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FRIENDS AT HOME VOLUNTEER'S COMMITMENT TO EVERYONE'S SAFETY AND WELL-BEING

Ariella's New York Friendship Circle provides very special and unique opportunities for volunteers, special friends and their families to enrich the lives of each other. In doing so, most volunteers will encounter new and sometimes challenging situations. Thus, it is imperative to set expectations at the beginning so everyone will understand what they can expect. Therefore, volunteers, and their families each certify and agree by initialing next to each box and signing below that:

____ They understand that participation in this activity is entirely voluntary and requires volunteers to abide by applicable rules and standards of conduct (see Standards of Conduct form);

____ They understand that participation in Ariella's NY Friendship Circle activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding.

____ Parents have carefully considered the risks involved and give consent for their child to participate in this activity, if any volunteer is over 18 they, or their legal guardian on their behalf, agree to participate in this activity.

____ They do not use or possess any illegal drug, alcohol or controlled substances at any time, including at Ariella's NY Friendship Circle events or programs, including Friends at Home;

____ They will not have or use any alcohol or tobacco products at Ariella's Friendship Circle events or programs, including Friends at Home;

____ They will not bring any weapons, firearms or other dangerous items to any Ariella's NY Friendship Circle event or program, including Friends at Home;

____ They do not have any unsecured firearms in a home which hosts a Friends at Home program, nor will they bring any into any Ariella's NY Friendship Circle event or program including Friends at Home;

____ They have not been convicted of a crime, other than a minor traffic violation, nor do they have any individual that has been convicted of a crime, other than a minor traffic violation, living at or visiting a home that hosts a Friends at Home program.

____ They do not themselves have a history of violence or abuse of any kind; nor do they have any individual that has a history of violence or abuse of any kind, living at or visiting a home that hosts a Friends at Home program;

____ They agree to a background check of all occupants of the homes used by all parties involved in the Friends at Home program. By signing at the bottom of this document, all parties agree to provide the full name, complete address, and full date of birth of all occupants of these households, who are over the age of 18. This includes volunteers, participants, and all other residents of any home used in the Friends at Home program.

____ They acknowledge the risk of injury from the activities involved in Ariella's NY Friendship Circle events or programs and knowingly and freely assume all such risks for themselves and their child;

____ They will not participate in, nor allow their child to participate in, any activity, including Friends at Home, that they believe they and/or their child cannot perform in accordance with The NY Friendship Circles activities' instructions or in a safe manner;

____ If they observe any significant hazard during their participation in any event, including Friends at Home, they will stop participating in the event and inform Ariella's NY Friendship Circle representatives of such hazard immediately;

____ Cell phones will not be used during the Friends at Home Program unless it is an emergency or I am playing a game with my special friend or showing them photos or video on my phone.

____ They agree the Friends at Home Program is meant to take place inside the home of the child requesting a special friend. However, as friendships develop, friends may wish to do other activities outside of the home. Ariella's NY Friendship Circle will have no part in the decisions regarding whether or not Friends will be allowed to go out into the community. The parents of the special friends and the parents of the volunteers agree they will mutually agree on such activities, and any activities that do not take place inside that child's home will be at their own risk. This includes community outings, walks around the neighborhood, visits to volunteer's homes, or to homes of other people.

____ They agree At NO TIME may a Volunteer and their special friend be left alone, an adult must be present, in the room, or in the community, at all times.

____ They agree no volunteers will operate any vehicle in which a participant is riding. If the parents/legal guardians of all concerned agree to transport anyone involved in the Friend's at Home Program in a vehicle of any kind, they do so at their own risk and assume all liability for any injury or damage which may occur as a result of that decision.

____ In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose, to the adult in charge, examination

findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

____ They acknowledge that Ariella's NY Friendship Circle is an independently owned, operated and controlled local corporation.

____ They release Ariella's NY Friendship Circle, the directors, board, officers, activity coordinators, and all employees, volunteers, related parties, and other organizations, including the Chai Center and their board, directors, officers, staff, and volunteers, associated with the activity from any and all claims or liability arising out of this participation;

____ They agree Ariella's NY Friendship Circle, The Chai Center, and their respective employees and representatives are not responsible for any damages to personal property or personal injury which may occur during a Friends at Home visit or at any activity during or outside of Ariella's NY Friendship Circle sponsored events;

____ By signing below I certify that I have read this entire document and I understand and agree to all of the above rules, regulations and stipulations. I also stipulate if my child has another parent or guardian who has rights regarding my child, that I have the right to sign this document on their behalf. If I do not have that right I understand they must sign this document and the release below before we can begin participation in the Friends at Home program.

Volunteers's Name _____
(Please Print)

Volunteers's Signature _____ Date _____

Volunteer's Parent/ Guardian's Name: _____
(Please Print)

Volunteer's Parent/ Guardian's Signature: _____ Date _____

Volunteer's Parent/ Guardian's Name: _____
(Please Print)

Volunteer's Parent/ Guardian's Signature: _____ Date _____

Please note if a volunteer is age 18 or over, a background check must be done on the volunteer before they begin participation in the Friends at Home program.

Name, Address, and Complete Date of birth of everyone age 18 and over living in the household which may host a Friends at Home program or any volunteer age 18 or older, for the purposes of a background check must be provided below.

By signing below I agree to allow Ariella’s NY Friendship Circle, or their representative, to perform or obtain a background check, which will include, but is not limited to, a check on all criminal convictions and all complaints and convictions which involve violence or abuse of any kind.

1. Full Name _____ DOB _____
First, Middle, Last (Please Print)

Addresses _____
Street Address State Zip code

Signature _____ Date _____

2. Full Name _____ DOB _____
First, Middle, Last (Please Print)

Addresses _____
Street Address State Zip code

Signature _____ Date _____

3. Full Name _____ DOB _____
First, Middle, Last (Please Print)

Addresses _____
Street Address State Zip code

Signature _____ Date _____

4. Full Name _____ DOB _____
First, Middle, Last (Please Print)

Addresses _____
Street Address State Zip code

Signature _____ Date _____