

Dear Potential Volunteer:

Thank you for your interest in Stepping Stone of San Diego, Inc. Without our volunteers our program would not be possible. Whatever opportunity you decide to volunteer for, just know you are making a huge difference in the lives of our clients who are suffering from drug and alcohol addiction.

There are a few different volunteer opportunities to choose from:

- **Front Desk Receptionist**— You can help with office tasks such as answering phones and taking messages for staff, stuffing envelopes, making phone calls, filing, putting together intake packets, etc.
- **Administration**—You can help with mailers, filing, making copies, organization, etc.
- **Transportation**— You can assist taking our clients to appointments, events, and assist them with any rides approved by Program Director or their Counselor. (DMV printout is required for this position and a current Driver's License and Insurance is required)
- **At an Event**—You can help with donations, decorations, stage and construction, registration, silent auction, raffle, etc. (tasks will vary depending on the event).
- **Fundraising**—You can assist by helping with fundraising for events, grant writing, donation letters and thank you letters to donors, assist for a specific cause or by joining a special event committee to help us with event planning and logistics.
- **Facilitating Groups**—You can assist in facilitating groups such as Yoga, Meditation, Art, Fitness or Life groups, etc.
- **Internships** – Positions are available in conjunction with certified learning entities which require supervised work experiences

To be eligible to be a volunteer you must first fill out the volunteer application. When it has been completed you can mail, fax or scan your application to Stepping Stone. When I receive your application, I will contact you to set up an orientation. After that, I will be in touch with you via email to let you know about the different volunteer opportunities. All of our volunteer opportunities are based on availability. If the volunteer opportunity you are interested in is filled, you will be placed on a waiting list.

Again, thank you for your interest in our program. If you have any questions, please do not hesitate to contact me.

Sincerely,

Daniel Bess

Daniel Bess
Contracts and HR Manager
3767 Central Avenue
San Diego, CA 92105
daniel@steppingstonesd.org
Office-619-278-0777 ext 115

Name: _____

Department: _____

- Fill out Volunteer Application
- Submit a current TB test (within last 3 months)
- Copy of Current Driver's License
- Copy of Current DMV record (only if applying for Transportation or Events)
- Copy of Motor Vehicle Insurance (only if applying for Transportation or Events)
- Professional License or Certification
- Background Check
- Drug Test

Stepping Stone of San Diego, Inc. thanks you for the interest in volunteering to help us provide life-saving and life-affirming services to the clients directly or through Administration and other functions. We value you, your skills and experience, and your willingness to be of service in volunteering and providing services to our clients. We do not discriminate on any basis at any time. The information you submit here will be held in strict confidence and will never be shared with any outside person(s), affiliates, organizations or agencies at any time, for any reason unless required by law or your written consent.

To maintain the highest levels of service to our clients and the community, and to comply with contractual funding requirements, Stepping Stone of San Diego, Inc. requires volunteers, as part of the application process, to participate in drug test, background and reference checks. This screening is done to protect our clients. We realize that people who suffer from addiction and are active in their recovery may have negative information that may appear in background checks. Background checks will be reviewed with each applicant. Negative information received during this process is not an automatic refusal of your application. Applicant must be drug/probation/parole **free for a minimum of one year** to be a Volunteer, Counselor, or Clinical and Practicum student.

Thank you for your cooperation and for helping us create and maintain a safe, comfortable and life-affirming place for all.

SSSD USE ONLY:

Application Received _____ Contacted _____ Interview _____ TB Test _____ Background Check _____ Drug Test _____

Staff Signature: _____ Title: _____ Date: _____



Volunteer Application

Please print clearly and fill out the application in its entirety

Name (first, middle, last) _____

Home Address _____ Apt/Suite _____

City _____ State _____ Zip _____

Phone Numbers _____
(Please include area codes) cell home work

Preferred method of communication (please circle): cell home work Best time to call: _____

DOB: _____ Age: _____ Education: _____

Gender: _____ Ethnicity: _____ Marital Status: _____

Language (s): _____ Speak: _____ Write: _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

REFERRALS:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Staff only: (referral check)

JOB INFORMATION:

Current Employer _____ Position _____

Work Address _____

City _____ State _____ Zip _____

Please describe any work or personal experience you think might be relevant to our program:

Do you have any hobbies or special talents?

Certifications/License

Name: _____ License #: _____ Exp Date: _____

Certificates: _____

Other: _____

Skills and Interests

Please choose your skills and interests as a potential volunteer. You may select as many areas as you like. This information will be used in identifying potential volunteer job assignment matches for you, so please do not check something you would not be comfortable doing in a volunteer capacity.

