AGENCY ON AGING AREA 4

2026 VOLUNTEER ONBOARDING PACKET

This packet accompanies the Agency on Aging Area 4 Volunteer Handbook and contains key policies that support a safe, respectful, and effective volunteer environment.

Each policy outlines important responsibilities and expectations that all volunteers must understand and follow.

By providing your signature in each section, you confirm that you have received, read, and agree to uphold each of the policies included in this packet.

IN THIS PACKET:

1. Volunteer Guide Acknowledgement of Receipt
2. Volunteer Waiver and Release of Liability
3. Volunteer Confidentiality Agreement
4. Harassment, Discrimination & Retaliation Policy
5. IT & Cell Phone Acceptable Use Policy
6. Non-Endorsement Policy
7. Media Release & Media Inquiry Policy
8. Personal Vehicle Use Policy

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1. VOLUNTEER GUIDE ACKNOWLEDGEMENT

NAME: _____

This is to acknowledge I have received a copy of the Agency on Aging Area 4 Volunteer Guide. I have read, I understand, and I will abide by the policies and procedures provided in this guide. I will contact my supervisor or the Volunteer Coordinator with any questions or concerns regarding this guide.

I agree to indemnify and hold Agency on Aging Area 4 harmless of all claims, demands, losses, suits, or any other damages of any kind arising from my activities as a volunteer. I understand that I am volunteering at my own risk.

Signed _____ Date _____

AGENCY ON AGING AREA 4

2. WAIVER AND RELEASE OF LIABILITY: Volunteers

NAME: _____

Thank you for agreeing to volunteer with Agency on Aging Area 4.

I acknowledge that these volunteer activities may involve various risks, however unlikely, including but not limited to, driving, interacting with vulnerable populations, handling sensitive personal data, and participating in physical activity or health-related tasks. These activities may expose me to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I voluntarily assume all such risks as a condition of my participation.

As a volunteer, I release and hold harmless the Agency on Aging Area 4 and their successors from any and all claims, costs, suits, actions, or expenses upon any damage, loss or injury to me or to my property which may arise from this volunteer event or activity. I acknowledge that I am fully aware of any and all risks posed by these volunteer activities and that I have no medical condition that prevents me from engaging in them. I also give permission to be photographed by project partners or the media for use in printed materials, through the internet or through other media outlets. In signing below, I acknowledge that I have read and understand this volunteer agreement.

I have carefully read this agreement, waiver, and release and fully understand its content. I am aware that this is a release of liability and a contract between me and the Agency on Aging Area 4, and I sign of my own free will. I acknowledge that my participation as a volunteer is entirely voluntary and that I am participating at my own risk.

Signed _____ Date _____

AGENCY ON AGING AREA 4

3. CONFIDENTIALITY AGREEMENT: Volunteers

NAME: _____

I understand that in the course of my volunteer service with Agency on Aging Area 4 (AAA4), I may have access to and become acquainted with information of a confidential, proprietary or secret nature which is or may be either applicable or related to the present or future business of the agency, the business of its funded partners.

For purposes of this agreement, such confidential information includes, but is not limited to, devices, processes, compilation of information, records, specifications and information concerning existing or prospective customers, clients and/or vendors.

I further understand that existing and prospective funded partner lists, client lists, client databases, employee information which I will have access to during my volunteer service, are confidential and shall be solely the property of AAA4. This list is not exhaustive and may include other information identified by the agency as confidential during the course of my volunteer service.

I agree that I will treat all proprietary information as confidential both during and after my volunteer service, I agree that I will not disclose any confidential information, directly or indirectly, or use them in any way, either during the term of my employment or at any time thereafter, except for the benefit of the agency and as required in the course of my volunteering with the agency. I agree that I will not remove or otherwise transmit confidential, proprietary or secret information without prior written consent of the Executive Director.

I have read and understand this agreement. I further understand that I am a volunteer with this agency and that this agreement is not to be construed as constituting a promise of continued volunteer service.

Signed _____ Date _____

AGENCY ON AGING AREA 4

4. CALIFORNIA EQUAL OPPORTUNITY AND HARASSMENT, DISCRIMINATION, AND RETALIATION PREVENTION POLICY: Volunteers

NAME: _____

EQUAL OPPORTUITY EMPLOYER:

Agency on Aging Are 4 is an Equal Opportunity Volunteer Organization and does not discriminate on the basis of actual or perceived race, color, national origin, ancestry, sex (which includes pregnancy, childbirth, breastfeeding, and medical conditions related to pregnancy, childbirth or breastfeeding), gender, gender identity, and gender expression, religious creed, disability (mental and physical) including HIV and AIDS, medical condition (cancer and genetic characteristics), genetic information, age, marital status, sexual orientation, military and veteran status, denial of family and medical care leave, or any other characteristic protected by federal, state or local law. Our leadership team is dedicated to this policy with respect to recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, volunteer activities, and general treatment during volunteering.

