



## **Volunteer Training Handbook**

*"I am only one; but still I am one. I cannot do everything, but still I can do something; I will not refuse to do the something I can do." - Helen Keller*



## Table of Contents

	Page(s)
Letter from the Executive Director	3
Our History	4
Our Mission and Purpose	5
Volunteer Opportunities	6-7
Volunteer Code of Conduct	8-10
Rights	11
Responsibilities of Adult Match Volunteer	12-13
Volunteer's Pledge	14
Volunteer's Match Profile	15
Recognizing Abuse & Neglect	16-18
Volunteer's Contributions	19
Volunteer Application	20-22
Volunteer Background Check Consent	23



Dear Volunteer,

We thank you for your interest and support of this agency and look forward to our continued success and accomplishments. We appreciate the time, talent and care you are willing to share as a volunteer.

The Arc of the Shoals is an organization that serves adults with developmental disabilities. A developmental disability is any severe or chronic disability that limits a person's participation in three or more of the following life activities: self-care, learning, capacity for independent living, self-direction, language, mobility, and economic self-sufficiency.

We see the vulnerabilities of the people we serve every day. Our goal is to provide much needed services to the hundreds of people who seek our assistance. We take pride in having been an integral part of the Shoals area for more than 48 years, and we look forward to continued success with your help. Together, we can make a difference.

Again, thank you for your interest in and support of The Arc of the Shoals.

Sincerely,  
Donna Akins

Executive Director



### **A Brief History**

The Arc of the Shoals is a non-profit organization founded in 1958 by parents concerned about the exclusion of their children with developmental disabilities from public schools. Today our mission has expanded far beyond its original intent.

Originally, known as Muscle Shoals Association for Retarded Children and then the Association for Retarded Citizens we eventually changed our name to The Arc of the Shoals. Though our name may have changed several times, our devotion to people with disabilities in the community has been unceasing.

The Arc of the Shoals provides a community-based, family-centered advocacy and support system for persons with developmental disabilities in Colbert and Lauderdale Counties. The goal of The Arc of the Shoals is to provide opportunities for persons with developmental disabilities by assisting them in accomplishing their goals of learning, living, working, and recreating where they choose.

The Arc of the Shoals has broad community support with local, state and private funding. We have a broad membership of family members, interested area residents and professionals. We are also a United Way Agency and a member of The Arc of Alabama and The Arc of the United States.



## **Our Mission and Purpose**

### **Mission**

The Arc of the Shoals is committed to providing opportunities for people with developmental disabilities to assist them in accomplishing their goals of learning, living, working and recreating where they choose.

We are further committed to providing advocacy and education services for people with developmental disabilities, their families, friends and the community at large.

### **Purpose**

The overall purpose of The Arc of the Shoals is to promote the general welfare of persons with developmental disabilities. All program goals and objectives will be organized with this purpose in mind.

The Arc of the Shoals will develop, or assist in the development of, programs which assist individuals and families of those with developmental disabilities.

The Arc of the Shoals will advise and aid families and/or responsible parties with problems which relate to persons with developmental disabilities. The Arc will also coordinate activities and efforts on behalf of persons with developmental disabilities.



## **Volunteer Opportunities**

### **Volunteer in our Office**

Specialized volunteers are greatly appreciated by the staff and increase the agency's productivity in a meaningful way.

If you have any of the following skills we very much need your help:

- General office skills (Word/Excel/PowerPoint)
- Graphic design
- Marketing
- Event planning
- Fundraising
- Promotion

Our staff is busy meeting the needs of the people we serve and we could use regular assistance in the office. This could include writing and typing documents, organizing files, answering phones, and working on special projects. Assisting in the office would take place 8 AM – 4 PM, Monday through Friday. Your volunteer hours and duties would be up to you and the supervisor of the department.

### **Need a Group Project?**

Volunteers are needed to assist with special events, which benefit the people we serve. Annual events include the Fall Festival, Thanksgiving Luncheon, Christmas Play, Spring Fling and Annual Ball.



### **Serve on a Committee**

If you prefer to work in groups and would like to stay in contact with The Arc of the Shoals on a regular basis, you might consider volunteering on a committee.

### **Be a Mentor**

If you have a passion that you would like to share with someone else, The Arc's Adult Match Program may be ideal for you. You can be matched with one of the people we serve to help them experience new opportunities in the community. You can take a walk in the park, go to a movie, play cards, or just talk. The possibilities are endless.

The only requirement is that you spend a minimum of one hour a month with your match.



## **Volunteer Code of Conduct**

### **Confidentiality**

Volunteers are expected to conduct themselves in a professional manner that is consistent with The Arc's Code of Ethics. They are expected to comply with the privacy and confidentiality policies of the agency.

Volunteers may be required, as part of a class, to write papers or keep journals documenting their volunteer experience. It is understood that volunteers may not use the name of any person served. This includes:

- First and last names
- Addresses or phone numbers
- Personal information contained in the files

Volunteers who are unclear about what types of information are considered confidential are encouraged to contact the Executive Director.