- * Skills and Interests:**
- | | | |
|---|---|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Hair Cuts | <input type="checkbox"/> Driving/Rides |
| <input type="checkbox"/> Teaching Life Skills Classes | <input type="checkbox"/> Fitness | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Music | <input type="checkbox"/> Food Prep and Service |
| <input type="checkbox"/> Counseling/Therapy | <input type="checkbox"/> Yoga | <input type="checkbox"/> Translation Services |
| <input type="checkbox"/> Facilitate 12-Step Meetings | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Handyperson |
| <input type="checkbox"/> File/Organize/Clerical | <input type="checkbox"/> Meditation | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Community Service Project Lead | <input type="checkbox"/> Gardening | <input type="checkbox"/> Facilities Maintenance |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Newsletter Production | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Planning Committees | <input type="checkbox"/> Fundraising Activities | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Event Planning/Production | Other: _____ | Other: _____ |
- English/Spanish Or other Fluency:**
- | | | |
|-------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Read | <input type="checkbox"/> Speak | <input type="checkbox"/> Write |
|-------------------------------|--------------------------------|--------------------------------|

Availability

Please specify the days and times you are usually available to volunteer.

| | | | | | | | |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| Morning: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evening: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

My availability is: On Going Only Between these dates _____ Other _____

From: Month _____ Day _____ Year _____

to: Month _____ Day _____ Year _____

Number of hours desired: _____

How did you hear about Stepping Stone? () Word of Mouth () Newsletter () Alumni () Other _____

I would like to be considered for the following volunteer opportunities:

- Front Desk Receptionist**
- Administration**
- Transportation**
- Events**
- Fundraising**
- Facilitating Groups**
- Other** _____

Have you volunteered for other organizations? ____ Yes ____ No (if you checked yes, please continue below)

Organization Name: _____

Describe volunteer service below:

Organization Name: _____

Describe volunteer service below:

Organization Name: _____

Describe volunteer service below:



AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

Please complete below:

Name of Employee _____ Birth Date _____

Street Address _____ City, State, Zip _____

Authorizes:

Stepping Stone of San Diego, Inc. _____

Name of Health Care Provider/Plan/Other

3767 Central Ave. _____

Street Address

San Diego, CA 92105 _____

City, State, Zip Code

Information To Be Released:

- Medical History, Examination, Reports
- Treatment or Tests
- Allergy Records
- Consultations
- Other (Specify): Tuberculosis (TB) Testing results
- Surgical Reports
- Hospital Records Including Reports
- Laboratory Reports
- Entire Record
- Immunizations
- X-ray Reports
- Prescriptions

Purpose For Need Of Disclosure: (Check applicable categories)

- Further Medical Care
- Insurance Eligibility/Benefits
- Legal Investigation or Action
- Changing Physicians
- Personal
- Other (Specify): To maintain results in personnel file per the Health Insurance Portability and Accountability Act (HIPAA).

I understand that if the person(s) and/or organization(s) listed above are not health care providers, health plans or health care clearinghouses, who must follow the federal privacy standards, the health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards and my health information may be re-disclosed without obtaining my authorization.

Your Rights With Respect To This Authorization:

Right to Inspect or Copy the Health Information to Be Used or Disclosed - I understand that I have the right to inspect or copy the health information I have authorized to be used or disclosed by this authorization form. I may arrange to inspect my health information or obtain copies of my health information by contacting Stepping Stone of San Diego - Human Resources.

Right to Withdraw This Authorization - I understand written notification is necessary to cancel this authorization. To obtain information on how to withdraw my authorization or to receive a copy of my withdrawal, I may contact: Stepping Stone of San Diego - Human Resources.

I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Signature: _____ **Date:** _____



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

STEPPING STONE OF SAN DIEGO, INC. ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by PeopleG2, 135 South State College Blvd, Suite 200, Brea, CA 92821; tel. # 1.800.630.2880; www.PeopleG2.com. The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

Signature _____

Date _____

Print Name _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by STEPPING STONE OF SAN DIEGO, INC. ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PeopleG2, 135 South State College Blvd, Suite 200, Brea, CA 92821; tel. # 1.800.630.2880; www.PeopleG2.com and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

New York City applicants only: You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.

