



God's Kitchen

Volunteer Application



Welcome Volunteer,

Thank you for your interest in joining the God's Kitchen volunteer family! Your time, dedication, and skills help us deliver critical services and inspire hope for those in need.

Volunteers are essential to the function of our program, serve as the face of our organization, and represent our values and mission. With that said, we submit a full background check and National Sex Offender Registry review for each volunteer. We also ask volunteers to agree to CCWM's confidentiality policy.

Please read all instructions carefully and thoroughly complete the following forms. Please return your completed application with a copy of the front and back of your photo ID. These forms can be emailed or you can arrange a time to deliver them in person. We will not accept applications submitted via mail.

Please contact us anytime with questions. We are grateful for your contribution and we look forward to meeting you!

Best Regards,

Catholic Charities West Michigan
40 Jefferson Ave SE | Grand Rapids, MI 49503
(616) 456-1443 | ccwestmi.org



40 Jefferson Ave,
Grand Rapids, MI 49503
(616) 456-1443

We ask that you do not mail this application.

God's Kitchen Volunteer Application

Applicant Information

Full Name: _____ Date: _____

Address: _____ Apartment/Unit #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Current Volunteer Position/Location(s): _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Volunteer Interest

How did you hear about our Volunteer Program?

Is Volunteering a requirement for a class or service program?

YES

NO

Required Forms

- Consumer Report Disclosure
- CCWM Background Check Consent Form
- Copy of State-Issued Photo Identification
- CCWM Confidentiality Agreement
- CCWM Volunteer Agreement

I verify that all information provided in this packet is complete and accurate information.

Signature: _____ Date: _____

CONSUMER REPORT DISCLOSURE

Catholic Charities West Michigan ("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 criminal history, social security verification, motor vehicle records ("driving records"), education or employment history, or other background checks.

The investigations will be conducted by **CredentialCheck, 100 West Big Beaver Road, Suite 140, Troy, Michigan 48084-5252, (888) 689-2000, <https://credentialcheck.com/>.**

Printed Name:

Signature:

Date:

ACKNOWLEDGMENT AND AUTHORIZATION FOR CONSUMER REPORT

I acknowledge that I have received and read multiple stand-alone documents provided to me, including the CONSUMER REPORT DISCLOSURE, [A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT](#) and OTHER APPLICABLE NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of consumer reports by Catholic Charities West Michigan (the "Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all information requested by **CredentialCheck, 100 West Big Beaver Road, Suite 140, Troy, Michigan 48084-5252, (888) 689-2000, <https://credentialcheck.com/>** and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Printed Name:

Signature:

Date:

BACKGROUND INFORMATION

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security* # _____ Date of Birth* _____

Driver's License # _____ State of Driver's License* _____

Present Address _____

City/State/Zip _____ Phone Number _____

E-mail _____

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

New York residents and applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, 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 Company by contacting the consumer reporting agency directly. By signing the Acknowledgement and Authorization for Consumer Report, you acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota residents and applicants only: You have the right to submit a written request to the consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within five business days after its receipt of your request or the report was requested by the Company, whichever date is later.

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

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

Los Angeles residents and applicants only: Please [click here](#) to receive a copy of the Notice to Applicants & Employees Fair Chance Initiative for Hiring Ordinance.

San Francisco residents and applicants only: Please [click here](#) to receive a copy of the San Francisco Fair Chance Ordinance Notice.

Washington State residents and applicants only: You 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.

Sample documents should NOT be construed as legal advice, guidance, or counsel. Employers should consult their own attorney about their compliance responsibilities under the Fair Credit Reporting Act and applicable state law. Credential Check expressly disclaims any warranties or responsibility, or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.

