



## 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.



8. **Confidential Information.** I understand that during my volunteer service, I may have access to, or may observe, certain information that is proprietary to the City and I hereby agree not to disclose, discuss, or reveal any such information to parties outside of the City and to keep any City records or files, confidential. I also agree to keep any information about persons or businesses that I may observe confidential and not to disclose, discuss, or reveal any such information to anyone other than those involved in my volunteer service with me.
9. **Health Certification.** I certify that I am – and in the case of parents or guardians of minor children, 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.
10. **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 which automatically covers me for injuries or death sustained while performing volunteer services. If I believe I need, or my child needs, such insurance, then I am solely responsible for maintaining such insurance on my own.
11. **Acknowledgement and Assumption of Risk.** I understand that volunteer service by nature is not without risk. The same elements that contribute to the unique character of volunteer service, such as exposing oneself to the natural elements, involve risks of accidental injury to volunteers, illness, or in extreme cases, permanent trauma or death. I herein acknowledge that I have read the statement on risks involved in this activity and knowingly and freely assume all such risks on behalf of myself or my child, both known and unknown, even if arising out of the negligence of the persons released from liability below. I assume full responsibility for my, or my child's, participation in volunteer service, and I willingly assume full responsibility for myself, or my child, for expenses, loss of personal property, bodily injury, and/or death arising out of, or in any way connected with, volunteer service.
12. **Acknowledgement and Assumption of Risk Relating to COVID-19.** Despite the COVID-19 mitigation efforts enacted, the City of Greenville cannot prevent volunteers from becoming exposed to or contracting the COVID-19 virus. It is not possible to prevent against the presence of the disease. Therefore, if you choose to volunteer you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. By volunteering at this event, I hereby choose to accept the risk of contracting or being exposed to COVID-19. Further, I acknowledge that I will not attend this event if I have knowingly been exposed to and/or are showing symptoms of COVID-19.

13. **Release from Liability.** IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE AS A VOLUNTEER, I AGREE TO RELEASE, AND HOLD HARMLESS THE CITY OF GREENVILLE, INCLUDING ITS OFFICIALS, EMPLOYEES AND AGENTS ("RELEASEES") FROM AND AGAINST ANY AND ALL LOSSES, EXPENSES, CLAIMS, ACTIONS, LIABILITIES AND JUDGMENTS (INCLUDING ATTORNEY FEES THROUGH THE APPELLATE LEVELS), WHICH I OR MY CHILD MAY SUSTAIN OR SUFFER AS A RESULT OF OR ARISING OUT OF MY OR MY CHILD'S PARTICIPATION IN THE VOLUNTEER SERVICE, WHETHER CAUSED BY THE NEGLIGENCE, ACTION, OR INACTION OF THE CITY OF GREENVILLE OR PERSONS ACTING ON ITS BEHALF OR OTHERWISE EXCEPT TO THE EXTENT THAT SUCH DAMAGE OR INJURY IS CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF THE RELEASEES, AND COVENANT NOT TO SUE OR TAKE ACTION AGAINST THE RELEASEES EXCEPT AS SET OUT HEREIN. I also agree that I shall be fully and solely responsible for any and all loss or damage that I or my child inflict upon any person or upon the City's and/or rented facilities during my participation in the volunteer service, and I will indemnify the

City for any loss it sustains as a consequence of my or my child's negligent or reckless acts or omissions.

14. **Release as Broad as Permitted by Law.** I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of South Carolina.
15. **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, understand that I have given up substantial legal rights by signing it, and I do voluntarily sign it of my own free will without inducement and as a condition of being allowed to participate in volunteer service. Further, by signing this agreement, I attest to the fact that I am eighteen (18) years of age or older, or that the additional signature is that of my parent or guardian.
16. **Background criminal screens for volunteers (age 18 and over) in certain assignments may be required.** Volunteers who do not agree to a background screen may be refused assignment.

**In consideration of the right to participate in volunteer service, I agree to be bound by the foregoing, and authorize and consent to the release and disclosure of any and all information.**

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact**

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

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

**Parent or Guardian:**

I hereby endorse and agree on behalf of myself and my child to be bound by the terms and conditions of the Volunteer Service Agreement & Release. I acknowledge that I have fully informed myself (or my child) of the contents and meaning of the Volunteer Service Agreement & Release, including Paragraphs 11 and 12 regarding assumption of the risk and release from liability, understand that I and my child have given up substantial legal rights by signing it, and I do voluntarily sign it of my own free will without inducement and as a condition of my child being allowed to participate in volunteer service. 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 volunteer service with the City. I understand that the City of Greenville is not responsible for any liability arising out of participation in their volunteer work. I also authorize the City of Greenville to use my name (and/or my child's name), photograph or image for public relations purposes related to the City of Greenville volunteer program.

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Print Child's Name

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Print Parent or Legal Guardian's Name

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Signature of Parent or Legal Guardian

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Date



# City of Greenville Volunteer Service Application

VOLUNTEER INFORMATION		
Volunteer Position: _____	Department: _____	Date _____
Name: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <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; font-size: x-small; margin-top: 5px;"> <span>Month / Day / Year</span> </div>	Signature _____	
PARENT/GUARDIAN/OR LEGAL CUSTODIAN (If applicant is a minor)		
Name: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>First</span> <span>Middle Initial</span> <span>Last</span> </div>		
Mailing address:		
City: _____	State: _____	Zip: _____
Email: _____	Cell: _____	Other Number: _____
<i>My child</i> _____ <i>has my consent to volunteer for the City of Greenville.</i>		
Signature _____		Date: _____
EMERGENCY CONTACT INFORMATION		
<i>In case of EMERGENCY, this person can be reached between the hours of 8:30 a.m. and 5:00 p.m.</i>		
Name: _____		Relationship _____ <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> <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; margin-top: 5px;"> <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) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><u>8:00 a.m. to 5:00 p.m.</u></span> <span><u>8:00 a.m. to 12:00 noon</u></span> <span><u>12 noon to 5:00 p.m.</u></span> <span><u>Evening/Special Events</u></span> </div>		
3. How often can you volunteer? (Please Circle) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <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 <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>After school or weekends?</span> <span>_____ Yes</span> <span>_____ No</span> </div>		

**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:	___Dept. Newsletter	___External Volunteer Organization (Specify):	___Friend/Family
___Website	___Newspaper		___Other: (Specify):
___Facebook	___Public Service Announcement	___School (Specify):	
___GTV			