Signature _____

Date _____



NOTICE REGARDING BACKGROUND CHECKS CALIFORNIA LAW

STEPPING STONE OF SAN DIEGO, INC. (the "Company") intends to obtain information about you for employment screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, credit reports, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be PeopleG2, 135 South State College Blvd, Suite 200, Brea, CA 92821; tel. # 1.800.630.2880; www.PeopleG2.com. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

____ Please check here if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.



NOTICE REGARDING BACKGROUND CHECKS AND CREDIT CHECKS PER CALIFORNIA LAW

Pursuant to Section 1024.5 of the California Labor Code, the Company informs you that it may obtain a credit report about you from the above named entity, because you are seeking to work in the following position:

- An employee covered by the executive exemption set forth in subparagraph (1) of paragraph (A) of Section 1 of Wage Order 4 of the Industrial Welfare Commission;
- A position in the state Department of Justice;
- A sworn peace officer or other law enforcement;
- A position for which the information contained in the report is required by law to be disclosed or obtained;
- A position that involves regular access to specified personal information for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, such as bank or credit card account information, social security number, or date of birth;
- A position which the person can enter into financial transactions on behalf of the company;
- A position that involves access to confidential or proprietary information;
- A position that involves regular access to \$10,000 or more of cash; OR
- The Company will not obtain a consumer credit report on you.



DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT" BACKGROUND INVESTIGATION

STEPPING STONE OF SAN DIEGO, INC. (the "Company"), to which you have applied for employment, may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by PeopleG2, 135 South State College Blvd, Suite 200, Brea, CA 92821; tel. # 1.800.630.2880; www.PeopleG2.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports throughout the course of your employment to the extent permitted by law.

Signature _____

Date _____

Print Name _____

BACKGROUND INFORMATION

First _____ Middle _____ Last _____

(Print Clearly Full Legal Name)

Last Name as it appears on your License or ID Card _____

Other Names/Alias _____

(Full Legal Name)

Social Security # * _____ Date of Birth* _____

Drivers License # _____ State of Driver's License _____

Present Address _____

City/State/Zip _____

Phone Number _____

Email Address(s) _____

(List all current email addresses)

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:

| TYPE OF BUSINESS: | CONTACT: |
|--|--|
| <p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p> | <p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p> |
| <p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p> | <p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p> |
| <p>3. Air carriers</p> | <p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p> |
| <p>4. Creditors Subject to Surface Transportation Board</p> | <p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p> |
| <p>5. Creditors Subject to Packers and Stockyards Act, 1921</p> | <p>Nearest Packers and Stockyards Administration area Supervisor</p> |
| <p>6. Small Business Investment Companies</p> | <p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p> |
| <p>7. Brokers and Dealers</p> | <p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p> |
| <p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations</p> | <p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p> |
| <p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p> | <p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p> |

STATEMENT OF CONFIDENTIALITY

IN ACCORDANCE WITH TITLE 42, CODE OF FEDERAL REGULATIONS, PART 2 **STEPPING STONE of SAN DIEGO'S CONFIDENTIALITY POLICY** IS AS FOLLOWS:

Personal information collected, maintained or observed at or by **Stepping Stone of San Diego, Inc.** is subject to state and federal law regarding privacy and confidentiality.

All information regarding individuals and organizations used or maintained in the course of treatment and operational activities (called "Confidential Information" in a Statement) is confidential and is not to be used, disclosed or taken outside the scope of **Stepping Stone of San Diego, Inc.**

I shall not, without the prior written consent of **Stepping Stone of San Diego, Inc.** disclose or use any confidential information in any way, except that I may disclose confidential information to employees of **Stepping Stone of San Diego, Inc.** (1) in connection with my duties as a volunteer of **Stepping Stone of San Diego, Inc.** (my "duties") and (2) strictly on a "need to know" basis, and I may disclose confidential information to persons who are not employees of **Stepping Stone of San Diego, Inc.** at the specific instruction of the Executive Director or the Board Chair and strictly on a "need to know" basis. This applies to all information maintained by **Stepping Stone of San Diego, Inc.** and members of the Board of Directors whether the information is in the form of printed materials, electronic data, oral statements or any other format.

Confidential information may include, but is not limited to, the identity, names, phone numbers, addresses, giving history, employer records, family or business history, business or estate plans, legal or tax status or concerns, interest requirements, preferences, practices and methods of giving of specific individuals or organizations and any other information I may access in connection with my Duties, and any information that **Stepping Stone of San Diego, Inc.** treats as confidential, whether or not it is generally known, contained in public record, or can be discovered with minimal effort. Confidential information includes information that I acquire at any time in connection with my Duties, whether or not it is ever used by **Stepping Stone of San Diego, Inc.**

I shall take such action as may be necessary to identify and protect all confidential information from unauthorized uses or disclosure and to ensure that all those for whom I am responsible identify and protect all Confidential Information from unauthorized use or disclose. If I observe an unauthorized use of confidential information, I shall address the situation immediately.

I shall not reveal information of a confidential or secret nature if I am obliged to retain that information in confidence.

This statement does not prevent me from making any disclosure required by applicable law.