Catholic Charities West Michigan Background Check Consent Form

I understand it is the policy of Catholic Charities West Michigan to conduct necessary background checks as part of the screening and selection process using the information I have provided below:

Last name	First name	Middle initial
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Street Address	City	State	Zip Code
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Race (Mark One Below)				
<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Unknown/Other

Sex	Month of birth	Day of birth	Year of birth
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Social Security Number	Driver License State	Driver License Number
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Other last name (i.e. Maiden, Alias)	First name	Middle initial
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Other last name (i.e. Maiden, Alias)	First name	Middle initial
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Other last name (i.e. Maiden, Alias)	First name	Middle initial
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List each State (other than Michigan) that you have resided in since the age of 18	Years Resided (i.e. 1988-2001)

If you have lived outside Michigan since the age of 18, you must complete the Credential Check Disclosure and Authorization Form as part of your employment background checks. Request this form from your hiring supervisor.

Foster Care, Licensing, and Adoption Department Employment Candidates Only - Prior to being hired, if you have lived outside Michigan in the last five years, Human Resources needs proof from every state where you have resided that you have not been convicted of child abuse or neglect. Contact your hiring supervisor for the correct paperwork.

Reason for Request: (Mark One Below)					
<input type="checkbox"/> Employment	<input type="checkbox"/> Intern/Student	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Licensing	<input type="checkbox"/> Board Member	

I hereby authorize CCWM to utilize the above information for the purpose of conducting background checks in the state of Michigan and other states when applicable for the purpose of employment, internship, volunteerism, Licensing, or acting as an Agency board member.

Applicant Signature

Date



Providing Help. Creating Hope.

Confidentiality Agreement For Employees, Interns, Independent Contractors, and Volunteers

It is the policy of Catholic Charities West Michigan that the agency's confidential business affairs, materials and information about the agency's clients and operations must not be discussed with anyone outside the agency without the expressed consent of client (when necessary), and only those inside the agency who are authorized to receive confidential information and directly involved with the case.

As an employee, Intern, Independent Contractor or Volunteer for Catholic Charities West Michigan (hereinafter "the Agency") acknowledge that I may have access to information related to our clients. There are federal and state laws, contractual, accreditation, and licensing requirements which regulate how we use, manage, and protect confidential client information. One such law is the Health Insurance Portability and Accountability Act (HIPAA) that mandates personal health information (PHI) is kept confidential except under specific circumstances. PHI includes demographic, billing, and medical information about the client. The fact that someone is receiving services must also be kept confidential. This information cannot be shared with others without consent from the client except for duty to inform/warn situations as provided by law.

Information related to the business of our agency is also confidential and proprietary. Personal information regarding donors, employees, interns, independent contractors, and volunteers should be considered in the same way. This information may only be shared in context of work responsibilities. As a condition of my employment, internship, contract, or volunteerism, I agree to the following:

1. I understand that I am responsible for complying with the agency's confidentiality policies, which includes Health Insurance Portability and Accountability Act (HIPPA) related information. I have been given a copy of these policies.
2. I will treat all information received in the course of my employment with the Agency which relates to clients as confidential and privileged information.
3. I will not access any client related information, including Personal Health Information (PHI), unless I have a need to know this information in order to perform my job.
4. I will not disclose information regarding the Agency's clients to any person or entity, other than as necessary to perform my job, and as permitted under the agency's confidentiality policies.
5. I will not log on to any of the Agency's computer systems that currently exist or may exist in the future using a password other than the one that has been specifically assigned to me.
6. I will safeguard my computer and mobile communication device password and will not post in a public place such as the computer monitor or a place where it will be easily lost, such as on a nametag.
7. I will not allow anyone, including other employees, to use my password to log on to a computer and/or mobile communication device(s).
8. I will password protect all mobile communication devices authorized to conduct agency business.
9. I will log off or lock the computer when it is not in use. I will not leave my computer unattended and logged in/unlocked in situations when others have the ability to see the screen or access my computer while I am not present.
10. If my job requires that I have client PHI or confidential information off the premises, which includes information stored on a mobile device, I will safeguard the information including not leaving it in unlocked cars and not leaving it lying around in an un-secure place in my home where others may see it. I will use a Secure Transport Bag or Case to transport paper documentation containing confidential information.
11. Upon cessation of my employment with the Agency, I agree to continue to maintain the confidentiality of any information I learned while an employee and agree to turn over any keys, access cards, cell phones or any other device that would provide access to the Agency or its information.

