



Welcome the stranger.
Protect the refugee.

VOLUNTEER AGREEMENT

I, (Volunteer Name), hereby agree to volunteer from (x date) to (y date) with the HIAS New York staff. During this time, I agree to work (#) hours per week performing the following services:

- Career Mentorship
- English Tutoring
- English Conversation Partnership
- Interpretation/Translation
- Accompaniment Volunteering
- (Insert Other)

As a volunteer I agree to:

- Complete necessary trainings as arranged by staff
- Submit to a background check if required by the agency (if required, I agree to submit a background check once per year)
- Fulfill my service commitment or provide adequate notice for any absence and early withdrawal from my volunteer service
- Give at least 24 hours' notice if I am not able to fulfill any specific commitment
- Act legally, morally, and with consideration for the safety and well-being of the program's clients
- Maintain confidentiality (unless necessary to share information with HIAS staff)
- Contact HIAS New York staff if there is an **emergency** involving a client
- Refrain from non-professional communication with HIAS clients throughout the duration of my time as a volunteer
- Submit my volunteer hours via MyImpactPage.com on a regular basis
- Refrain from meeting in person with my Client partner until HIAS staff notifies me that this COVID-19 restriction is lifted

As a HIAS volunteer I will not:

- Engage in inappropriate or illegal behavior with client(s)
- Violate confidentiality policies as set by the organization in the orientation packet



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- Transport clients in a personal vehicle
- Provide personal financial support to a client
- Spend time with a refugee minor unless their parent/guardian is present or has given consent for me to do so
- Engage in the practice of immigration law
- Proselytize clients
- Expect HIAS New York staff to complete ideas, tasks, or client services that I have initiated without their knowledge or consent

I understand:

- Clients have the right to privacy, and I may not be informed of a client's medical conditions.
- It is more important for a client to be able to do something on their own than for me to do it for them. I will actively practice empowerment and will not do for the client what they can do for themselves.
- The importance of healthy boundaries within my service work and will actively maintain healthy boundaries in every interaction with client and with HIAS New York.
- That orientation and a background check are required for direct service with HIAS New York.

The staff representative signing below agrees, on behalf of HIAS New York, to acknowledge the volunteer's commitment and agrees to:

- Provide accurate information, training, and assistance
- Ensure adequate supervision and support, and provide regular feedback
- Respect the volunteer's time and effort
- Respond to the needs of the volunteer in performing their services

(Volunteer/

Staff)

(Date/

Date)