Print Name: _____ Signed: _____ Date: _____

VOLUNTEER CODE OF ETHICS

Stepping Stone of San Diego, Inc. represents itself to a wide range of the public, including prospective and current residents, alumni, family, friends, corporations, foundations, the media, donors, prospective donors, board members and its surrounding neighbors. Because **Stepping Stone** teaches and promotes a high standard of behavior, and because all of the above-mentioned constituent groups are important to the organization, and because the relationships with the aforementioned groups are based on trust, goodwill and the credibility of the organizations, it is essential that volunteers conduct themselves in an ethical and principled manner.

More than volunteers of similar treatment programs, volunteers of **Stepping Stone** face situations which require, and mandate the application of ethical principles. Many of the practical decisions made, whether they are directed towards donors, residents, or the media, are ethical decisions. As professionals, volunteers are expected to make decisions that require good judgment.

Stepping Stone recognizes that its Volunteers, Clinician Students and AOD Interns live and work in many diverse communities. **Stepping Stone** has established a set of ethical best-practices that apply to universal ethical deliberation. Further, **Stepping Stone** recognizes and encourages the notion that personal and professional ethics cannot be dealt with as separate domains. **Stepping Stone** Volunteers, Clinician Students and AOD Interns recognize that the ability to do well is based on an underlying concern for the well-being of others. This concern emerges from recognition that we are all stakeholders in each other's lives - the well-being of each is intimately bound to the well-being of all; that when the happiness of some is purchased by the unhappiness of others, the stage is set for the misery of all. Volunteers, Clinician Students and AOD Interns must act in such a way that they would have no embarrassment if their behavior became a matter of public knowledge and would have no difficulty defending their actions before any competent authority.

In addition to identifying specific ethical standards, White (1993) suggested consideration of the following when making ethical decisions:

1. Autonomy: To allow others the freedom to choose their own destiny
2. Obedience: The responsibility to observe and obey legal and ethical directives
3. Conscientious Refusal: The responsibility to refuse to carry out directives that are illegal and/or unethical
4. Beneficence: To help others
5. Gratitude: To pass along the good that we receive to others
6. Competence: To possess the necessary skills and knowledge to treat the clientele in a chosen discipline and to remain current with treatment modalities, theories and techniques
7. Justice: Fair and equal treatment, to treat others in a just manner
8. Stewardship: To use available resources in a judicious and conscientious manner, to give back
9. Honesty and Candor: Tell the truth in all dealing with clients, colleagues, business associates and the community
10. Fidelity: To be true to your word, keeping promises and commitments
11. Loyalty: The responsibility to not abandon those with whom you work
12. Diligence: To work hard in the chosen profession, to be mindful, careful and thorough in the services delivered
13. Discretion: Use of good judgment, honoring confidentiality and the privacy of others
14. Self-improvement: To work on professional and personal growth to be the best you can be
15. Non-maleficance: Do no harm to the interests of the client
16. Restitution: When necessary, make amends to those who have been harmed or injured
17. Self-interest: To protect yourself and your personal interests

Client Welfare

The Volunteers, Clinician Students and AOD Interns understand that the ability to do well is based on an underlying concern for the well-being of others. The Volunteers, Clinician Students and AOD Interns will act for the good of others and exercise respect, sensitivity and insight. The Volunteers, Clinician Students and AOD Interns understand that the primary professional responsibility and loyalty is to the welfare of his or her clients, and will work for the client.

1. The Volunteers, Clinician Students and AOD Interns understand and support actions that will assist clients to a better quality of life, greater freedom and true independence.
2. The Volunteers, Clinician Students and AOD Interns will support clients in accomplishing what they can readily do for themselves. Likewise, the Volunteers, Clinician Students and AOD Interns will not insist on pursuing treatment goals without incorporating what the client perceives as good and necessary.
3. The Volunteers, Clinician Students and AOD Interns understands that suffering is unique to a specific individual and not of some generalized or abstract suffering, such as might be found in the understanding of the disorder. On that basis, the action taken to relieve suffering must be uniquely suited to the suffering individual and not simply some universal prescription.

Dual Relationships

The Volunteers, Clinician Students and AOD Interns understands that the goal of treatment services is to nurture and support the development of a relationship of equals of individuals to ensure protection and fairness of all parties.

Volunteers, Clinician Students and AOD Interns will provide services to clients only in the context of a professional setting. In rural settings and in small communities, dual relationships are evaluated carefully and avoided as much as possible.