### **Non-Discrimination Policy**

The policies of The Arc of the Shoals regarding recruitment, selection, training, dismissals, and all other volunteer-related decisions will be conducted without regard to race, color, religion, sex, sexual orientation, national origin, age, mental or physical disability, or any other classification protected by applicable state or federal employment discrimination laws. We encourage persons with

disabilities to volunteer and will make every effort to reasonably accommodate the physical or mental limitations of volunteers with disabilities.



### **Drug-Free Workplace Policy**

- In accordance with the Drug-Free Workplace Act, The Arc of the Shoals does not permit the use, sale, manufacture or distribution of any controlled substance on The Arc premises. This includes alcohol.
- A volunteer who appears under the influence of any legal or illegal drug, including alcohol, will be asked to leave The Arc.

### **Volunteer Health & Safety Standards**

- Volunteers who have a communicable illness cannot volunteer until they are cleared by a doctor or symptoms are no longer present.
- Volunteers exhibiting symptoms such as fever, diarrhea, vomiting, or coughing/sneezing excessively are not allowed to volunteer, and will be asked to leave for the day. This does not include volunteers exhibiting symptoms due to allergies.
- Volunteers must exercise universal precautions when dealing with all forms of body fluids from any source.
- Volunteers must exercise proper hand washing techniques, personal and oral hygiene.
- In order to keep everyone healthy and safe, any volunteer who violates these policies will be sent home for the day.

### **Smoking Policy**

- Volunteers will comply with the no-smoking policy of the facility in which the program is being conducted.



### **Dress Code**

- Casual dress is allowed for volunteers. This includes slacks, jeans, tee shirts, and long walking shorts.
- Clothing with logos depicting alcohol, drugs, tobacco products, or violence is not allowed.
- Volunteers working with persons served are encouraged to wear closed toed shoes.



### **Rights of People with Developmental Disabilities**

- Right to be seen as a person first, not someone with a disability
- Right to assistance and proper services
- Right to privacy, dignity, respect, and confidentiality
- Right to make mistakes
- Right to have friends
- Right to date
- Right to get married
- Right to have children
- Right to be part of a community
- Right to choose
- Right to an education
- Right to be free from abuse and neglect



## **Responsibilities as an Adult Match Volunteer**

### **Same responsibilities you have toward your friends**

- To listen, to be a friend, to respect his/her decisions
- To represent his/her interests and values when appropriate
- To defend his/her rights
- To see him/her at least once a month
- To make other links to friends/neighbors/activities
- To set limits and boundaries
- To communicate with staff
- To report abuse/neglect
- To know your match's environmental and health issues

### **Responsibilities Your Match Has to You**

- To understand and respect boundaries with your help
- To treat you as a friend
- To follow through with commitments
- To let staff know when he/she needs help with volunteer relationship

### **Responsibilities of The Arc staff to Volunteer**

- To introduce you to a potential match
- To support the relationship by providing information and guidance
- To provide recognition of your efforts



### **Responsibilities to Yourself**

- Setting limits with your match's access to you (if necessary) and helping them understand why
- Setting limits for yourself- don't overextend
- To seek support from the Arc staff as needed
- To consider your own health and safety



### **Volunteer's Pledge**

- I will maintain regular personal contact with my Adult Match at least once a month, becoming familiar with his/her environment, needs, interests, and hopes. I will build a personal relationship based on trust, friendship, and non-financial support.
- I will observe my Match's physical and emotional state regularly to detect any signs of abuse, neglect, and mental or physical distress and immediately report to the proper authority any suspicions of the above.
- I will plan activities with my Match that promote interaction with the larger community, improve social skills, and broaden his/her experience.
- I promise to maintain confidentiality about my Adult Match's personal concerns and private matters.
- I will contact my Match's QMRP at least once a month. I understand this communication is important to update the QMRP on activities I participated in with my Adult Match, to ask any questions I have, or to express any concerns. I can contact the QMRP by phone at 256-383-1472.
- I will provide a copy of my current driver's license and current automobile insurance to the QMRP and an updated copy when necessary.

- I will notify QMRP of any address change or any phone number change.

\_\_\_\_\_  
Volunteer Name

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Please circle preferred method of contact and provide number or address.

Phone:

E-mail:



### Volunteer Match Profile

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

I have these interests and hobbies which I would enjoy sharing:

\_\_\_\_\_  
\_\_\_\_\_

I have these special skills, or qualities, which could be helpful:

\_\_\_\_\_  
\_\_\_\_\_

I have these personality traits that should be considered in matching me:

\_\_\_\_\_  
\_\_\_\_\_

I have these preferences/concerns in regard to a Match:

\_\_\_\_\_  
\_\_\_\_\_

I have these preferences as to which part of town my Match lives in:

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This/these is/are my preferred area(s) of assistance:

\_\_\_\_\_ Social advocacy (social and recreational activities)

\_\_\_\_\_ Instrumental advocacy (choices, decisions and rights in services)

\_\_\_\_\_ Financial advocacy (budgeting, comparison shopping, etc.)



