



VOLUNTEER HANDBOOK



ABOUT US

Mission Statement

Our mission is to prevent and end homelessness among individuals and families while advancing compassionate community solutions.

Emergency Shelter

CASS currently serves over 400 homeless individuals downtown and 34 families with children at Vista Colina, a family shelter in north Phoenix. CASS serves up to 1,000 individuals each night and provides clients with hygiene supplies, shower and laundry facilities, and emergency clothing.

Guidelines and Procedures

Volunteers are expected to follow rules of conduct which will protect the interest and safety of all volunteers, staff, and clients.

- Attendance. Volunteers and supervisors work together to determine a schedule that works for both parties. Volunteers are asked to call their supervisors and provide as much notice as possible when unable to fulfill their commitment to serve as scheduled.
- Dress code. As representatives of the organization, volunteers, like staff, are responsible for presenting a good image to clients and the community. Volunteers are to dress appropriately for the conditions and performance of their duties. Some programs may have specific dress code requirements that will need to be adhered to.
- Smoking. Please use designated smoking areas only.
- Accident procedures. Volunteers must immediately report any injuries while volunteering. Their supervisor will provide an Accident Report to be completed immediately. If a volunteer witnesses an accident they should notify their supervisor or any supervisor on shift immediately. A written report must also be completed.
- All CASS clients, staff and volunteers have the right to be treated in a considerate and respectful manner that emphasizes human dignity.
- Client/staff relationships. Volunteers must maintain a professional relationship with clients at all times. Volunteers should not engage in personal associations with clients and should discourage any attempts on the part of the clients to develop such relationships.
- Confidentiality. Information, both verbal and written, regarding clients, employees, or volunteers is to be kept confidential at all times.
- Drug free workplace. The possession, distribution or use of alcohol or illegal drugs at CASS or while volunteering is forbidden.
- Equal opportunity. It is the policy of CASS not to discriminate against any volunteer because of race, religion, creed, sex, age, national origin or ancestry, disability, or veteran's status.
- Harassment. It is the policy of CASS that it will not permit verbal or physical conduct by an employee or volunteer which harasses, disrupts or interferes with another's work performance or which creates an intimidating, offensive or hostile environment.



- Medications for clients. Volunteers may not administer medications of any kind, including over the counter medicines, to CASS clients.
- Volunteers are expected to exercise discretion in using personal cellphones. Excessive personal calls/texts during volunteer hours can interfere with productivity and be distracting to others.
- Please clean up after yourself. It is important for volunteers to be respectful and leave work areas as they were found.
- Do not prop open doors. It jeopardizes the security of the building, and more importantly, the staff and clients who occupy it. If you find a door that is propped open, please close it.

The following are only some examples of inappropriate conduct which could lead to dismissal:

- Theft or inappropriate removal or possession of CASS property or that of any CASS volunteer, staff, agent or visitor, including failing to cooperate fully in any CASS investigation.
- Volunteering under the influence of alcohol or illegal drugs and/or illegal or unauthorized possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the volunteer environment.
- Creating a disturbance on CASS/ premises, at sponsored activities or in areas which could jeopardize the safety of others.
- Improper use of CASS property or property owned by any other individual or organization.
- Lack of cooperation, or other disrespectful conduct.

Volunteer Signature

Print Name

Date



Confidentiality Policy/Agreement

The clients and staff at Central Arizona Shelter Services, Inc. (CASS) have a right to privacy. Any and all information pertaining to clients and staff must be kept confidential. Anyone in violation of this agreement will be terminated from the CASS volunteer program. Please adhere to the following guidelines regarding client confidentiality:

- Staff must never release any information about current or former clients over the phone. Other agencies are not permitted to enter the shelter to “search” for a client. All other agencies should be referred to a supervisor for assistance.
- Staff is not permitted to reveal whether or not a client is staying at CASS. We will neither confirm nor deny a client’s presence. A message may be taken and placed on the client’s bed.
- Telephone requests for client information from DES (for food stamps), a Law Enforcement Agency or its representatives, or a hospital must be made in person or through a supervisor. In order to ensure client confidentiality, staff may only answer questions from outside agencies over the phone if there is a release of information (ROI) on file for the agency. Information may be shared for coordination of services.
- Release of personal information to other agencies about clients should be made only with the written consent of the client, unless it is an urgent situation involving a police officer or a medical or mental health professional and the client is in a life-threatening situation.
- Clients have the right to revoke their consent to the release of information and must do so in writing.
- If shelter staff receives a call from an outside agency or private party, transfer the call to a supervisor.
- Law Enforcement Agency officers or representatives arriving in person with questions regarding a client must show proper identification and sign and provide badge number the log book located at the Intake Desk. After verification of the officer’s identity, questions regarding clients will be directed to a Supervisor. Acknowledgement of a client’s presence inside shelter can only be given if the officers provide a signed document signed by a judge, such as a warrant or mental health petition.
- Shelter staff may discuss client information related to safety and security with Case Management as needed. Shelter staff may relay client information to a Supervisor or Case Manager.
- Confidential and public health information pertaining to clients must not be discussed in public areas. These areas include intake, dorms, dayrooms, reception areas, hallways, and any off premise sites.
- Client information obtained accidentally or by hearsay must be kept confidential or may be relayed to a supervisor.

By signing this agreement, you agree not to disclose confidential information you may hear or see to anyone other than your assigned supervision staff. Confidential information consists of, but is not limited to, names, addresses, phone numbers, photographs, as well as other facts, about clients including health, criminal or financial issues.

I have read, understood, and agree to comply with the Confidentiality Policy described above while at CASS and after ending my association with the organization.