1. Because a relationship begins with a power differential, the Volunteers, Clinician Students and AOD Interns will not exploit relationships with current or former clients, current or former supervisees or colleagues for personal gain, including social or business relationships.
2. The Volunteers, Clinician Students and AOD Interns avoid situations that might appear to be or could be interpreted as a conflict of interest. Gifts from clients, other treatment organizations or the providers of materials or services used in the addiction professional's practice will not be accepted. **Gifts of any value will not be accepted under any circumstances.**
3. The Volunteers, Clinician Students and AOD Interns will not engage in professional relationships or commitments that conflict with family members, friends, close associates or others whose welfare might be jeopardized by such a dual relationship.
4. The Volunteers, Clinician Students and AOD Interns will not, under any circumstances, engage in sexual behavior with current or former clients.
5. The Volunteers, Clinician Students and AOD Interns will not accept as clients anyone with whom they have engaged in romantic or sexual relationships.
6. The Volunteers, Clinician Students and AOD Interns make no request of clients that does not directly pertain to treatment (giving testimonials about the program or participating in interviews with reporters or students).
7. The Volunteers, Clinician Students and AOD Interns recognize that there are situations in which dual relationships are difficult to avoid. Rural areas, small communities and other situations necessitate discussion of the counseling relationship and take steps to distinguish the counseling relationship from other interactions.
8. The Volunteers, Clinician Students and AOD Interns encourage self-sufficiency among clients in making daily choices related to the recovery process and self-care.
9. The Volunteers, Clinician Students and AOD Interns shall avoid any action that might appear to impose on others' acceptance of their religious/spiritual, political or other personal beliefs while also encouraging and supporting participation in recovery support groups.

Group Standards

Much of the work conducted with substance use disorder clients is performed in group settings. Volunteers, Clinician Students and AOD Interns shall take steps to provide the required services while providing clients physical, emotional, spiritual and psychological health and safety.

1. Confidentiality standards are established for each counseling group by involving the addiction professional and the clients in setting confidentiality guidelines.
2. To the extent possible, Volunteers, Clinician Students and AOD will match clients to a group in which other clients have similar needs and goals.

Preventing Harm

The Volunteers, Clinician Students and AOD Interns understands that every decision and action has ethical implication leading either to benefit or harm, and will carefully consider whether decisions or actions have the potential to produce harm of a physical, psychological, financial, legal or spiritual nature before implementing them. The Volunteers, Clinician Students and AOD Interns recognizes that even in a life well lived, harm may be done to others by thoughtless words and actions, if he/she becomes aware that any word or action has done harm to anyone, he/she readily admits it and does what is possible to repair or ameliorate the harm except where doing so might cause greater harm.

1. The Volunteers, Clinician Students and AOD Interns will refrain from using any methods that could be considered coercive such as threats, negative labeling and attempts to provoke shame or humiliation.
2. The Volunteers, Clinician Students and AOD Interns develops treatment plans as a negotiation with the client, soliciting the client's input about the identified issues/needs, the goals of treatment and the means of reaching treatment goals.
3. The Volunteers, Clinician Students and AOD Interns understand the obligation to protect individuals, institutions and the profession from harm that might be done by others. Consequently, there is awareness when the conduct of another individual is an actual or likely source of harm to clients, colleagues, institutions or the profession. The addiction professional will assume an ethical obligation to report such conduct to competent authorities.

Legal and Ethical Standards

Volunteers, Clinician Students and AOD Interns will uphold the legal and ethical standards of the profession by being fully cognizant of all federal laws and laws that govern practice of substance use disorder counseling in their respective state. Furthermore, addiction professionals will strive to uphold not just the letter of the law and the Code, but will espouse aspiration ethical standards such as autonomy, beneficence, non-maleficence, justice, fidelity and veracity.

1. Volunteers, Clinician Students and AOD Intern will honestly represent their professional qualifications, affiliations, credentials and experience.
2. Any services provided shall be identified and described accurately with no unsubstantiated claims for the efficacy of the services. Substance use disorders are to be described in terms of information that has been verified by scientific inquiry.
3. The Volunteers, Clinician Students and AOD Intern strives for a better understanding of substance use disorders and refuses to accept supposition and prejudice as if it were the truth.
4. The impact of impairment on professional performance is recognized; addiction professionals will seek appropriate treatment for him/herself or for a colleague. Volunteers, Clinician Students and AOD Intern support the work of peer assistance programs to assist in the recovery of colleagues or themselves.
5. The Volunteers, Clinician Students and AOD Intern will ensure that products or services associated with or provided by the member by means of teaching, demonstration, publications or other types of media meet the ethical standards of this code.
6. The Volunteers, Clinician Students and AOD Intern who is in recovery will maintain a support system outside the work setting to enhance his/her own well-being and personal growth as well as promoting continued work in the professional setting.

Working in a Culturally Diverse World

Volunteers, Clinician Students and AOD Intern, understand the significance of the role that ethnicity and culture plays in an individual's perceptions and how he or she lives in the world. Volunteers, Clinician Students and AOD Intern shall remain aware that many individuals have disabilities which may or may not be obvious. Some disabilities are invisible and unless described might not appear to inhibit expected social, work and health care interactions. Part of the intake and assessment must then include a question about any additional factor that must be considered when working with the client.

