

NATURAL HAIR CARE INSTITUTE

Volunteer Agreement and Release Form

Thank you for agreeing to be a volunteer with Natural Hair Care Institute. Volunteers have an important part to play within our institution and this Volunteer Agreement has been developed to ensure that volunteers fully understand their rights and responsibilities.

This agreement is made between Natural Hair Care Institute and _____.

Volunteer's Name

Address

City/State/Zip

Date

Natural Hair Care Institute welcomes you as an authorized volunteer in the _____ department

The scope of your volunteer activities includes:

Activities Details: -

Your volunteer services.

State Date: -

End Date: -

Volunteer Emergency Contact Information: -

Emergency contact name(s)

phone number(s)

Email Address(s)

VOLUNTEER RESPONSIBILITIES:

Duties

Volunteers play an important role in Natural Hair Care Institute. For this reason, as a volunteer, you will be provided with the training and ongoing support needed to successfully undertake your voluntary placement.

CONFIDENTIALITY AND PRIVACY:

The activities you perform as a volunteer for Natural Hair Care Institute may involve access to confidential information. You should not discuss sensitive information with members of the public, other volunteers, staff members or other organizations. Also, you should not use information gained in the course of your volunteer placement to cause harm or detriment to Natural Hair Care Institute, any person or body.

COPYRIGHT/OWNERSHIP ISSUES

As a volunteer, you grant non-exclusive permission to Natural Hair Care Institute for use of any materials produced during the period of engagement as a volunteer to become the property of Natural Hair Care Institute upon submission.

CODE OF CONDUCT:

Natural Hair Care Institute has established a Code of Conduct that outlines the standard of behavior expected of our team. While volunteering with Natural Hair Care Institute

1. I understand that I am required to submit a background check before I can volunteer.
2. I understand that once my volunteer services cease, I will no longer be permitted access to Natural Hair Care Institute systems and facilities.
3. I understand and agree that my volunteer service is in no way an offer of employment by Natural Hair Care Institute and that I shall not receive, nor be entitled to receive, any compensation, reimbursement or remuneration for my participation in my volunteer service. I further agree to release Natural Hair Care Institute from any and all claims to compensation, reimbursement or remuneration related to my volunteer service. I also understand and agree that at no time will I be considered or deemed to be an agent, servant or employee of Natural Hair Care Institute.
4. I understand that I will be volunteering at a private beauty education institution and I, therefore, agree to act appropriately and in a professional, courteous manner during my volunteer service. I understand and agree that the Institution may terminate my volunteer service at any time, with or without cause.

5. I understand that during my volunteer service, I may have access to, or may observe, certain information that is proprietary to the Natural Hair Care Institute and I hereby agree not to disclose, discuss or reveal any such information to parties outside of Natural Hair Care Institute and to keep any Natural Hair Care Institute records or files, confidential.

6. In the event that my volunteer services will be in any department where there may be airborne pathogens, or whose work involves contact with potentially infectious diseases including, but not limited to, HIV, hepatitis or tuberculosis, I hereby agree to assume all risks and responsibilities associated with participation in such a volunteer service. Furthermore, I hereby agree to release, indemnify and hold harmless Natural Hair Care Institute including its present and former Trustees, officers, directors, faculty, employees, agents and participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees of any kind).

In the case I am injured through an accident in the course of my duties as a volunteer, I will immediately report the matter and fill in an Incident Report.

7. I understand that, as a volunteer, I am a representative of Natural Hair Care Institute and agree to uphold its principles and standards and agree to abide by NHCI policies on company's website.

8. I understand that no expenses will be reimbursed unless approved by Natural Hair Care Institute.

9. I will work my scheduled shift every week for a minimum of three months and I may continue to do so indefinitely after that period.

10. I am responsible for the shift I choose, and I will make a reasonable attempt to find a replacement to work for me, if necessary, with in the institution.

11. I will comply with the NHCI volunteer attendance policy, which states that more than three 'call-ins' (unreplaced absences with prior notification to the Program Coordinator or Institution Director) or one 'no-show' (un-replaced absence with no prior notification) may result in the termination of my volunteer services. If a last-minute emergency prevents me from working my shift and I am unable to find a replacement, I will notify the Program Coordinator or Institution Director by phone or email as soon as possible. If the shift I chose becomes unworkable for me, I will contact the Program Coordinator or Institution Director, prior to any un-replaced absences, in an attempt to transfer to another shift. If, at any point, I decide to stop volunteering at NHCI or would like to switch to another shift, I will give the Program Coordinator or Institution Director 60 days' notice, unless reasonable circumstances prevent this.

12. I agree not to post student information or pictures on social media sites. I understand that I may be dismissed if I have been named as a perpetrator of a founded report of child abuse or as the individual responsible for injury or abuse in a founded report. and in the future if arrested or convicted for any such offence or named as a perpetrator, I will provide written notice to the Institution Director within 72 hours of such event.

13. I agree that any contact with students beyond my approved method of contact associated with my volunteer work, must be preapproved by the students/guardians and the school program coordinator.

My signature indicates the following: all information provided by me is both current and accurate, I have received and read the institution's policies and I agree with all volunteer terms, conditions and policies.

Signature:

Date: