We take a person-centered, holistic approach to working with our participants to assist them in overcoming challenges. Our integrated model of care treats the whole person, understanding that our clients are affected by many other aspects of life, from housing to financial wellbeing to physical health. We design our programs as a coordinated system of care rather than isolated services.

Our Mission

To create positive community development, inspire education, and promote entrepreneurship

Age requirements

Volunteers ages 18 and up can participate in our group volunteer projects.

Group Volunteer Project Assignment

Institute of Wholistic Empowerment Director will work with your organization's representative to assign your group a project or event that meets your needs.

Commitment

Your organization's representative will provide each volunteer in your group with a website link to create a personal profile. The volunteer profile captures your contact information.

- Your representative will also send you a web link to digitally sign confidentiality, liability, and photo release waivers/forms. These forms must be signed prior to volunteering.
- Commit to volunteering on the assigned day of your group's volunteer project. Give your volunteer contact advance notice, if possible, if your plans change.
- Participate in an evaluation of your experience.
- Volunteers will be required to arrive to the project site 10-15 minutes early to sign-in and to participate in an orientation prior to the start of the volunteer responsibilities.

- Bring minimal belongings to the project site. There will be a spot to place purses and other small items.

Conduct

- Do not exceed the limits or responsibilities of the volunteer project. Volunteers may not act as representatives of Institute of Wholistic Empowerment to the media or by solicitation of goods or monies.
- Institute of Wholistic Empowerment is a tobacco-free environment. These provisions apply to all indoor and outdoor areas of our facilities, including our administrative offices.

Dress Code

- Wear comfortable, non-revealing clothing that does not expose excessive parts of your body. Minimal jewelry is allowed.

Work Related Injury

- Notify the Director if anyone is injured on site.
- A First Aid Kit will be available.
- Volunteers are asked to sign a liability waiver before beginning their volunteer service.

Photos

- Photos will be taken throughout the volunteer project for use in Fruits of Charity's Incorporated's educational and marketing materials.
- Volunteers will sign a photo release form confirming their understanding of and dedication to compliance with photo release policies.

Cell phone usage

Incoming cellular/digital telephone calls are disruptive to an efficient work environment. When volunteers are working with or in close proximity to clients, Institute of Wholistic Empowerment asks that volunteers turn off cellular/digital telephone ringers. Institute of Wholistic Empowerment recognizes there are occasions when cellular/digital telephones must be used in the office, but requests that discretion be used and that such calls be limited as much as possible.

Confidentiality

Because of our sensitivity to client safety and confidentiality, volunteering in positions that involve direct contact representing Institute of Wholistic Empowerment in the community requires a commitment to the organization. This type of commitment includes an interview with the Director a criminal background check, and in-house training as needed. Throughout your initial training and your volunteer experience, you will learn new skills and techniques to help you help people in crisis.

- At times you may or may not be directly interacting with our clients during your volunteer project, you may be on-site at a location where our clients receive services. Respect for the confidentiality of client and

staff information is paramount. Volunteers should not discuss specific client or staff issues in public places, outside the program, or in front of other clients.

- Volunteers will sign a confidentiality agreement confirming their understanding of and dedication to compliance with confidentiality policies.

Volunteer Guidelines for Confrontational Situations and Crisis Intervention

There are times when our site participants may display negative behaviors towards volunteers or other people. Please use the following guidelines to maximize safety for everyone involved.

1. **Always have two volunteers on duty when present.** For your safety, you should not be volunteering alone unless the situation accommodates this, and the volunteer is in agreement and comfortable with such arrangements. If you find yourself as the only volunteer in an uncomfortable situation, please contact staff.
2. **Avoid confrontation.** If you have a concern/complaint about a person's behavior you can calmly remind them of the rules, but do not make personal or blaming/judging comments.
3. **Diffuse confrontation.** If a situation becomes at all confrontational, stay calm and get out of it. Apologize if necessary. Remember that it is not your job or your role to make people behave better, beyond having calmly stated the rules or expectations. Offer to call staff.
4. **Staff.** If there has been any confrontation at all, you must connect with staff immediately. We need to know about these incidents in order to respond to them individually and to track them for the safety of everyone involved with the program. This is a courtesy to the staff, participant and future volunteers, and is a requirement of your volunteer position.
5. If you feel **AT ALL** threatened:
 - **Call 911.** Do not hesitate to do this. If necessary, you can pretend to be calling someone else: "Hello Susie, I need some cash for a woman here..." The police will come, they will not mind, and they won't press charges unless we want them to (unless there is domestic violence). **Know your address and your location in the building**, such as "the southwest lower entrance".
 - **Leave.** Get yourself to a safe place if at all possible: pretend to be getting something the person wants, use your exits, and get to someplace where there are other adults, even other participants who are not part of the confrontation.
 - **Call Staff.** In the case of threat, aggression or violence, the staff will respond in person immediately. If you have not called 911 and there has been threatening, aggressive or violent behavior, the staff will do so before responding.

Helpful Volunteer Interventions at Different Stages of Crisis Volunteers can provide support by showing empathy and non-judgment.

Ways to provide support:

1. Active listening- rephrase or summarize what they are saying to you.
2. Validate- point out why their anxiety is valid. Example) "things are really stressful for you right now, it's understandable that you would be feeling overwhelmed".
3. Asking what we can do to be helpful and maybe giving some options of how we can help.
4. Allowing for venting in a safe space with non-judgment.
5. Remove audiences if at all possible. Example) see if they may want to talk with you in an office or more private and quiet place. Offer to call a staff person so that they can speak with them. **Do not meet with clients alone.**

Application for Volunteer Service

Please complete this form and submit it to the Director/Volunteer Coordinator.

PLEASE PRINT NEATLY

Name: _____ Date: _____

Date of Birth: _____ Age: _____ Female: _____ Male: _____ Ethnicity: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Business): _____ Other: _____

Email address: _____

Are you employed? _____ Where (Optional)? _____

Are you bilingual? _____ If so, please list language(s): _____

Tell us about yourself and why you want to volunteer:

How did you learn about us? _____ Have
you volunteered before? If so, where and in what capacity?

Do you have any outstanding TPO's or warrants? Yes: _____ No: _____

A criminal background check is required for ALL volunteers. Will you allow Institute of Wholistic Empowerment

Resources to do a criminal record check on you? Yes: _____ No: _____

We reserve the right to obtain background information, TPO or warrant information due to the nature of our business, population and the safety of those we serve.

When are you available to volunteer?

Monday _____AM _____
PM

Tuesday _____AM _____
PM

Wednesday _____
_____AM PM

Thursday _____AM _____
PM

Friday _____AM _____
PM

Weekends _____AM _____
PM

Criminal Conviction Policy

All applicants are required to disclose on the Institute of Wholistic Empowerment application if they have been convicted of a crime. If an applicant has been convicted of a crime, then he or she is required to describe the nature of the situation and criminal conviction on the employment application. This information will be reviewed for jobrelatedness. The applicant will be automatically rejected if the applicant has been convicted of a crime (whether classified as a misdemeanor or felony) involving Domestic Violence, Sexual Assault, Weapons, and/or Battery Charges. If the conviction does not include any of the above-mentioned charges, a reasonable effort will be made to determine whether the criminal conviction has made him/her unacceptable for employment. The abovementioned disclosure and requirements will also apply to all Institute of Wholistic Empowerment applicants for internships and volunteering.

All current employees, interns, and volunteers of Institute of Wholistic Empowerment are also required to disclose whether they have been convicted of a crime. If a staff member or employee has been convicted of a crime, the staff member or employee will be automatically terminated if the conviction (whether classified as a misdemeanor or felony) involves Domestic Violence, Sexual Assault, Weapons, and/or Battery Charges. If the conviction does not include any of the above-mentioned charges, a reasonable effort will be made to determine if the crime has made him/her unacceptable for continued employment.

I have read and agree to comply with the terms of the above statement and will read and comply with the Institute of Wholistic Empowerment Resources' Policy.

Name: _____ (Please print)

Signature/Date _____ / _____

Statement of Confidentiality

I agree to treat the identity of all identifying information about clients and other members of the Institute of Wholistic Empowerment’s Program, as well as the location and other identifying information about the shelter, and transitional houses as confidential. Clients’ names will not be mentioned outside the structure of the program. Cases will not be discussed with any person other than Institute of Wholistic Empowerment Resources staff, unless specifically authorized by the client.