1. Addiction professionals do not discriminate either in their professional or personal lives against other persons with respect to race, ethnicity, national origin, color, gender, sexual orientation, veteran status, gender identity or expression, age, marital status, political beliefs, religion, immigration status and mental or physical challenges.
2. Accommodations are made as needed for clients who are physically, mentally, educationally challenged or are experiencing emotional difficulties or speak a different language than the clinician.

Workplace Standards

The addiction professional recognizes that the profession is founded on national standards of competency which promote the best interests of society, the client, the individual addiction professional and the profession as a whole. The addiction professional recognizes the need for ongoing education as a component of professional competency and development.

1. The addiction professional recognizes boundaries and limitations of their own competencies and does not offer services or use techniques outside of their own professional competencies.
2. Addiction professionals recognize the impact of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague.

ENDORSEMENT:

I, a Volunteer of **Stepping Stone of San Diego, Inc.**, endorse and accept this Code of Ethics as part of the Volunteer agreement with this organization. I furthermore assert that:

(Check one)

I am involved in no relationships which might pose, or appear to pose conflicts of interest with my professional duties and responsibilities.

or

Below are listed any relationships which might pose, or appear to pose conflicts of interest with my professional duties and responsibilities.

Name (Please print)

Signature

Date

Revised 1.2018

Volunteer Contract Agreement

As a Stepping Stone volunteer, you are an important member of our staff and act as a representative of our organization to the community at large. For a better understanding of what you can expect as a volunteer and what is expected of you by our organization, we ask you to read and **sign** the following Volunteer Contract.

Stepping Stone will provide for you:

1. Beneficial and life-enriching experiences.
2. Comprehensive orientation and general training sessions plus any specialized training for specific jobs, such as group facilitator or peer advocate.
3. Opportunities for professional development and social interaction with other volunteers.
4. An opportunity to learn about addiction treatment and recovery, as well as a chance to learn how treatment services operate behind the scenes.
5. A specific job description detailing duties and responsibilities.

The organization asks that you:

1. Work an agreed number of hours on a scheduled basis that is acceptable to both you and the organization.
2. Choose an assignment within your abilities, interests, and time.
3. Attend a scheduled orientation, training classes, and tour of the organization.
4. Notify the organization beforehand if you will be absent or if you have arranged a substitute.
5. Conduct yourself in an appropriate and ethical manner at all times when dealing with Stepping Stone clients, board members and staff.
6. Have fun and agree to ask questions if needed. Remember we are here for you!

Specific Tasks:

Supervisor:

Schedule:

By my signature I declare that I have read, understand, and agree with all parts of the Stepping Stone Volunteer Contract and will strive to fulfill all parts therein.

Volunteer Signature Date

Staff Signature/Title Date

VOLUNTEER HANDBOOK

ACKNOWLEDGEMENT

I have received and read a copy of the Volunteer Handbook. I understand and agree to abide by its policies and practices, and any other policies or guidelines established by Stepping Stone and any revisions made to it. I understand the Volunteer Handbook is subject to change. I also understand that my volunteer assignment with the agency is for no specific period of time, and that my relationship can be terminated by myself or Stepping Stone at any time, with or without notice.

Volunteer Name (printed): _____

Volunteer Signature: _____

Date: _____

Volunteer Program Manager _____

Date: _____

**stepping
stone** | **40**
YEARS

Saving Lives Since 1976

VOLUNTEER HANDBOOK





Please keep these pages for your records

Please keep these pages for your records

VOLUNTEER HANDBOOK

MISSION STATEMENT:

To create, improve and deliver alcohol and other drug treatment, HIV and other health interventions, recovery, education and prevention services specializing in the challenges of the gay, lesbian, bisexual and transgender communities of the San Diego region.

VISION:

With caring and safe environment and holistic treatment, every individual has the ability to live a balanced life free of addiction.

ORGANIZATIONAL VALUES:

Celebrating the diversity of the communities in which we live by being inclusive and accepting; Providing a safe and healing environment that encourages health of the mind, body and spirit; Meeting the needs of those familiar with addiction so they can celebrate courageous, balanced living; Being trustworthy to and with our clients and stakeholders; Providing professional, effective services that are cutting-edge, integrated and progressive; Living and working as a model of an honest and accepting community; and, being supportive and compassionate.



WHO WE ARE

Since 1976 San Diegans have been fortunate that Stepping Stone has been there to offer those struggling with addiction the hope and direction they need to turn their lives around. We are a 501(c)(3) public benefit organization.

One of San Diego County's premier non-profit addiction treatment agencies, Stepping Stone provides a welcoming environment that allows people to come together to work on unresolved issues in their lives. With treatment geared toward the specific recovery needs of members of the LGBT and HIV/AIDS communities, Stepping Stone is an agency that prides itself in being accepting, compassionate, diverse and progressive.