I understand that violation of this agreement could result in disciplinary actions up to and including termination or cancellation of my contract if I am a volunteer, intern, or independent contractor. I further understand that if I am an "Employee" of the Agency, this agreement in no way alters my status as an at-will employee. I understand that this agreement is binding past my tenure at Catholic Charities West Michigan to ensure that confidential material is kept as such.

Print Name

Signature

Date

Rev: 10/19; 04/24

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THANK YOU...

...for choosing to generously donate your time to serve our community members with Catholic Charities West Michigan. Please read the following and sign/date the last page.

WELCOME!

Thank you for choosing to serve with Catholic Charities West Michigan!

The purpose of the following Volunteer Handbook is to act as a resource guide and a summary of the various policies and procedures applicable to volunteers of Catholic Charities West Michigan.

The policies summarized in this manual are provided as a general reference and are not exhaustive for every circumstance that may arise.

As volunteerism within the organization grows and changes, Catholic Charities West Michigan (CCWM) reserves the right to change, revise, suspend, and eliminate any of the policies and procedures described in this handbook. Updates will be provided upon policy changes, when available. It is your responsibility to keep your handbook current and stay informed about practices that affect you.

If you have any questions or need any clarification of the following information, please contact the Volunteer Coordinator.

MISSION

Inspired by the Church's social teachings, Catholic Charities West Michigan fosters individuals and families to flourish by providing help and creating hope.

VISION

Catholic Charities West Michigan is called to create a just and compassionate community where all people can achieve their divine purpose.

VALUES

Sanctity of All Life
Compassion
Integrity
Respect
Equity

ABOUT US

Since 1946, Catholic Charities West Michigan has been feeding the hungry, counseling those who struggle, and building strong families. Headquartered in Grand Rapids, CCWM serves residents in counties across West Michigan. Through a broad spectrum of social service programs focused on the needs of children and families, CCWM has touched the lives of thousands of individuals each year. For more information, visit www.ccwestmi.org.

CATHOLIC SOCIAL TEACHING GUIDING PRINCIPLES

As a Catholic Charities agency, we serve all who come to our doors for aid not because they're Catholic, but because we are. Our mission is rooted in the seven principles of Catholic social teaching:

- Life and Dignity of the Human Person
- Call to Family, Community, and Participation
- Rights and Responsibilities
- Option for the Poor and Vulnerable
- Dignity of Work and the Rights of Workers
- Solidarity
- Care for God's Creation

OUR "CATHOLIC" CONNECTION...

Catholic Charities West Michigan (CCWM) is a ministry of the Roman Catholic Diocese of Grand Rapids. We operate under the leadership of our bishop, the Shepherd of the Catholic community, in the 11 West Michigan counties that comprise the Grand Rapids Diocese.

A bishop offers pastoral care to all those entrusted to his care. By virtue of his consecration and ordination, the bishop of the Diocese of Grand Rapids is the "moderator of the ministry of the word." His governance ensures that this ministry is based upon sacred Scripture, tradition, liturgy, the official teaching authority, and the life of the Church.

VOLUNTEER ENGAGEMENT PHILOSOPHY

Volunteers are one of the greatest resources we have at Catholic Charities West Michigan. People like you, who give their time, energy, and talents to provide help and inspire hope, are essential to our ability to deliver quality services. We are committed to creating opportunities for the community to be involved in our work. By engaging volunteers in direct service activities, we are able to expand the efforts of our programs and reach our goals. Our program volunteers are priceless.

Our volunteers participate by:

- supporting new and expecting mothers,
- helping individuals and families attain quality food,
- supporting special events, programs, and projects!

Catholic Charities West Michigan welcomes adults, youth, families and groups to volunteer with our agency's programs and does not discriminate against any volunteer because of race, color, age, gender, sexual orientation, national origin, or disability.

VOLUNTEER SERVICE

[Application](#)

As a regular or ongoing volunteer, you will be required to complete the volunteer application. Specific programs may require supplemental forms.

