



## Volunteer Procedures

*Please take a few minutes to read. All volunteers are required to sign this form before they can volunteer.*

The purpose of our volunteer program is to foster better community relations and develop long term partnerships with members of the community.

### Requirements

- Volunteers must complete a volunteer application form and sign off on Mercy's Procedures prior to volunteering, if you are part of a group, a group leader can complete the "group application" and provide a list of the individuals participating.
- Volunteers must be 18 years of age or older. Volunteers under the age of 18 must have approval from the Facilities Manager or Director of Fund Development, and be accompanied by a parent or guardian.

### Volunteer Procedures

- All volunteers must sign in upon arrival and sign out when you leave.
- All volunteers are required to wear a name tag while at the facility.
- When preparing and serving food, please remember to wear appropriate clothing. We ask that volunteers not wear halter, spaghetti strap, or strapless tops, and "short-shorts" are not recommended while serving food and working among our clients. We recommend Bermuda length shorts and/or capris during the summer months. Open-toed shoes or flip flops are not allowed. We recommend wearing closed toe "sneaker type" shoes that have a sturdy bottom.
- Gloves and hairnets (or baseball caps) are required when preparing and serving food and are provided. Anyone with long hair should have their hair tied back. Gloves and hairnets are provided.

### Parking

Parking is available on Main Street or in our back parking lot, accessible from Charter Oak Place. Parking at St. Peter Church is at your own risk.

### Confidentiality

The clients we serve come to us in need of basic human needs and housing. Each one has a different story that has led them to us for help. At times you might see a former classmate, neighbor or friend, or you may overhear information about our residents/clients.

State Law 42 CFR, Part 2, which addresses confidentiality of clients in a clinical setting states: Information regarding clients, including names, places of residences, substance abuse, mental health, medical, financial or other issues that pertain to residents/clients may not be released or revealed without the written permission of the resident/client.

Return to: Mercy Housing and Shelter, Attn: Ginger Vendrillo, Development Office, 211 Wethersfield Ave., Hartford 06114  
P: 860-808-2055; Email: gvendrillo@mercyhousingct.org



What this means for you as a volunteer at Mercy Housing and Shelter Corporation is that you may not share with anyone the name or identifying information of any of our clients. You should not discuss any information related to our residents/clients with friends, family or colleagues.

**Release and Waiver of Liability**

Volunteer understands that the scope of Volunteer's relationship with Mercy Housing and Shelter Corporation is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Mercy Housing and Shelter Corporation will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Mercy Housing and Shelter Corporation.

**Waiver and Release:**

I, the Volunteer, release and forever discharge and hold harmless Mercy Housing and Shelter Corporation and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from volunteering for Mercy Housing and Shelter Corporation. I understand and acknowledge that this Release discharges Mercy Housing and Shelter Corporation from any liability or claim that I may have against Mercy Housing and Shelter Corporation with respect to bodily injury, personal injury, illness, death, or property damage that may result from volunteering for Mercy Housing and Shelter Corporation.

**Insurance:**

Further, I understand that Mercy Housing and Shelter Corporation does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Mercy Housing and Shelter Corporation..

**Photographic Release:**

I grant and convey to Mercy Housing and Shelter Corporation all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Mercy Housing and Shelter Corporation in connection with my providing volunteer services to Mercy Housing and Shelter Corporation and may be used for promotional purposes including, but not limited to, press releases, publication in newsletters, flyers and brochures, on Mercy's website and in all social media (Facebook, Twitter).

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**By signing below,**

I have read the Volunteer Procedures and I understand them.

**Signature:**

**Date:**

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**Print Name:**

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**Group or Organization:**

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\*If Under the Age of 18, Parent or Guardian Must Sign.

**If you are part of a group, please return this signed form to your group leader.**

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