The high level treatment that Stepping Stone continues to offer people afflicted with the disease of addiction is unparalleled. Both the state-of-the-art-residential facility in City Heights and the drop-in center in Hillcrest continue to provide a wide range of treatment options and counseling for those people working on healing themselves.

Stepping Stone strives to provide innovative and comprehensive treatment and recovery services. By utilizing best practice methods and principles the agency is able to develop and maintain programs that address the multiplicity of needs for our community members. By focusing on quality assurance and service improvement we are able to incorporate consumer feedback to strengthen existing programs and identify service needs that are not being met. By embracing social model philosophy, treatment and service, recipients are empowered to assist in redevelopment of programming to reduce recidivism and ensure efficacy. This "client-centered" approach has become the trademark of our service provision.

CONFIDENTIALITY

As a volunteer you are responsible for maintaining confidentiality of all proprietary or privileged information to which you are exposed while volunteering at Stepping Stone, whether this information involves a single staff member, volunteer, client, other people or involves overall Stepping Stone business.

All volunteers are required to read and understand the Code of Federal Regulations, Title 42 (CFR 42) guidelines, and sign a statement of acknowledgement prior to working as a volunteer

It is illegal to disclose a client's name, HIV status, or program participation at Stepping Stone. Acknowledging clients or people who use Stepping Stone's services in social situations are not permitted, you must allow the person to approach you first.

Failure to maintain confidentiality will result in termination of your volunteer services with Stepping Stone.

BILL OF RIGHTS FOR VOLUNTEERS

- The right to be treated with respect and dignity
- The right to a suitable assignment, with consideration for personal preference, treatment, life experiences, education and employment background
- The right to know as much about the agency as possible; its policies, its people and its programs
- The right to be heard, to have a role in planning, to feel free to make suggestions and to have respect shown for an honest opinion.
- The right to recognition through day to day expressions of appreciation and to be treated as a bona-fide co-worker.

CODE OF RESPONSIBILITY FOR VOLUNTEERS

- **SPEAK UP:** Ask about things you don't understand in the correct forum through your supervisor.
- **BE SURE:** Look into your heart and know that you really want to volunteer, that you have the time and energy to assist other people.
- **BE CONVINCED:** Don't offer your service unless you believe in the value of what you are doing.
- **ACCEPT THE RULES:** Don't criticize what you don't understand; there may be a good reason.
- **BE WILLING TO LEARN:** Training is essential to any job well done.
- **KEEP ON LEARNING:** Know all you can about your agency and your job.
- **WELCOME SUPERVISION:** You will do a better job and enjoy it more if you are doing what is expected of you.
- **KEEP IN TOUCH:** Let us know about changes in your schedule that may prevent you from volunteering. Don't just disappear.
- **BE DEPENDABLE:** Your word is your bond. Do what you committed to. Don't make promises you can't keep.
- **BE A TEAM PLAYER:** Find a place for yourself on the team. The lone operator is out of place.
- **BE TRUSTWORTHY:** Keep everything concerning clients, staff, volunteers and the agency confidential.

VOLUNTEER POLICIES AND PROCEDURES

DEFINITION OF A “VOLUNTEER”

A “volunteer” is anyone who, without compensation or expectation of compensation beyond pre-approved and authorized reimbursement, performs tasks at the direction, and on behalf, of the agency. A “volunteer” must be officially accepted and enrolled by the agency prior to performance of the task.

VOLUNTEERS

Individuals will complete a volunteer application, a sexual harassment form, and a confidentiality form. All potential volunteers are required to attend a formal orientation before starting their volunteer positions. Volunteer positions will be assigned based on an individual’s abilities, interests, and the needs of the organization. There are three (3) specific types of volunteer opportunities at Stepping Stone; Special Events, Client Services, and Administrative.

HARRASMENT POLICY

Stepping Stone is committed to providing a work environment that is free of discrimination and harassment. In keeping with this policy, Stepping Stone strictly prohibits harassment on the basis of race, sex, actual or perceived gender, color, religion, sexual orientation, age, national origin, marital status, HIV/AIDS, veteran status, mental or physical disability. This also includes any other characteristics protected under Federal, State or local law. Under California legislation, co-workers may be held individually liable for sexually harassing a co-worker. Existing law already imposes individual liability on supervisors who sexually harass someone they supervise.