The Agency will endeavor to make reasonable accommodation to the known physical or mental limitations of qualified volunteers with disabilities unless the accommodation imposes an undue hardship on the operation of our business. If you need assistance to perform your volunteer duties because of physical or mental condition, please let your immediate supervisor or human resources know.

The Agency will endeavor to accommodate the sincere religious beliefs of its volunteers to the extent such accommodation does not pose an undue hardship on our Agency's operations. If you wish to request such accommodation, please speak to your immediate supervisor or human resources.

Any volunteers with questions or concerns about equal volunteer opportunities in the workplace are encouraged to bring these issues to the attention of human resources. The Agency will not allow any form of retaliation against individuals who raise issues of equal volunteer opportunity. To ensure our workplace is free of artificial barriers, violation of this policy will lead to discipline, up to and including discharge.

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AGENCY ON AGING AREA 4

HARASSMENT, DISCRIMINATION AND RETALIATION PREVENTION

It is the Agency's policy to prohibit intentional and unintentional harassment and discrimination of any individual by another person on the basis of any protected classification under applicable federal, state, or local law, including, but not limited to actual or perceived race, color, national origin, ancestry, sex (which includes pregnancy, childbirth, breastfeeding, and medical conditions related to pregnancy, childbirth or breastfeeding), gender, gender identity, and gender expression, religious creed, disability (mental and physical) including HIV and AIDS), medical condition (cancer and genetic characteristics), genetic information, age, marital status, sexual orientation, military and veteran status, and denial of family and medical care leave.

Note that there is a wide range of what could be considered inappropriate behavior under this policy even though such behavior may not be considered illegal. For this reason, a violation of this policy may lead to disciplinary action whether or not it violates the law.

Sexual Harassment

It is the Agency's policy to prohibit harassment of any volunteer by any Supervisor, volunteer, service provider or vendor on the basis of sex or gender. While it is not easy to define precisely what types of conduct could constitute sexual harassment, examples of prohibited behavior include all of the actions described below under "other harassment," as well as other unwelcome sexual advances, requests for sexual favors, obscene gestures, displaying sexually graphic magazines, calendars or posters, sending sexually explicit e-mails, text messages and other verbal or physical conduct of a sexual nature, such as uninvited touching of a sexual nature or sexually related comments. Depending upon the circumstances, improper conduct also can include sexual joking, vulgar or offensive conversation or jokes, commenting about a volunteer's physical appearance, conversation about your own or someone else's sex life, or teasing or other conduct directed toward a person because of his or her gender, which is sufficiently severe or pervasive to create an unprofessional and hostile working environment.

All such conduct is unacceptable in the workplace and in any work-related settings such as business trips and business-related social functions, regardless of whether the conduct is engaged in by a supervisor, co-volunteer, client, customer, vendor, or other third party.

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Other Harassment

Harassment as defined in this policy is unwelcome verbal, visual, or physical conduct creating an intimidating, offensive, or hostile work environment that interferes with volunteer performance.

Harassment can be verbal (including slurs, jokes, insults, epithets, gestures or teasing), graphic (including offensive posters, symbols, cartoons, drawings, computer displays, or e-mails) or physical conduct (including physically threatening another, blocking someone's way, etc.) that denigrates or shows hostility or aversion towards an individual because of any protected characteristic.

Reporting Procedures

The following steps have been put into place to ensure the work environment at the Agency is respectful, professional, and free of discrimination, retaliation, and harassment, including sexual harassment. If you feel that you have been subjected to conduct that violates this policy, you should immediately report the matter to your manager/supervisor. If you are unable for any reason to contact either of these individuals, or if you have not received a satisfactory response within five (5) business days after reporting any incident of what you perceive to be in violation of this policy, please contact your second-level supervisor.

Note: If your supervisor or next-level manager is the person toward whom the complaint is directed, you should contact any leadership staff or the Governing Board.

Every supervisor who learns of any volunteer's concern about conduct in violation of this policy, whether in a formal complaint or informally, must immediately report the issues raised to the executive director.

