

YOUR GUIDE TO VOLUNTEERING



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WELCOME

Thank you for choosing to volunteer with us!

This handbook will provide you with basic information about Ability Works, and information you may need to know in your volunteer role. If you have any questions or concerns, please see an Ability Works management team member.

OUR MISSION

Supporting Independence, Inclusion, and Employment for individuals with intellectual/developmental disabilities (IDD).

OUR VISION

To provide the highest quality support opportunities that are respectful of and responsive to each individual person's preferences, needs, and values.

HISTORY

For 45 years we have provided premier disability services such as employment services, day services, transportation, and other services customized to their specific needs across 6 different counties.

In 1974 Double S Industries of Erie Co., Inc was established. Historically we engaged in traditional shelter workshop functions enabling individuals with disabilities to earn wages.

In 2008 we added the Document Management and the Sign shop to provide employment opportunities and also began offering Day Services and Transportation

In 2013 we announced our new name and vision, Ability Works Inc.

As sheltered-based day-services and workshops were moving towards community-based integrated services, we found ourselves transitioning our staff and program in 2017, eventually eliminating our workshop.

Today, our focus is on helping individuals find full community inclusion. All services work to find ways individuals can be a part of the community. Our Day Programs offer outings to events, programs, classes, and more. And our Employment Services continue to help individuals find a job that best fits their needs.

SERVICES

We provide adult day services, community inclusion, homemaker personal care, transportation, career planning, job development, and group employment. To receive services individuals must have a disability and be deemed eligible through the County Board of Developmental Disabilities or from Opportunities for Ohioans with Disabilities (OOD).

Additionally, we provide transportation on a contract basis and offer a free to the community sensory space.

HOW CAN YOU VOLUNTEER AT ABILITY WORKS?

Events

We have a variety of fundraisers and other events at Ability Works to support our mission. Volunteers can help us plant, set up, provide, and take down events.

Our current yearly fundraisers include:

- Spaghetti Dinner & Talent Show in spring
- Golf Scramble in summer
- Sandusky Donut Fest in fall

Classes or activities

You can volunteer your time to educate individuals. We accept volunteers for a variety of classes/subjects such as healthy eating, personal grooming, finances, and more.

You can also come in to provide a fun game, crafting activity, bring in a therapy dog or other fun that those in our Adult Day Program would enjoy.

What can't I volunteer for?

Volunteers cannot perform regular functions of Ability Works staff members which includes but is not limited to providing transportation, job coaching, and providing personal care.

RIGHTS AND RESPONSIBILITIES

As a volunteer you have the right to:

- Have support from Ability Works staff
- To say “no” to requests that are outside your comfort level
- To be able to record and log your volunteer hours

As a volunteer you have the responsibility to

- To sign in and out when entering Ability Works facility
- To be honest, ethical, and professional while volunteering

SAFETY PROCEDURES

In the event of an emergency or additional safety concerns please refer to an Ability Works staff member, or event organizer. Policies, and procedures are subject to change due to the location, and additional needs. Below are a few key points to remember when volunteering but be sure to check with your staff leader for additional safety questions.

We ask that all volunteers follow standard infection precautions to protect you and our clients. Please wash your hands when using the restroom, and before handling food. Ask staff for appropriate gloves, masks, or other items if needed.

COVID-19 Policy

Ability Works, Inc. takes the health and safety of our employees and the people we support very seriously. All managers are briefed in COVID-19 protocol.

As a volunteer, you should follow standard infection precautions such as hand hygiene, PPE when needed, and proper waste management to protect yourself. In the event of COVID exposure or unsure about proper protocol, please find an AW manager., or call our main line at 419-626-1048.

Emergency Evacuation Procedures

Maps of Ability Works and emergency evacuation routes can be found in every room at Ability Works. In the event of an emergency in the Ability Works facility, a staff member will inform you on proper protocol. It is your responsibility to sign in and out at the front EVERY time you visit so that you are accounted for in the case of an emergency.

If you are at an outside location volunteering it is your responsibility to be rehearsed in emergency protocol for that location. Please find event staff or building staff for information.

VOLUNTEER COMPLAINTS AND GRIEVANCES

Any volunteer that believes that there has been a breach Ethics, conflict of interest, harassment or has any serious issue with working conditions at Ability Works may submit a complaint or grievance to Ability Work.