FORMS OF HARASSMENT

Verbal harassment such as jokes, epithets, slurs, negative stereotyping and unwelcome remarks about an individual’s body, color, physical characteristics, appearance or talents, references to people such as “honey,” “doll” or “sweetheart”, questions about a person’s sexual practices and patronizing terms or remarks;

Physical harassment such as physical interference with normal work, impeding or blocking movement, assault, unwelcome physical contact, staring at a person’s body and threatening, intimidating or hostile acts that relate to a protected characteristic; and

Visual harassment, such as offensive or obscene photographs; calendars; posters; cards; cartoon drawings and gestures; display of sexually explicit, suggestive or lewd objects; unwelcome notes, or letters; and any other written graphic material that degrades or shows hostility or aversion towards an individual, that is placed on walls, bulletin boards, or elsewhere on Stepping Stone premises or circulated in the work place. This is not intended to include materials being appropriately used in the course and scope of performing work duties.

There are two distinct categories of sexual harassment:

1. Sexual harassment occurs when an individual's submission to or rejection of unwelcome sexual conduct is used as a basis for volunteer assignment decisions affecting that individual, including granting additional benefits; in addition,
2. Sexual harassment occurs when unwelcome sexual conduct interferes with an individual's job performance or creates an intimidating, hostile, or offensive working environment, even if it does not lead to tangible or economic job consequences.

If you believe that comments, gestures, or conduct of any staff, supervisor, volunteer, or person doing business with or for Stepping Stone is offensive, you should immediately report the facts of the incident and the names of the people involved to your supervisor or, if no other option is available to you, the Executive Director (ED).

ALCOHOL/SUBSTANCE ABUSE

Any volunteer who reports to work while under the influence of drugs or alcohol, who has alcohol, or drugs or drug paraphernalia in his or her possession, or who participates in the distribution, sale, use or transfer of alcohol, drugs, or drug paraphernalia at any time on agency premises or Stepping Stone events, is subject to discipline up to and including termination. Breaches of this policy can result in termination of a volunteer regardless of whether or not the volunteer has committed any prior act in violation of this or any other policy or procedure. If you are undergoing prescribed medical treatment with a controlled substance that might affect your job performance, you are required to report this treatment to your supervisor.

CONFLICT RESOLUTION

Should a conflict arise we encourage the volunteer to bring the issue to the attention of the volunteer coordinator you are assigned to. If no satisfactory solution can be reached, the program coordinator can act as mediator. Should the situation continue with no satisfactory solution, the volunteer can submit a written request for a meeting with The Coordinator of Volunteer Services. If no resolution can be reached, as a final effort, the ED will be asked to step in. The decision reached by the ED will be final. Should a conflict arise with a program coordinator, the same procedure is advised.

REPRESENTATION OF THE AGENCY

Volunteers are not authorized to act or make statements on behalf of Stepping Stone. These actions may include, but are not limited to, public statements to the press, coalition of lobbying efforts with other organizations, or any agreements involving contractual or other financial obligation. Volunteers are only authorized to act as representatives of Stepping Stone as specifically indicated within their job descriptions and only to the extent of such written specifications. Volunteers must seek approval from the Executive Director if there is any question regarding this.

DRESS CODE

As representatives of Stepping Stone volunteers, like staff, are responsible for presenting a professional image to clients and to the community. Volunteers shall dress appropriately for the conditions and performance of their work.

CRIMINAL RECORDS CHECK

For the protection of the clients and to comply with agency insurance requirements, all volunteers will be required to submit to a criminal background check which may include fingerprint processing. Volunteers who do not agree to a criminal background check will be refused assignment as a volunteer.

CERTIFICATE OF ABILITY

Any volunteer who is under the care of a physician for either physical or psychological treatment may be asked to present a certificate from the physician to their ability to satisfactorily and safely perform their volunteer duties. Any volunteer who, after acceptance and assignment by the agency, enters a course of treatment which might adversely impact the performance of their volunteer duties should consult with the Volunteer Program Coordinator or Human Resources.

CONTRACT REGULATED SERVICES AND SPECIAL SERVICES

Several of Stepping Stone's programs are funded or regulated by government grants or contracts. Often these contracts and/or regulations require that board, staff and/or volunteers receive special trainings, workshops, orientations and supervision. Some services may require specialized certification.

SERVICE AT THE DISCRETION OF THE AGENCY

Stepping Stone accepts the service of all volunteers with the understanding that such service is at the sole discretion of the agency. Volunteers agree that Stepping Stone may at any time, for whatever reason, decide to terminate the volunteer's relationship with the agency.

CORRECTIVE ACTION

In appropriate situations, corrective action may be taken. Examples of corrective action include the requirement of additional training, reassignment of a volunteer to a new position, suspension of the volunteer, or dismissal from volunteer service.

DISMISSAL OF A VOLUNTEER

Volunteers who do not adhere to the rules and procedures of Stepping Stone or fail to satisfactorily perform their volunteer assignment are subject to dismissal. Prior to dismissal of a volunteer, staff will seek the consultation and assistance of the Volunteer Program Coordinator.