



## The Joanne Galler Rubin Friendship Circle Code of Conduct

I will promote the creation of a friendship community based on mutual respect and a sense of personal well-being. I will treat others with honor and respect because we are all created in the image of G-d.

As a volunteer of Friendship Circle:

- \* I understand that Friendship Circle expects me to behave responsibly. I agree to utilize my best judgment and sense of responsibility when spending time with the child with whom I am matched.
- \* I understand that the use of a cell phone during a Friends@Home visit does not promote a healthy friendship and should only be used in case of emergency.
- \* In the event that I am unable to volunteer during my scheduled visit, I will try to find another day to substitute and I will notify the parents of my special friend, and my Friends@Home coordinator at least 48 hours in advance.
- \* I agree to respect the privacy of all participants of the Friendship Circle and to keep personal information confidential.
- \* I understand that once I commit to attend an event, the Friendship Circle staff and special friends expect me to be there. I agree to attend and give it my best effort. In the event that I cannot attend, I agree to give notice to Friendship Circle staff, at least 48 hours in advance.
- \* If someone gets hurt or some other incident occurs while I am volunteering, it is my responsibility to immediately report the occurrence to Friendship Circle staff.
- \* I agree to represent the Friendship Circle to the best of my abilities.
- \* I have carefully read and agree to abide and be bound by all additional rules and policies in the Friendship Circle Handbooks and any additional rules pertinent to specific events.

**I agree to volunteer for Friendship Circle. I grant Friendship Circle permission to use my name, image, likeness, or recording in connection with any promotional materials including, but not limited to, brochures, advertising, and broadcasts. I understand that participation in Friendship Circle activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and agree to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct as set forth in the Friendship Circle Handbook, as it may be modified from time to time. I understand that this local Friendship Circle is independently owned, operated and controlled. I release the Friendship Circle and its employees, directors, officers, and volunteers as well as its affiliates and all other organizations associated with Friendship Circle from any and all claims or liability arising out of this participation.**

Full Name of Volunteer \_\_\_\_\_

Volunteer’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If the participant is under the age of 18, the signature of a parent or guardian signature is necessary, please sign below:***

Full Name of Parent/Guardian \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature Date: \_\_\_\_\_



## COMMITMENT TO EVERYONE’S SAFETY AND WELL-BEING

Friendship Circle provides very special and unique opportunities for volunteers, special friends and their families to enrich the lives of each other. In doing so, most participants will encounter new and sometimes challenging situations. Thus, it is imperative to set expectations at the beginning so that volunteers, special friends, and parents understand what they can expect. Therefore, volunteers, special friends, and their respective families each certify and agree to the following by signing below that I:

- Understand that participation in this activity is entirely voluntary and requires everyone to abide by applicable rules and standards of conduct;
- Understand that participation in Friendship Circle activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for me and/or my child to participate in this activity;
- Do not use or possess any illegal drug, alcohol or controlled substances at any time, including at Friendship Circle events or programs;
- Do not have any alcohol or tobacco products at Friendship Circle events or programs;
- Do not bring any weapons, firearms or other dangerous items to any Friendship Circle event or program;
- Do not have any unsecured firearms in a home which hosts a Friends at Home program;
- Have not and do not have any individual that has been convicted of a crime, other than minor traffic violations, living at or visiting a home that hosts a Friends at Home program and have not themselves been convicted of a crime;
- Do not have and do not have any individual that has a history of violence or abuse of any kind living at or visiting a home that hosts a Friends at Home program;
- Agree to have a background check performed on me;
- Acknowledge the risk of injury from the activities involved in the Friendship Circle events or program and knowingly and freely assume all such risks;
- Will not participate in any activity that I believe I and/or my child cannot perform in accordance with the Friendship Circles activities’ instructions or in a safe manner;
- If I observe any significant hazard during my or my child’s participation in any event or program, I will and/or have my child stop participating in the event and inform the Friendship Circle of such hazard immediately;
- Agree to abide by and perform everything stated in the Handbook in its entirety.
- **Agree Friendship Circle is not responsible for any damages to personal property or injury in which the Friendship Circle had no knowledge of the particular hazard or any activity outside of Friendship Circle sponsored events;**
- **Acknowledge that Friendship Circle is an independently owned, operated and controlled local corporation.**
- **Release Friendship Circle, the directors, board, officers, activity coordinators, and all employees, volunteers, related parties, and other organizations associated with the activity from any and all claims or liability arising out of this participation;**
- Agree that in case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

Please sign as appropriate:

Parent/Guardian’s Name: \_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer’s Name: \_\_\_\_\_

Volunteer’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_