## Recognizing Abuse & Neglect

### Physical Abuse

#### Physical Indicators

- Unexplained bruises, welts, human bite marks, bald spots
- Unexplained burns, especially cigarette burns or immersion burns (glove-like)
- Unexplained fractures, lacerations or abrasions

#### Behavioral Indicators

- Self destructive
- Withdrawn and aggressive – behavioral extremes
- Uncomfortable with physical contact
- Arrives at school early or stays late as if afraid to be at home
- Chronically runs away from home
- Complains of soreness or moves uncomfortably

- Wears clothing inappropriate to weather to cover body

## **Emotional Maltreatment**

### **Physical Indicators**

- Ulcers, asthma, severe allergies

### **Behavioral Indicators**

- Habit disorders (sucking, rocking)
- Anti-social, passive and aggressive extremes



## **Physical Neglect**

### **Physical Indicators**

- Abandonment
- Unattended medical needs
- Consistent hunger, inappropriate dress, poor hygiene
- Consistent lack of supervision
- Lice, distended stomach, emaciated

### **Behavioral Indicators**

- Regularly displays fatigue or falls asleep in class
- Steals food, begs from classmates
- Reports that no caretaker is at home
- Frequently absent or tardy
- Self destructive

## Sexual Abuse

### Physical Indicators

- Torn, stained or bloody underclothing
- Pain or itching in genital area
- Difficulty in walking or sitting
- Bruises or bleeding in external genitalia
- Venereal disease
- Frequent urinary or yeast infections
- Often there are no visible indicators



### Behavioral Indicators

- Withdrawal, chronic depression
- Excessive seductiveness
- Poor self esteem, lack of confidence
- Peer problems, lack of involvement
- Massive weight change
- Eating disorders
- Hysteria, lack of emotional control
- Sudden school difficulties
- Chronically runs away from home
- Inappropriate sex play
- Threatened by physical contact closeness



## Charitable Contributions

### A Question Volunteers Ask:

I am a volunteer for a non-profit. Where can I get information about receiving tax breaks for the money spent while volunteering (e.g., gas, mileage)?

### The Answer:

The IRS has published a booklet entitled Publication 526 and deals exclusively with charitable contributions. It is available online.

Although you cannot deduct the value of your time or services, you may be able to deduct some amounts you pay in giving services to a qualified organization. For example, out-of-pocket expenses are deductible as charitable contributions when you serve a qualified organization as a volunteer. For example, you may

deduct the cost of gas and oil that are directly related to getting to and from the place where you are a volunteer.



**Volunteer Application**  
**Phone: 256.383.1472**  
**info@thearcoftheshoals.org**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Circle: **Male** **Female**

Phone \_\_\_\_\_ Best time to reach you \_\_\_\_\_

Email Address \_\_\_\_\_

Do you prefer to be contacted via phone or email? \_\_\_\_\_

Emergency contact name and phone number \_\_\_\_\_

Do you know Sign Language? \_\_\_\_\_

Do you have transportation? \_\_\_\_\_ What kind? (car, bus, bike) \_\_\_\_\_

Volunteer Experience

Place \_\_\_\_\_ Dates \_\_\_\_\_

Type of Work \_\_\_\_\_

Place \_\_\_\_\_ Dates \_\_\_\_\_

Type of Work \_\_\_\_\_

Have you ever worked with persons with developmental disabilities? \_\_\_\_\_

If yes, briefly describe your experience \_\_\_\_\_

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In what area are you interested in volunteering? Please check all that apply.  
(Descriptions of these opportunities are in the Volunteer Opportunities.)

- Adult Match
- Special Events
- Office
- Committee

What are the most convenient times during the week for you to volunteer?

Days of Week \_\_\_\_\_ Times \_\_\_\_\_

Please list any skills, hobbies, abilities and/or interests that you would like to utilize in your volunteer experiences.

\_\_\_\_\_

\_\_\_\_\_

List three reliable persons, not relatives or present employer, who know you well enough to give information about you.

\_\_\_\_\_

Name	Phone	Relationship
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\_\_\_\_\_

Name	Phone	Relationship
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\_\_\_\_\_

Name	Phone	Relationship
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Race: (Please check or circle one)

African-American   American Indian   Caucasian   Hispanic   Asian   Other

**For student volunteers only**

Are you volunteering for class credit? \_\_\_\_\_ Course \_\_\_\_\_

Instructor's name \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever been convicted of a felony or other law violation, other than minor traffic violations, during the last seven years? (Conviction will not necessarily disqualify you from volunteering) \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Please list any previously used names \_\_\_\_\_

I affirm that the information provided in this application is true and accurate to the best of my knowledge.

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**Applicant's Signature**

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**Date**



**Consent for Criminal Background Check  
Authorization/Waiver/Indemnity**

I hereby give permission for The Arc of the Shoals to obtain information relating to my criminal history record from ScreenNow. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do for myself, my heirs, executors and administrator, hereby remise, release and forever discharge and agree to indemnify The Arc of the

Shoals, a service of United Way of Northwest Alabama and each of their officers, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, cost, debts and sums of money, claims and demands whatsoever, and any and all related expenses resulting from the investigation of my background in connection with my application to become a volunteer.

Print Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_