A volunteer who wishes to file a complaint should inform the CEO. If the complaint involves the CEO, they should inform the Ability Works Board of Directors.

The volunteers should provide the CEO sufficient details to allow an investigation. A complaint may be provided verbally or written. In response to every complaint, Ability Works will investigate and, if improper conduct is found, take appropriate corrective action.

Ability Works is committed to conducting its affairs honestly, ethically, and in compliance with all applicable laws and regulations. Employees are encouraged to report good faith concerns about violations of this policy or related laws or regulations.

Retaliation against an employee for making a good faith report of potential policy or legal violations or participating in an investigation of the same is strictly prohibited and will not be tolerated.

MANDATED REPORTING

As a volunteer you are not considered a mandated reporter, and are therefore not required to report abuse, neglect, exploitation, injury, or other incidents. However, volunteers are encouraged to speak to a staff member of any concerns of an unusual incident so that it may be reported.

EXPENSES (REIMBURSEMENT)

No volunteer should purchase items for events, clients, or other purposes with the expectation of being reimbursed. All items should be purchased by Ability Works staff with an Ability Works credit card. Additionally, all travel and food costs are on the volunteer.

VOLUNTEER PERSONAL POSSESSIONS

It is up to the volunteer to be responsible for any personal possessions brought on-site. Therefore, any personal possessions are the sole responsibility of the volunteer if he/she chooses to bring these articles onto Ability Works property. Ability Works does not assume responsibility for the loss, damage, or theft of these items and will not cover the loss of any personal property belonging to the volunteers.

DRESS CODE

Volunteers shall dress in comfortable but respectful attire and are recommended not to wear loose clothing or jewelry.

It is the volunteer's responsibility to dress appropriately for the situation in which they are volunteering in. It is recommended to dress in layers when volunteering in our facility and bring something warm year-round because it can get quite chilly inside!



VOLUNTEER CONTACT INFORMATION

Volunteer Name:

Contact Email:

Address:

Phone:

Check here to receive the Ability Works Newsletters



VOLUNTEER WAIVER & RELEASE FORM

I, _____, do hereby give my consent to participation in all volunteer activities at Ability Works. I understand the scope of my relationship with Ability Works and that no compensation is expected in return for my service provided.

1. **Waiver and release:** I release and forever discharge and hold harmless Ability Works and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as a Volunteer with the Nonprofit, including claims arising out of negligence. I understand and acknowledge that this Release Discharges Nonprofit from any liability or claim that I may have against Ability Works with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services the Volunteer provides to Nonprofit or occurring while Volunteer is providing volunteer services.
2. **Assumption of risk:** I hereby expressly assume the risk of injury or harm to me from these activities and Release Ability Works from all liability for injury, illness, death, or property damage resulting from the services I provide as a volunteer or occurring while I am participating in events
3. **Media:** I grant permission to Ability Works, hereinafter known as the “Media” to use my image (photographs and/or video) for use in Media publications including, but limited to, the Ability Works website, social media profiles, brochures newsletters

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am my own guardian and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the legal guardian of the below named. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of legal guardian: _____



STAFF VOLUNTEER WAIVER

I, _____, staff member at Ability Works, do hereby give my consent to participation in all volunteer activities at Ability Works. I am freely volunteering my time and understand that I will not be compensated for my time volunteering for Ability Works.

1. **Waiver and release:** I release and forever discharge and hold harmless Ability Works and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as a Volunteer with the Nonprofit, including claims arising out of negligence. I understand and acknowledge that this Release Discharges Nonprofit from any liability or claim that I may have against Ability Works with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services the Volunteer provides to Nonprofit or occurring while Volunteer is providing volunteer services.
2. **Assumption of risk:** I hereby expressly assume the risk of injury or harm to me from these activities and release Ability Works from all liability for injury, illness, death, or property damage resulting from the services I provide as a volunteer or occurring while I am participating in events
3. **Media:** I grant permission to Ability Works, hereinafter known as the “Media” to use my image (photographs and/or video) for use in Media publications including, but limited to, the Ability Works website, social media profiles, brochures newsletters. I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ -I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____