[Background/Criminal Records Checks](#)

Regular and ongoing Volunteers are required to undergo background/criminal record and sex offender registry checks prior to beginning service as well as on a continued basis.

Driving record checks are required for volunteers who drive for a program or transport clients.

A state of Michigan DHHS Protective Services Central Case Records Search is required for volunteers working directly with children as well as the completion of VIRTUS training and Standards of Ministerial Behavior in Dealing with Children & Young People agreement.

CCWM covers the cost of all background and criminal records checks for volunteers.

[Volunteer Agreement Form](#)

We require signed Volunteer Agreement form when beginning service to confirm you have read, understood, and agreed to follow the CCWM volunteer practices and procedures, and feel comfortable with the responsibilities of your specific volunteer position.

[Program Orientation & Training](#)

As a new volunteer, your program will provide you with its own orientation and the necessary training required for your specific volunteer position.

[Volunteer Responsibilities](#)

As a volunteer, you can expect certain rights when you donate your time with CCWM. Volunteers also have responsibilities pertaining to the specific volunteer role or program. As a volunteer you are free to set your work schedule, but please be prepared to fulfill volunteer commitments.

We ask that volunteers:

- notify the volunteer coordinator if commitments cannot be met
- inform your site program manager or volunteer coordinator of problems, concerns, etc. as they arise
- be dependable
- maintain dignity and integrity with clients, staff, and fellow volunteers
- accept guidance and decisions of the volunteer coordinator and/or site program manager
- be willing to learn and grow on the job
- report any felony or crime conviction while volunteering with CCWM
- adhere to all CCWM guidelines and policies

[Scheduling & Sign-up](#)

A variety of ongoing and one-time opportunities are available to our volunteer community. Scheduling and sign-ups are done through our online volunteer management system in which a link will be shared. Please remember not to share links (unless otherwise communicated) with others since volunteers go through a background check process.

[Supervision](#)

A site program manager will directly oversee your role within your CCWM program. This supervisor will be available to you for consultation and assistance.

[Record Maintenance](#)

Keeping track of the time given by our volunteers is very important to us. Each program is required to record hours for each individual volunteer and report them to the Volunteer Coordinator on a monthly basis. It is your responsibility to sign in upon arrival at your program location before starting your shift.

Volunteer records/files shall be maintained by CCWM. Records contain all documents as required by CCWM and are maintained in a secure location and are the sole property of CCWM.

Volunteers are responsible for informing the volunteer coordinator of changes to address, email, emergency contact, etc., as well as the suspension or termination of their volunteer status.

Volunteer files shall contain (at minimum) the following:

- Identifying information and emergency contacts
- Volunteer application, onboarding documents, including necessary background screenings and reference checks
- Ongoing background check documents

Corrective Action

In appropriate situations, corrective action may be taken following an incident. Examples of corrective action include requirement of additional training, re-assignment of a volunteer to a new position, suspension or dismissal from volunteer service.

Concerns and Grievances

Decisions involving corrective action of a volunteer will be reviewed for appropriateness by the volunteer coordinator and site program manager. If corrective action is taken, the volunteer shall be informed of the procedures for expressing his/her concern or grievance. A volunteer has the opportunity to provide a written request to air his/her concerns to the Volunteer Coordinator.

Participation Guidelines

Certain practices are in place to ensure positive and safe volunteering experiences at Catholic Charities West Michigan.

Drug Free Policy

The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is not allowed in CCWM program sites. Additionally, volunteers may not be impaired by any substance while serving. Such an action may result in your immediate dismissal from the volunteer position.

Non-Smoking Policy

Smoking by our employees, volunteers, clients, or vendors in any interior offices or spaces of any CCWM building is not permitted. Smoking is also prohibited within 20 feet of any entryway, vent, or doorway leading to the interior of CCWM buildings.

Dress Code

As a CCWM representative, volunteers are responsible for presenting a positive image to clients and to the community. Clothing should be neat, clean, modest and functional for the conditions and performance of your duties. Tank tops, tube tops, halter tops, strapless tops are prohibited. Volunteers handling food must wear closed-toed shoes at all times. Hairnets and aprons are provided when applicable. Wearing a cap in place of a hairnet is acceptable.

