



Licking/Knox Goodwill Industries, Inc.

VOLUNTEER ORIENTATION

Mission

Licking/Knox Goodwill Industries, Inc. provides training, employment and other support services to individuals with disabilities and other barriers to employment.

Confidentiality

It is the policy of Licking/Knox Goodwill Industries, Inc. to safeguard the privacy of all clients, employees, trustees and customers.

Legally, ethically and morally, the client, employee or customer represents the only entity with the right to reveal or authorize the release of information.

Volunteers are required to:

- Consider information collected and maintained to be of a confidential nature, recognizing our responsibility to provide adequate safeguards to maintain confidentiality.
- Refuse to make available, without the knowledge of the individual, information to outside agencies or organizations except to provide routine service or as required by law.

Volunteers of Licking/Knox Goodwill Industries, Inc., are instructed that ALL inquiries of any nature concerning present or past employees must be forwarded to the Human Resource Administrator and, in his/her absence, to the Assistant Executive Director or the Executive Director.

Harassment

It is the policy of Licking/Knox Goodwill Industries to provide a productive and comfortable working environment free from harassment or intimidation which is connected to offensive conduct.

Licking/Knox Goodwill Industries, Inc. believes that our workplace is for work and it is the agency goal to provide a workplace free of tension and issues that do not relate to Licking/Knox Goodwill Industries, Inc. business. Licking/Knox Goodwill Industries, Inc. expressly prohibits unlawful discrimination and harassment in the workplace. Licking/Knox Goodwill Industries, Inc. complies with all state and federal employment laws including Title VII of the Civil Right Act of 1964 as amended.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment.

For purposes of this policy, examples of sexual harassment include but are not limited to: unwanted sexual advances; use of unwanted sex-related jokes, slurs, and innuendoes; explicit or implied threats aimed at getting an employee to agree to sexual activity.

Each volunteer is accountable for his/her own actions. All personnel in the line of delegated authority are responsible for ensuring compliance with this policy in their departments and work sites and taking action when harassment is alleged to have occurred. Any employee who believes they are being harassed or witnessing conduct that may qualify as harassment, can and should indicate their disapproval of that conduct by telling those engaging in such behavior to "stop" and

that the actions may violate the Licking/Knox Goodwill Industries, Inc. policy on harassment in the workplace.

Employees and volunteers share the responsibility of understanding and preventing harassment. Licking/Knox Goodwill Industries, Inc. therefore requires immediate reporting of all perceived incidents of harassment.

Volunteers found to have violated this policy will be removed from the job site and be prohibited from volunteering at any Licking/Knox Goodwill Industries, Inc. locations in the future.

Code of Ethics

It is the policy of Licking/Knox Goodwill Industries, Inc. to adhere to a comprehensive code of professional ethics in all aspects of its operations.

The following code consists of statements of personal responsibility. All volunteers for Licking/Knox Goodwill Industries, Inc. are expected to honor these standards and practice them as part of their volunteering.

- Conduct themselves in a manner that upholds the integrity of Licking/Knox Goodwill Industries and merits the trust and support of the public.
- Practice non-discrimination and advocate for the removal of any form of harassment or discrimination based on age, race, creed, color, disability, marital status, sex, national origin, ancestry, military status, pregnancy, sexual orientation, or any other basis prohibited by law.
- Be a responsible and respectful representative of Licking/Knox Goodwill Industries.
- Take no actions that could benefit themselves personally at the unwarranted expense of Licking/Knox Goodwill Industries; avoiding even the appearance of a conflict of interest.
- Respect the privacy of all individuals, hold in confidence information obtained in the course of professional service and abide by all Licking/Knox Goodwill Industries policies related to confidentiality.
- Respect the rights and views of volunteers and employees and treat them with fairness and courtesy.

Basic Rights

It is the policy of Licking/Knox Goodwill Industries, Inc. to recognize the basic rights of its employees and program participants.