Rationale for the Confidentiality Agreement:

Each organization has an obligation to safeguard the confidentiality of personal information and shall not disclose the identity of an individual or information about a particular person without their consent. The policy of Institute of Wholistic Empowerment recognizes the rights of individuals to privacy and conforms to the general principles defined by the Federal Privacy Act of 1974, generally accepted social work practice and the guidelines of various professional associations. Institute of Wholistic Empowerment believes this to be important for each employee and volunteer is expected to read, understand and sign a confidentiality agreement before starting to work or volunteer.

The Principle of Client Confidentiality:

The principle of confidentiality limits the disclosure of personal information about clients served that is revealed (regarding clients) in a service (medical, counseling, legal) relationship. Clients’ expect their information to be safeguarded within the service relationship.

Volunteer Name: _____

Volunteer Address: _____

Volunteer Birth date: _____

Volunteer Signature: _____

Staff Signature: _____ Date: _____

We are obligated to safeguard the confidentiality of personal information and shall not disclose in an individually identifiable way, information about a particular person without the person’s expressed authorization. The procedure of Institute of Wholistic Empowerment recognizes the rights of individuals to privacy and conforms to the general principles defined by the Federal Privacy Act of 1974, generally accepted social work practice, and the guidelines of various professional associations. Institute of Wholistic Empowerment believes this to be so important that each new employee and volunteer is expected to read, understand and sign a confidentiality agreement before starting to work or volunteer.

Volunteer Contract

As a volunteer you agree to the following:

- Work a schedule mutually acceptable to the agency and volunteer;
- Become thoroughly familiar with the policies and procedures set forth by the agency;
- Be prompt and reliable in reporting to work and keep an accurate record of hours worked by signing in and out on the appropriate forms;
- Attend orientation and training sessions, as required, and undertake continuing education provided by the agency as necessary to maintain competence; Provide the Director/ Volunteer Coordinator advanced written notice of resignation or requesting leave of absence;
- Notify the program staff as early as possible if unable to report to work; Perform with dignity and caution when acting as a representative of the agency;
- Avoid entering into any agreements with third parties or assuming any third party responsibilities on behalf of the agency;
- Maintain confidentiality of all client information and all other information deemed confidential by the agency;
- Maintain the security of the agency at all hours and help promote the safety of other volunteers, program staff, and clients;
- Assist in any temporary job assignments outside those specified in the particular job description should it be beneficial to the agency and within the scope of the volunteer’s time or skills;
- Treat other volunteers, program staff, and clients with dignity and respect without regard for race, culture, ethnicity, religion, sexual orientation, disability, gender, or age.

Volunteer Signature Date _____

Director/Volunteer Coordinator Signature: _____ Date _____

INSTITUTE OF WHOLISTIC DEPARTMENT

MEDIA RELEASE FORM

I hereby grant Institute of Wholistic Empowerment, permission to use my likeness in photographs, videos, or other digital media ("photo") in any and all of its publications, including web-based productions, without payment or other consideration.

I understand and agree that all photos will become the property of Institute of Wholistic Empowerment and will not be returned.

I hereby irrevocably authorize Institute of Wholistic Empowerment to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I waive any right to royalties or other compensation arising or related to the use of the materials. I hereby hold harmless and release and forever discharge Institute of Wholistic Empowerment from all claims, demands, liability and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT(S) / GUARDIAN(S) AS EVIDENCED BY THEIR SIGNATURE(S) BELOW.

I ACCEPT:

Printed Name: _____

Signature: _____

Date: _____

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the “release”) executed on _____ (date) by _____ (“Volunteer”) releases Institute of Wholistic Empowerment, (“Nonprofit”), a nonprofit corporation organized and existing under the laws of the State of Florida and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to Nonprofit.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Nonprofit 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. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.

3. Medical Treatment: I hereby Release and forever discharge Nonprofit 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 Nonprofit.
4. Assumption of Risk: I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, but not limited to working with at risk populations and involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability.
5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.
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 Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. 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.

Signature _____ Date _____