Property Policy

Volunteers are responsible for all CCWM property, materials, or written documents issued to them or in their possession or control. Volunteers are required to return all CCWM property immediately upon request or upon discharge of volunteer assignment.

Non-Discrimination Policy

It is the policy of CCWM that there will be no discrimination or harassment in its programs, activities or volunteer program based on race, color, sex, sexual orientation, marital status, religion, national origin, age, disability, veteran status, genetic information, gender identity, height or weight. Questions or concerns related to affirmative action, nondiscrimination or equal opportunity should be directed to the volunteer coordinator.

Catholic Charities West Michigan welcomes volunteers with disabilities. CCWM complies with the Americans with Disabilities Act. Please contact your volunteer coordinator or site program manager for special accommodations.

[Non-occupational Disability](#)

Medical services for non-occupational illness or injury are the responsibility of the volunteer and his/her personal physician.

[Confidentiality Policy](#)

CCWM respects the privacy of personal information of those it serves or employs. You are responsible for treating all information received in the course of your volunteering with CCWM which relates to staff members, volunteers, clients, or involves overall program or agency business, as confidential and privileged information. Failure to maintain confidentiality may result in termination or other corrective action.

[Driving Policy](#)

To transport clients as a volunteer driver, a Michigan State Department of Motor Vehicles check and a criminal background check must be completed prior to your start. CCWM reserves the right to accept or deny you as a volunteer driver based on the findings of these checks.

You must be 21 or over to be a volunteer driver and follow all state and federal traffic laws. All passengers must wear seat belts. For safety and confidentiality reasons, when volunteers are transporting clients, no additional passengers are allowed in the vehicle unless they have been authorized by the program.

You are not permitted to use your cellular phone while the motor vehicle engine is running. If you have had a previous OUI conviction, three years must pass before you may be considered for a volunteer driving opportunity with CCWM.

Volunteers are covered for automobile liability, excess basis only, by CCWM liability insurance and only while operating within the scope of your volunteer service description. Proof of your own automobile liability and physical damage insurance must be provided.

Volunteers are responsible for the use of their own vehicle and any injury incurred while operating outside the premises of CCWM. We encourage you to consult with your own insurance agents regarding the extension of your personal insurance to include community volunteer work.

[Liability and Insurance](#)

In May of 1997, Congress approved legislation that shields volunteers for nonprofit organizations from liability lawsuits. HR911 limits the occasions when volunteers, as well as directors, officers, and trustees, may be sued in connection with their actions on behalf of a nonprofit. While the legislation removes a volunteer (but not the nonprofit) from liability if an individual commits negligent acts or omissions while acting within the scope of his or her responsibility, it does not protect the person if such acts were caused by willful or criminal misconduct or gross negligence.

[Harassment Policy](#)

CCWM is committed to maintaining a professional, harassment-free environment for all employees and volunteers. Harassment includes, without limitations, verbal, physical, visual, and innuendo. It also includes unwelcome sexual advances, requests for sexual favors, sexually motivated physical contact and other verbal or physical conduct, or visual forms of harassment of sexual nature, when submission to such conduct is either explicitly or implicitly made, a term or condition of employment, or is used as the basis for unreasonably interfering with an individual's work performance, or creating an intimidating, hostile, or offensive work environment for employees and volunteers. Volunteers should report any issues to their site program manager or volunteer coordinator immediately.

[Safety](#)

CCWM is committed to creating and maintaining a safe and positive environment for staff, volunteers and the clients we serve. Each program will provide volunteers with information on facility safety plans and safety protocols related to the assigned volunteer position.

Catholic Charities shall make available the hepatitis B vaccination series to volunteers who have occupational exposure and post-exposure evaluation and follow-up to volunteers who have had an exposure incident.

Any injury to the volunteer while fulfilling the duties of their position description must be reported to the site program manager immediately. An injury claim may need to be filed.

