



## City of Greenville, SC Guidelines for Volunteers Working with Children

Volunteers who work with children usually have a very distinct impact on the child's life. Volunteers and other personnel in positions of authority should maintain clear and appropriate boundaries when working with children.

### **Physical boundaries**

- Only use physical contact that is appropriate for the development of a particular activity.
- Work within sight of others at all times.

### **Emotional/verbal boundaries**

- Use positive feedback on performance.
- Be encouraging and avoid negative comments.

### **Social boundaries**

- Don't socialize with program participants outside of the program.

### **Sexual boundaries**

- Don't have sexual relationships with program participants.
- Don't touch participants in ways likely to make them feel uncomfortable.

### **Avoid being alone with a child - To protect both yourself and a child from risk:**

- No volunteer should ever be in a one to one situation with a child.
- If a child approaches you and wants to talk to you privately about a matter, do so in an open area and in the sight of other adults.

### **Maintain control – avoid losing your temper**

- Adopt positive language and behavior. Avoid bad or aggressive language that could intimidate a child or set a poor example.
- If you find that you regularly lose your temper with children, you should seek support in learning how to manage your anger and consider whether you have the patience to work with children.

### **Some ideas to assist with maintaining control include**

- Set up some basic rules at the beginning of the season. Be gentle, but direct, be fair, and give clear instructions. Make sure children are aware of the rules.
- Give positive messages, boost their morale.
- Have a time out area for children and young people that are not behaving.

### **Make sure parents are clear about picking up participants**

- Parents/guardians are responsible for the collection of their children from programs on time.
- Have a file of parent/guardian emergency contact numbers and make sure program leaders have access to a phone.
- Avoid the risk of being alone with a child by having a parent/guardian/staff member or volunteer assist you with the programs. Require that person to wait until all children have left.
- Volunteers are not to transport individuals unless there is an extreme emergency.



signing for a minor child, my child is - in good health, has had no recent known or suspected exposure to a contagious disease, and has had no recent operation or serious illness that would interfere with his/her/my responsibilities as a City Volunteer and/or put me, my child, or others at risk from the performance of volunteer services.

8. **Insurance not Provided by City.** I understand that as a City volunteer, I do not receive from the City of Greenville any medical or workers' compensation insurance to cover me for injuries, death, or property damages sustained while performing volunteer services. If I believe I need – or my child needs - such insurance, then I am solely responsible for obtaining and/or maintaining such insurance on my own.
9. **Waiver, Release, and Indemnification.** In consideration of being allowed to participate as a volunteer, I hereby waive, release, and hold harmless the City of Greenville, including its officials, officers, and/or employees from and against any and all expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels) for all injuries, including death, damages, and/or losses which I may sustain or suffer as a result of or arising out of my participation in the volunteer service, unless same are caused by the gross negligence or willful misconduct of City; and also agree to indemnify, defend and hold harmless City, its officers, officials, and/or employees from and against any and all liabilities, losses, claims, demands, suits, judgments, causes of action and/or expenses of any kind including reasonable attorneys' fees resulting from property damage and/or personal injury, including death, resulting or arising from my negligence and/or willful misconduct, while performing volunteer services for the City.
10. **Understanding Acknowledged and Age Attested.** I acknowledge that I have fully informed myself (or my child) of the contents and meaning of this Volunteer Service Agreement, Release, and Indemnification, and I do voluntarily sign it of my own free will and as a condition of being allowed to participate with my volunteer service. Further, by signing this agreement, I attest to the fact that I am eighteen (18) years of age or older, or that I am the parent or legal guardian of a minor volunteer.
11. **Signature of Volunteer if over the age of 18, or of parent or guardian of volunteer who is under the age of 18.**

---

Signature of Volunteer / Parent / Guardian (circle one)

---

Date

**Endorsement, Agreement & Consent of Volunteer,  
Or Parent/Legal Guardian of a Minor Volunteer**

**Volunteer, Parent, or Legal Guardian:**

I hereby authorize the City of Greenville to take any steps necessary to ensure my health and/or my child's health in case of an emergency during my or my child's volunteer service with the City. I understand that the City of Greenville is not responsible for any liability arising out of the Volunteer or Child's participation in the volunteer work. I also authorize the City of Greenville to use my (and/or my child's) name, photograph, and/or image for public relations purposes related to the City of Greenville volunteer program.