Each volunteer of Licking/Knox Goodwill Industries, Inc. has the right to:

- Receive a thorough explanation of expectations.
- Offer ideas and suggestions to improve work methods.
- Work in a safe and healthy environment.
- Work in an environment free from any type of discrimination or sexual harassment.

If any of the above policies are violated, it could result in the immediate termination of volunteer rights and prohibit an individual from serving at any Licking/Knox Goodwill Industries, Inc. locations in the future. All participants need to reference the Volunteer FACT sheet for further information and guidelines for volunteering at Licking/Knox Goodwill Industries, Inc.

I have read and understand the above policies and the consequences for violating the policies.

_____	_____	_____
Volunteer (Print Name)	Volunteer (Signature)	Date
_____	_____	_____
Witness (Print Name)	Witness (Signature)	Date



LICKING / KNOX

*The Power of Work***RELEASE OF LIABILITY**

1. I understand that I am responsible for all medical bills if injured while performing public service work.
2. I further understand that I am personally liable for any willful or negligent act which may cause injury to a Goodwill employee or any other person.
3. I also understand that personal liability may extend for any negligence or willful act that may cause property damage to public or private property.
4. If injured, I understand I will be taken to the doctor or hospital I have specified on my emergency medical authorization form. In an emergency, I understand and grant permission to be taken to the nearest medical facility.
5. I understand that in the event I am incapacitated, I direct and specify my next of kin/guardian to be notified, if possible.

I swear or affirm that I have read the foregoing Agreement and Release of Liability and enter such Agreement knowingly, intelligently and voluntarily and hereby release Licking/Knox Goodwill Industries, Inc., and/or any of its agents from any liability as a result of injury, accident, incapacity, or property damage incurred, or caused, by my performing such volunteer service work. Further, any questions I have had concerning this Agreement have been answered to my satisfaction.

Signature_____
Date_____
Witness Signature_____
Date***Mission Statement***

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Policy: 8.14



Licking/Knox Goodwill Industries, Inc.

Emergency Medical Form

Name: _____ Date of Birth: _____

Address: _____ Phone: _____ (h)

Phone: _____ (c)

IN THE EVENT THAT EMERGENCY MEDICAL TREATMENT IS NECESSARY, PLEASE CONTACT:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

MEDICATION:


Medicine Name	Dose	Schedule	Reason Prescribed

☐ Check box & continue medicine on back if necessary

Known Allergies: _____

Medical Conditions: (Diabetes, Heart Disease, Epilepsy, Etc.) _____

Over the Counter Medications:

Aspirin: ☐ YES ☐ NO 

Non-Aspirin: ☐ YES ☐ NO

Antacids: ☐ YES ☐ NO

Cold/Allergy: ☐ YES ☐ NO

Employee Signature

Date

Form Completed By

Relationship



LICKING/KNOX GOODWILL INDUSTRIES, INC.
P. O. BOX 828
65 SOUTH FIFTH STREET
NEWARK, OHIO 43058-0828
(740) 345-9861

AUTHORIZATION FOR BACKGROUND CHECK

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application which I signed.

I have been given a stand-alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

PRINT NAME: _____

Signature: _____

Date of Birth: (for identification purposes only) _____

Social Security Number (for identification purposes only) _____

If name changed (through marriage or otherwise) print former name here: _____

Address: _____

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5. I understand that in the event I am incapacitated, I direct and specify my next of kin/guardian to be notified, if possible.

I swear or affirm that I have read the foregoing Agreement and Release of Liability and enter such Agreement knowingly, intelligently and voluntarily and hereby release Licking/Knox Goodwill Industries, Inc., and/or any of its agents from any liability as a result of injury, accident, incapacity, or property damage incurred, or caused, by my performing such volunteer service work. Further, any questions I have had concerning this Agreement have been answered to my satisfaction.

Signature

Date

Witness Signature

Date

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