Investigation Procedures, Corrective Action, and Prohibition Against Retaliation

Upon receiving a complaint, the Agency will conduct a prompt, fair, and thorough investigation into any claim of a violation of this policy. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. The Agency has a compelling interest in protecting the integrity of its investigations. The Agency may decide in some circumstances that in order to achieve these objectives, we must maintain the investigation and our role in it in strict confidence.

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As part of the investigation, the Agency generally will:

- Interview the complainant, the accused, and other necessary witnesses, and provide each with the opportunity to provide input.
- Document the Agency's findings regarding the complaint.
- Document recommended follow-up actions and remedies, if warranted.
- Inform the complainant of the Agency's findings.

All volunteers must cooperate with all investigations conducted pursuant to this policy.

The Agency shall determine whether this policy has been violated based upon its reasonable evaluation of the information and credibility of witnesses gathered during its investigation. Upon completion of the investigation, the Agency will take corrective measures against any person who has engaged in conduct in violation of this policy, if the Agency determines whether such measures are necessary. These measures may include, but are not limited to, counseling, suspension, or immediate termination. Anyone, regardless of title or position, whom the Agency determines has engaged in conduct in violation of this policy will be subject to disciplinary action, up to and including discharge.

In addition, no volunteer will be subject to, and the Agency will not allow any form of retaliation against individuals who, in good faith, report unwelcome conduct, pursue any such claim, or cooperate in any way in the investigations of such reports in accordance with this policy.

If a volunteer believes someone has violated this non-retaliation policy, the volunteer should bring the matter to the immediate attention of human resources or the executive director. Anyone, regardless of position or title, whom the Agency determines has engaged in conduct that violates this policy against retaliation will be subject to discipline, up to and including termination.

We cannot remedy claimed violations of this policy unless you bring these claims to the attention of management. Failure to report claims of harassment, discrimination and/or retaliation prevents us from taking steps to remedy the problem. Volunteers who make complaints in bad faith may be subject to disciplinary action, up to and including discharge.

Signed _____ Date _____

AGENCY ON AGING AREA 4

5. ACCEPTABLE IT / CELL PHONE USE ACKNOWLEDGEMENT: Volunteers

NAME: _____

IT Acceptable Use Policy

The following list is not intended to be exhaustive but is an attempt to provide a framework for activities that constitute unacceptable use. Users, however, may be exempted from one or more of these restrictions during their authorized job responsibilities, after approval from Agency management, in consultation with Agency IT staff (e.g., storage of objectionable material in the context of a disciplinary matter).

Users shall not seek to exploit or abuse any data accessible within the Information Domain for anything other than its intended use, including but not limited to personal gain. Users must take all reasonable precautions to ensure privacy is maintained under the law while handling information in any form, including but not limited to voice recordings, digital media, paper, and photographs.

Users who fail to fail to comply with this Acceptable Use Policy can immediately have their access suspended or revoked and may be subject to disciplinary action per Section 15 of the Employee Handbook, Progressive Discipline.

Unacceptable use includes, but is not limited to, the following:

- Unauthorized use or disclosure of personal, private, sensitive, and/or confidential information;
- Unauthorized use or disclosure of Agency information and resources;
- Distributing, transmitting, posting, or storing any electronic communications, material or correspondence that is threatening, obscene, harassing, pornographic, offensive, defamatory, discriminatory, inflammatory, illegal, or intentionally false or inaccurate as determined by the Agency's HR department;
- Attempting to represent the Agency in matters unrelated to official authorized job duties or responsibilities;
- Connecting unapproved devices to the Agency's network or any IT resource;
- Connecting Agency IT resources to unauthorized networks;
- Connecting to any wireless network while physically connected to the Agency's wired network;
- Installing, downloading, or running software that has not been approved following appropriate security, legal, and/or IT review in accordance with Agency policies;

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- Connecting to commercial email systems (e.g., Gmail, Hotmail, Yahoo) without prior management approval (The Agency recognizes the inherent risk in using commercial email services as email is often used to distribute malware);
- Using the Agency's IT resources to circulate unauthorized solicitations or advertisements for non-agency purposes including religious, political, or not-for-profit entities;
- Providing unauthorized third parties, including family and friends, access to the Agency's IT information, resources, or facilities;
- Introducing malicious program(s) into the Agency Information Domain through negligence or willful action;
- Propagating chain letters, fraudulent mass mailings, spam, or other types of undesirable and unwanted email content using Agency IT resources;
- Tampering, disengaging, or otherwise circumventing an Agency or third-party IT security controls; and
- Employing port scanners or other intrusive software intended to undermine the stability and integrity of the Agency Information Domain.
- Attaching removable media devices such as USB drives, external hard drives; HDDVD, DVD, Blu-ray, or CD writers, Zip drives, or any other media capable of holding data.