\_\_\_\_\_

Print Volunteer or Child's Name

\_\_\_\_\_

Print Name of Parent or Legal Guardian, if applicable

\_\_\_\_\_

Signature of Volunteer, Parent, or Legal Guardian

\_\_\_\_\_

Date



# City of Greenville Volunteer Service Application

VOLUNTEER INFORMATION		
<b>Volunteer Position:</b> _____	<b>Department:</b> _____	<b>Date</b> _____
<b>Name:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>Middle Initial</span> <span>Last</span> </div>		
Mailing address: _____		
City: _____	State: _____	Zip: _____
Email: _____	Cell: _____	Other Number: _____
Date of Birth: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Month / Day / Year</span> </div>	Signature _____	
PARENT/GUARDIAN/OR LEGAL CUSTODIAN (If applicant is a minor)		
<b>Name:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>Middle Initial</span> <span>Last</span> </div>		
Mailing address: _____		
City: _____	State: _____	Zip: _____
Email: _____	Cell: _____	Other Number: _____
<i><b>My child</b> _____ <b>has my consent to volunteer for the City of Greenville.</b></i>		
Signature _____		Date: _____
EMERGENCY CONTACT INFORMATION		
<i><b>In case of EMERGENCY, this person can be reached between the hours of 8:30 a.m. and 5:00 p.m.</b></i>		
<b>Name:</b> _____		<b>Relationship</b> _____
<div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>Last</span> </div>		
City: _____	State: _____	Zip: _____
Email: _____	Cell: _____	Other No.: _____
VOLUNTEER AVAILABILITY		
1. On what days are you available to volunteer? (Circle all that apply.) <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Monday</span> <span>Tuesday</span> <span>Wednesday</span> <span>Thursday</span> <span>Friday</span> <span>Saturday</span> </div>		
2. At what time of day are you available? (Please Circle) <u>8:00 a.m. to 5:00 p.m.</u> <u>8:00 a.m. to 12:00 noon</u> <u>12 noon to 5:00 p.m.</u> <u>Evening/Special Events</u>		
3. How often can you volunteer? (Please Circle) <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Once a week</span> <span>Alternating Weeks</span> <span>Once a month</span> </div>		
4. Are you available to volunteer during the school year?    _____ Yes    _____ No After school or weekends?    _____ Yes    _____ No		

**GENERAL QUESTIONS**

1. Identify special skills and experiences that qualifies you for this volunteer position:
2. List any formal training/certifications you have received relevant to the volunteer position you have applied for:
3. Describe any previous volunteer experience you may have in general and with the City of Greenville specifically:  
Where: \_\_\_\_\_ As \_\_\_\_\_ Dates: \_\_\_\_\_  
Where: \_\_\_\_\_ As \_\_\_\_\_ Dates: \_\_\_\_\_

**STATEMENT OF VOLUNTEER INTEREST**

Please write a brief statement as to what you expect to benefit from participation with the City’s volunteer program.

**MEDICAL CONDITIONS**

Do you (applicant) have any medical conditions or allergies of which we need to be aware of?  
 No  Yes. (If yes, please explain):

**ADDITIONAL APPLICATION REQUIREMENTS**

1. All Volunteers MUST sign a Volunteer Service Agreement, Release, and Indemnification Form (Exhibit B).
2. All Zoo Volunteers working with or around animals MUST provide the City of Greenville proof of a negative TB test given within the last 90 days. This information is required upon application and before a background screen can be processed. TB test information needs to be updated yearly.
3. All Community Center/Recreation Volunteers working with or around children in an indoor setting MUST provide the City of Greenville proof of a negative TB test given within the last 90 days at the time of the drug screen.

**HOW DID YOU LEARN ABOUT OUR VOLUNTEER OPPORTUNITIES? (Check all that apply.)**

City of Greenville:	<input type="checkbox"/> Dept. Newsletter	<input type="checkbox"/> External Volunteer Organization (Specify):	<input type="checkbox"/> Friend/Family
<input type="checkbox"/> Website	<input type="checkbox"/> Newspaper		<input type="checkbox"/> Other: (Specify):
<input type="checkbox"/> Facebook	<input type="checkbox"/> Public Service Announcement	<input type="checkbox"/> School (Specify):	
<input type="checkbox"/> GTV			