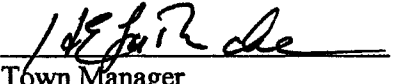
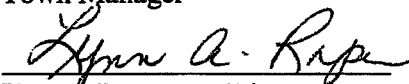


Policy No.: HR 25	Date of Issue: May 8, 2007
Subject: Non-Emergency Adult Volunteers	Effective Date: May 14, 2007
Approved by:  Town Manager  Human Resources Director	Rescinds:

Adult Volunteers in the Town of Salem, New Hampshire

This Policy will establish parameters, expectations and responsibilities for **adult** (at least 18 years of age) volunteers who are or will become involved in voluntary projects on property owned by the Town of Salem. The Town does not guarantee to defend or indemnify the volunteer in the event the volunteer is injured during service, or if a lawsuit against the volunteer arises out of volunteer service.

Important note: Safety is of utmost importance. Non-emergency volunteers should realize that they are not covered under the Town's workers compensation insurance but are covered under the Town's general liability insurance. Therefore, it is essential to remain on or in Town-owned property or facilities during the course of the volunteer activity. Volunteers will be supervised and should not work if unsupervised or without proper equipment.

I. POLICY:

Volunteers will not be compensated and will work only when supervised.

- I. Volunteer activities are **limited** to the specific tasks for which they are assigned.
- II. Before volunteer activities commence, the volunteer must complete the following documents which will be kept **confidential** in Human Resources:
 - a. Volunteer Disclaimer Form (attached)
 - b. Volunteer Information Form (including optional criminal history) (attached)
 - c. *Optional* Medical History Form* (attached)

The Town encourages the use of the Medical History Form.

- III. All volunteers will be given a **specific task** and will be deemed qualified to perform such volunteer work. Each volunteer is expected to communicate with the on-site coordinator if he or she is not able or willing to complete the volunteer work, becomes ill or must discontinue performing the activity.
- IV. Volunteers **may not operate** Town-owned vehicles at any time.
- V. Volunteers must **comply** with instructions and cooperate in using any and all safety equipment and materials. Town will provide necessary safety equipment.
- VI. The Town is not responsible for loss/theft of the volunteer's personal property.



Town of Salem, New Hampshire
HUMAN RESOURCES DEPARTMENT
Town Hall, 33 Geremonty Drive, Salem, New Hampshire 03079
tel: (603) 890-2070 fax: (603) 898-2077

VOLUNTEER DISCLAIMER FORM

Date: _____

Dear _____,

You are hereby recognized as a volunteer for the Town of Salem. Your duties as a volunteer are _____. Your tenure as a volunteer will continue until your resignation or until your termination by the organization.

The purpose of this letter is to comply with the provisions of RSA 508:17, the volunteer immunity law, which makes volunteers immune from civil liability on the basis of any act resulting in damages or injury to a person.

Thank you for your service.

Human Resources Director

Volunteer Signature

Date signed

Date signed

After you read, sign and date this Volunteer Disclaimer form, please return it to the Human Resource Department.

Thank you.

Town of Salem, New Hampshire
Town Hall, 33 Geremonty Drive, Salem, New Hampshire 03079

VOLUNTEER INFORMATION

PERSONAL INFORMATION (please print or type form)

Full Name:	Social Security #:
Street Address:	Home Telephone:
City:	Work Telephone:
State:	Zip code:

CRIMINAL HISTORY

Have you ever been convicted of any violation of the law or uniform code of military justice other than minor traffic violations? No [] Yes []

If yes, explain fully (Conviction will not automatically disqualify you from volunteering).

(Use additional sheet if necessary)

CERTIFICATION AND AGREEMENT

** Please read carefully before signing**

I AUTHORIZE the Town of Salem, NH to obtain any information from criminal justice agencies, or individuals relating to my activities. This information may include, but is not limited to, performance, personal history, disciplinary, arrest and conviction records (both juvenile and adult). Further, I hereby authorize the Town of Salem to review any relevant information that may be required to arrive at a decision to authorize my volunteer work. I understand that the information released is for the Town of Salem, NH use only.

I RELEASE any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may, at any time, happen to me as a result of compliance or any attempt(s) to comply with this authorization.

 Volunteer signature

 (Date)

 Witness signature

 (Date)

Town of Salem

33 Geremonty Drive - Salem, NH 03079 603-890-2070



VOLUNTARY MEDICAL INFORMATION FORM

The Town of Salem, NH would like you to completely fill out the form below and return it to the Human Resource Department where it will be held during the course of your volunteering activities and will be held in a CONFIDENTIAL FILE. This information will allow us to plan better for you while you are volunteering in an activity and IS VOLUNTARY. **This information will be most helpful in preventing emergencies and in dealing with emergency situations should they arise. Your cooperation is appreciated.**

Name: _____

Address: _____ Home telephone: _____

Volunteer activity: _____ Telephone _____

Notify in case of emergency: _____ (Relationship) _____

Telephone of emergency contact: Home: _____ Work: _____ Cell: _____

Date of last tetanus booster: _____

Voluntary questions; will be held in confidential file:

Do you have any medical problems that may interfere with duties (i.e.: allergies, asthma, seizures, heart defect; sensitivity to heat/cold, allergies, etc.)

Please describe any physical limitations: _____

Does you take medication that would cause a physical reaction and effect activities: If yes, please describe:

Health insurance information: _____

Additional information: _____

(I) hereby grant permission to the Town of Salem to secure medical care as may be required for me during the course of volunteering (i.e. calling an ambulance, administering first aid, CPR.)

Signature of Volunteer

Date