I acknowledge that I have read, understand, and agree to abide by the Acceptable Use of Information Technology Resources Policy and the Mobile Device Security Policy before I am authorized to access the Agency Information Domain.

I further understand that failure to comply with these policies may result in disciplinary action as outlined in section 15 of the Employee Handbook and that this disciplinary action may include termination and/or appropriate legal action.

Signed _____ Date _____

Volunteer Cell Phone Use Policy

AAA4 volunteers are prohibited from all cell phone use while operating a motor vehicle on agency business except for contacts with law enforcement and public safety agencies. Volunteers shall pull safely off the road to make or receive calls and check messages.

Signed _____ Date _____

AGENCY ON AGING AREA 4

6. NON-ENDORSEMEMT POLICY: Volunteers

NAME: _____

It is the policy of Agency on Aging, Area 4 to neither endorse nor imply support for a service, program, plan, workshop, training, open house event, or any activity of an individual or agency providing services for seniors, except in the following circumstances:

- The services being offered are provided by an Agency on Aging, Area 4 funded program or agency.
- Agency on Aging, Area 4 is collaborating, supporting, or partnering with the sponsoring organization/agency to provide the workshop, training or service.
- Agency on Aging, Area 4 is a member of the professional association that is sponsoring workshops, training, or services.

This policy, endorsed by the Agency on Aging, Area 4 Governing Board on January 13, 2006 **restricts the display of flyers, brochures, or other materials in the Agency on Aging Area 4 lobby, conference room or at Agency on Aging, Area 4 functions with the above listed exceptions**.

This policy, endorsed by the Agency on Aging, Area 4 Governing Board on January 13, 2006 **prohibits Agency on Aging, Area 4 staff and volunteers from endorsing any program, plan or service with the above listed exceptions.**

Signed _____ Date _____

Adopted January 13, 2006
Approved by Legal Counsel, John Whisenhunt January 19, 2006.

AGENCY ON AGING AREA 4

7. MEDIA RELEASE: Volunteers

NAME: _____

While participating in Agency on Aging Area 4 volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer (hereafter referred to using "I", "me", or "my") hereby grants to the Agency, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer's name, address, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation.

I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

Signed _____ Date _____

MEDIA INQUIRY POLICY: Volunteers

Calls/inquiries from the media should be forwarded to the Executive/Assistant Director. The Executive/Assistant Director will refer calls/inquiries to the appropriate staff member. AAA4 volunteers wishing to produce press releases or address media-related issues should consult the Volunteer Coordinator, who will bring it to the Executive/Assistant Director.

Signed _____ Date _____

AGENCY ON AGING AREA 4

8. PERSONAL VEHICLE USE DRIVER ACKNOWLEDGEMENT: Volunteers

NAME: _____

Before operating a personal vehicle for the benefit of the Agency on Aging Area 4, each volunteer must confirm that they have are qualified to safely operate a vehicle in the state of California.

By signing this Driver Acknowledgement form, I certify that I am qualified to safely operate a vehicle for business on behalf of the Agency on Aging Area 4 (Agency). I understand that driving on behalf of the Agency comes with risks and that my safety and the safety of others is of utmost importance. I specifically certify the following (please initial each line):

- ___ I have current proof of valid driver's license, auto insurance coverage, and vehicle registration, will provide them to the Agency if circumstances dictate, and will notify the Agency of any changes* to said documents.
- ___ I will keep my CA Driver's License in my possession while driving on behalf of the Agency.
- ___ I agree to comply with all rules and regulations required as a licensed driver.
- ___ I agree that I and any passenger(s) in my vehicle will wear a seat belt at all times when the vehicle is in motion.
- ___ I do not have any outstanding tickets or pending court actions for California Vehicle Code violations that result in the suspension or revocation of my license.
- ___ I agree to notify the Agency immediately upon the suspension, revocation, or expiration of my license.
- ___ I agree to promptly notify my supervisor of any traffic citations, moving violations, or accidents that I might incur while driving on behalf of the Agency.
- ___ I will not drive while impaired.
- ___ I understand that the limits and coverage provided by my personal automobile insurance are applicable to any accidents or incidents that involve my vehicle while I am driving on behalf of the Agency.
- ___ I agree to maintain my vehicle in good, safe operating condition.

Signed _____ Date _____

*~~*Notice of Change: Only complete if you are updating the Driver Acknowledgment and list the following reason/s:~~

~~_____~~
~~_____~~
~~_____~~

~~Signed _____ Date _____~~