Volunteers who are injured while volunteering must report it immediately to the site program manager. Based on the nature of the injury, the volunteer will be directed to the nearest medical facility. The creation of an Incident Report is required within 24 hours of any on-the-job injury or exposure to a transmittable disease or blood borne pathogens. Volunteers are responsible for the cost associated with the medical treatment of injuries incurred while volunteering.

Possession of a weapon while on CCWM property, or while on CCWM business, is prohibited regardless of whether the person is licensed to carry a concealed weapon.

Prohibited weapons include any form of weapon or explosive, restricted or regulated, under local law. Legal, chemical dispensing devices such as pepper sprays, sold commercially for personal protection, are exempt from this policy.

Services, tasks, or projects that present a risk of bodily injury or property damage should not be carried out by volunteers. Examples include:

- Ladder work
- Roofing
- Electrical work
- Structural Framing
- Major Power Tools i.e., Chain Saws, Jackhammers, etc.
- Conduct contrary to church standings

[Workplace Violence](#)

CCWM seeks to provide a safe workplace for all volunteers. CCWM does not tolerate any type of workplace violence committed by or against employees or volunteers. Employees and volunteers are prohibited from making threats or engaging in violent activities. To ensure a safe workplace and reduce the risk of violence, all volunteers should review and understand all provisions of the workplace violence policy.

[Personal Involvement with Clients](#)

If your volunteer position involves working directly with clients, it is important to maintain boundaries with them and to keep your relationship professional, not personal.

[Mandatory Reporting](#)

While volunteering for CCCWM you have the legal obligation to report:

- Any known or suspected child abuse, neglect or any other behavior placing the health and welfare of children in jeopardy. 22 M.R.S.A. §§ 4011-A and 4012
- Any known or suspected adult abuse, neglect or exploitation. 22 M.R.S.A. § 3477.

Per our policy, volunteers working both directly and indirectly with children are trained in reporting requirements and associated procedures. It is recommended that volunteers immediately consult with a site program manager when presented with a situation that may warrant a child or adult protective report.

[Social Media & Photos](#)

CCWM utilizes social media for business purposes. Social Media use includes, but is not limited to, fundraising and donating, attracting new volunteers and interns, and sharing our community support and contributions.

Volunteers may not create any content that suggests s/he has authority to speak for CCWM. Volunteers may not release confidential information or use CCWM's logo or any other intellectual property.

Photos of volunteers may be taken and shared on Social Media platforms. Please inform your volunteer coordinator should an issue arise or if you do not want photos taken or shared publicly.

[Conflict and/or Issue Reporting](#)

If for any reason a conflict with a fellow volunteer or staff member arises, please feel free to share this information with the volunteer coordinator or site program manager. CCWM will address any issues and modify best practices to create a positive working environment for all.

[Resignation & Leave of Absence](#)

Your volunteer position may conclude at the end of a project, event, or set time, but you are also free to end your volunteer service with CCWM at any time. We kindly request you provide advance notice of your departure and a reason for your decision.

[Termination](#)

Volunteers may be terminated for a variety of reasons. Reasons may include gross misconduct or insubordination, being under the influence of alcohol or drugs, theft of property or misuse of agency equipment or materials, abuse or mistreatment of clients or coworkers, failure to abide by agency policies and procedures, failure to meet physical or mental standards of performance, and failure to satisfactorily perform assigned duties.

For questions or more information about this handbook, please contact the Volunteer Coordinator.

[Volunteer Agreement](#)

The volunteer handbook describes important information about Catholic Charities West Michigan (CCWM), and I understand that I should consult my immediate site program manager or volunteer coordinator regarding any questions not addressed in the handbook. I have entered into a volunteer relationship with CCWM voluntarily and acknowledge there is no specified length of relationship. Accordingly, either CCWM or I can terminate the relationship at will, with or without cause or notice, at any time.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official policies or correspondence, and I understand that revised information may supersede, modify, or eliminate existing policies.

I acknowledge this handbook is neither a contract of volunteer relationship nor a legal document. I have received the handbook, and I understand it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

Volunteer Name (Print)

Date

Volunteer Signature