



1601 Milltown Road Suite 8 ■ Wilmington DE 19808 ■ 302.743.7765

EMPLOYEE / VOLUNTEER POLICY

All employees / volunteers must complete a volunteer agreement.

Clearances are required when an employee / volunteer:

1. Has regular and repeated contact with staff, volunteers, program participants; or
2. Is responsible for the care, supervision, guidance, or control of staff, volunteers, program participants.

Clearances required are:

1. An original Delaware Criminal Background Clearance (<https://dsp.delaware.gov/obtaining-a-certified-criminal-history/>).
2. An original Delaware Child Protection Registry Request (<https://childprotectionregistry.delaware.gov/s/login/?startURL=%2Fs%2F&ec=302>) if working with youth.
- 3.

In addition to the requirements listed above, volunteers may be requested to complete professional development courses.

Procedures

1. Clearances must not be dated more than one (1) year prior to the date of service.
2. Clearances by other education / professional institutions accepted, not be dated more than one (1) year prior to the date of service.
3. Clearances must be updated every five (5) years. Clearances will be submitted to the Program Supervisor and Director for review and approval.
4. Clearances with any remarks from the reporting agency must be forwarded to the Board for final review.

*No individual will be approved to serve as an employee / volunteer if any of the required clearances provides evidence of an offense which would preclude such individual from volunteering with **MMatWF**.*

Program Supervisors will maintain a list of all employees / volunteers. Copies of all clearances required by this policy will be maintained in the Board.

Background Check Policy

FOR STATE BACKGROUND: A written authorization letter granting the Delaware State Police to conduct a background check on the individual must be signed by the individual. This does not need to be notarized. Send the authorization letter in along with a money order made payable to the Delaware State Police for \$52.00 along with your fingerprint card. The fingerprint card should be filled out entirely to include your name, any aliases, address, date of birth, social security, sex, race, height, weight, eye color, hair color and place of birth.

FOR PROFESSIONAL REGULATIONS: If professional licensing or certification is a requirement for a position, a verification may be completed to confirm status.

EMPLOYEE / VOLUNTEER AGREEMENT

This agreement outlines the responsibilities between **Meet Me at the Well Foundation** and

Volunteer’s Name _____

Street Address _____

City, State ZIP _____

Phone Number _____

The term of this agreement is five years from the date of the earliest clearance obtained, unless terminated earlier by either party. As a volunteer for **MMatWF**, I agree to and understand the following:

1. I am 18 years of age or older.
2. I am of good moral character.
3. I may be required to attend an orientation session prior to any work or volunteer time, as required by the program. **MMatWF** staff will provide the orientation.

4. During the course of my employment / volunteer service, **MMatWF** staff may closely supervise me.
5. Employee / volunteer background clearances may be required at the discretion of the **MMatWF** Board of Directors. I will provide the required clearance information prior to providing employment / volunteer services.
6. **MMatWF** may require me to complete professional development courses.
7. I may be requested to wear identification name tags (provided by **MMatWF**) while representing **MMatWF** during events.
8. In the course of employment / volunteer service with **MMatWF**, I have a responsibility to adhere to **MMatWF's confidentiality policy** by maintaining the confidentiality of any person or personal identifiable information and adhere to **MMatWF's intellectual property confidentiality policy** by maintaining confidentiality of any intellectual property that may be available to me in any form. I understand that it is my responsibility to assure rights and confidentiality of information both written and verbal. I understand that in the performance of my duties, I am not to discuss confidential information regarding other volunteers or employees with anyone. Any breach of confidentiality will be carefully reviewed, and if substantiated, could result in termination of volunteer involvement with **MMatWF**, and may result in legal action.
9. In the course of employment / volunteer service with **MMatWF**, I have a responsibility to adhere to **MMatWF's intellectual property confidentiality policy** by maintaining confidentiality of any intellectual property that may be available to me in any form. I understand that it is my responsibility to assure rights and confidentiality of information both written and verbal. Any breach of confidentiality will be carefully reviewed and if substantiated could result in termination of volunteer involvement with **MMatWF**, and may result in legal action.
10. Although my access to staff, volunteer, or program participant information is very limited, I shall not divulge to any person staff, volunteer, or program participant information without the consent in writing of the staff, volunteer, or program participant and **MMatTWF** and that any conversations that I have with a staff, volunteer, or program participant must be held in strict confidence.
11. I must report on time to the location assigned.
12. As a volunteer, there is no reimbursement for travel expenses and that my services are strictly voluntary and no payment will be received from **MMatWF**. I also understand that I may deduct eligible volunteer expenses on my taxes, and that to do so, I need to maintain appropriate records of my expenses (<https://ttlc.intuit.com/community/credits-and-deductions/help/is-volunteer-work-deductible/00/26641>).

13. I will be covered by the MMatWF's general liability insurance if I am hurt while conducting my services as an employee / volunteer.
14. I may be limited to activities or contact with staff, volunteers, or program participants specific to the program for which I have volunteered.
15. I must follow all MMatWF policies as stated on the MMatWF website and any policies or procedures for the individual program. I understand that this agreement may be terminated by either party for any reason, without cause, in writing to the other party.

 Volunteer's Signature Printed Name Date

 Board Member/Director Signature Printed Name Date

DISCLOSURE WAIVER

Volunteer's Name _____
 Street Address _____
 City, State ZIP _____
 Phone Number _____

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse or have been named as the individual responsible for injury or abuse in a founded report for a youth organization. I swear/affirm that I have not been convicted of one or more of the following crimes under Title 11 of the Delaware Consolidated Statutes or equivalent crime in another state within the preceding five years:

Relating to:

- criminal homicide
- aggravated assault
- harassment
- kidnapping
- unlawful restraint
- rape
- statutory rape
- involuntary deviate sexual intercourse
- aggravated indecent assault
- indecent assault
- indecent exposure
- concealing death of child
- endangering welfare of children
- dealing in infant children
- corruption of minor
- sexual abuse of children

I affirm my understanding that I may need to disclose possible conflicts in a manner that is safe and ethical with a member of the **Meet Me at the Well Foundation** Board of Directors or Executive Director, and that program participation is determined on a case by case basis. I understand that in the event that I am charged, arrested, or convicted for any of the above stated offenses or if I am listed as a perpetrator of a founded report of child abuse, I must notify a **Meet Me at the Well Foundation** Board Officer or Executive Director within 72 hours.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is cause for immediate dismissal and removal from any engagement with **MMatWF**.

Volunteer's Signature

Printed Name

Date

Board Member/Director Signature

Printed Name

Date