VOLUNTEER APPLICANT’S SIGNATURE

DATE



Liability Release

I, _____, understand that while at CASS I may come into contact with
(Print Name)

various infections and contagious diseases. I understand that CASS may not be aware that some of the clients have a disease, and that, even if the staff is aware, they may not tell other persons due to privacy concerns. I also understand that CASS is not undertaking any duty to determine whether a resident has a disease. I am aware that health officials recommend wearing disposable gloves that are supplied at the shelter, while cleaning up bodily fluids and using a mouthpiece for mouth to mouth resuscitation.

I understand that my participation in this volunteer service is solely at my own risk. I acknowledge that my participation in this service may expose me to risk or injury, or possibly demise. I further understand that this Liability Release is absolute as to all claims, demands, causes or actions, suits, damages, costs and expenses which may arise as a result of my injury or demise, or as a result of any property damage which could occur while I am participating in this volunteer service.

I also understand that as a volunteer I am not covered by CASS' Worker's Compensation Insurance. As consideration for participating in activities offered by CASS as a volunteer, I agree that I, my assignees, heirs, guardians and legal representatives will not make a claim against, sue or attach the property of CASS, its directors, officers, agents, employees, or volunteers for injury, illness or damage resulting from negligent, intentional or other acts. I expressly waive any such claim that I may have now or in the future against CASS.

I have carefully read this liability release and I fully understand its contents. I am aware that this is a release of liability and a legal contract between CASS and me and it affects my legal rights. I have made the choice to be a volunteer for CASS and I am signing this document of my own free will.

VOLUNTEER APPLICANT'S SIGNATURE

DATE



Media Release Form

I, _____, grant permission to Central Arizona Shelter Services
(PRINT NAME)

(CASS) and its successors, agents, and employees the irrevocable right to use my name, written words, photograph, image, audio recording, video recording, and/or likeness (the “image”) in all forms and manner, including, but not limited to, photographs, videos, or other digital media in any and all of its publications, including Internet web-based publications, websites, promotional material, or for any other similar purpose, without payment or other consideration to me.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT(S) / GUARDIAN(S) AS EVIDENCED BY THEIR SIGNATURE(S) BELOW.

I Accept:

Printed Name

Date

Signature

Parent/legal Guardian Signature



Individual Volunteer Application

Central Arizona Shelter Service (CASS) is a great place to volunteer! All prospective volunteers for CASS are required to complete the volunteer application. The minimum age for volunteering at the single adult and family shelter is 16 years with adult supervision and requires prior approval from the Community Outreach Coordinator.

Please return completed form via email to dgarcia@cassaz.org OR fax to: 602.256.6401 attention Community Outreach Coordinator.

For more information or questions, please contact our Community Outreach Coordinator, Desiree Garcia, at 602-256-6945 ext. 1018 or dgarcia@cassaz.org.

CONTACT INFORMATION

First Name

Last Name

Street Address

City | State | Zip

Email address

Phone

What is the best way to contact you?

Phone

Email

Phone and email are both good

THROUGH MWU HOME: mmifflin@midwestern.edu or lgarci@midwestern.edu

Are you at least 18 years old?

Yes

No

Do you speak any languages other than English?

Yes

No

If yes, what languages? _____



Have you been convicted (found guilty, or plead guilty or no contest) of any criminal offense?

Yes

No

If yes, explain? _____

Have you been a volunteer, intern, or employee of CASS?

Employee

Intern

Volunteer

N/A

If yes, when? _____

How did you learn about volunteering with CASS?

What type of volunteer position are you interested in? Check all that apply.

Office Support

Child Development

Shelter Maintenance

Special Events

Other: **Midwestern University H.O.M.E. activities** _____

What is your availability for volunteering? Please select all days you are available.

Monday

Tuesday

Wednesday

Thursday

G7 <981 @8 BY MWU HOME

Friday

Saturday

Sunday

How many hours can you dedicate to volunteering in a week?

3 hours or less

3-5 hours

5-10 hours

G7 <981 @8 BY MWU HOME

10-15 hours

15-20 hours

20 or more hours



Do you have any skills/training/experience, or community/volunteer activities that you would like to share with us?

Which location are you interested in volunteering at?

- CASS Single Adult Shelter | Downtown Phoenix
- *Vista Colina Emergency Family Shelter | North Phoenix

* Volunteers at the Vista Colina Family Shelter are required to obtain a state-issued fingerprint clearance card.

Are you willing to complete the fingerprint clearance card process?

- Yes
- No

REFERENCES

We ask that you please provide us with two references. These references should be professional (including past/present supervisors, co-workers, professors, volunteer coordinators/managers, co-volunteers). Please provide the individual's name, email, phone number, and the relationship to you for each reference. If you have volunteered or interned with us in the past, you are welcome to list the staff you worked with.

Reference #1

Michelle Mifflin, DO

Full Name

623-572-3874

Phone

mmifflin@midwestern.edu

Email

faculty supervisor

Relationship

Reference #2

Full Name

Phone

Email

Relationship



I wish to volunteer my services to CASS. I understand that no employer/employee relationship will be created. I agree the information I have provided is, to the best of my knowledge, true, and I grant CASS permission to contact any of the references named on this form.

- Yes, I agree.
- No, I do not agree.

OPTIONAL

What race/ethnicity do you identify as?

- I prefer not to answer
- Black/African American
- Asian/pacific islander
- Native American
- Latino/Hispanic
- White/Caucasian
- Other/mixed

What age group do you fall under?

- I prefer not to answer
- Under 18
- 18-25
- 26-40
- 41-60
- 60+

What are your preferred pronouns?

- She/her/hers/herself
- He/him/his/himself
- They/them/their(s)/themselves
- If not listed, let us know what you prefer: _____

VOLUNTEER APPLICANT'S SIGNATURE

DATE