Good Neighbor's Warming Center- Volunteer Waiver and Companion Safety & De-Escalation Protocol Acknowledgement

Volunteer Status

I, _____, hereby offer and agree to volunteer my services without compensation of any kind from Hampton House Garden Project (HHGP) nor their fiscal sponsor the Black Community Collective (BCC).

I understand and accept that I am not an employee of either HHGP or their fiscal sponsor the BCC while acting within the scope of this agreement. Additionally volunteering at the Good Neighbors Warming Center is not a right and my volunteer status may be terminated at any time for any reason, with our without notice.

I understand and accept that for the purpose of NRS Chapter 41 and the Volunteers Protection Act there are instances where I will be deemed an employee of the BCC and protected from liability for injury or damage to others caused by me while volunteering and performing my duties as assigned by my supervisor.

I certify that I am at least 18 years old and in good physical condition adequate to perform the duties I have volunteered for. _____ (Initial)

I understand and agree that my position or duties may require me to undergo a background check and that failure to do so or not passing the background check may bar me from volunteering for the BCC or HHGP. _____ (Initial)

Assumption of Risk

The Volunteer understands and accepts that there are inherent risks that may occur as part of this work that cannot be fully mitigated by HHGP or BCC. These risks include, but are not limited to:

- **Behavioral and Crisis Risk:** interacting with populations that include individuals who may be experiencing severe metal health crises, trauma, agitation or unpredictable behavior may expose the volunteer to a risk of verbal confrontations, or physical injury.
- **Overnight and Physical Demands:** Fatigue, disrupted sleep cycles, physical strain etc.
- **Health and Environmental Exposures:** Exposure to contagious illnesses, airborne pathogens, bodily fluids, or unsanitary conditions during hygiene distribution, slips, trips, or falls.

Release of Waiver of Liability

I understand and accept that HHGP or the BCC are not required to defend or indemnify me for my actions and that I am responsible for those defenses. I understand and accept that I am solely responsible for any damages or injuries to BCC or its employees which results from my actions which may include but are not limited to willful or criminal misconduct, gross negligence, reckless misconduct, or deliberate indifference to the rights or safety or the individual harmed by my actions. I agree and understand that any harm inflicted while operating a motor vehicle, or other means of transport/transportation for which the State requires the operator of the vehicle to have an operator's license or maintain insurance. I understand that I will not be required to operate a motor vehicle as part of my duties.

The Volunteer releases the HHGP and BCC from any claim that arise from receiving first aid, emergency treatment, or medical services provided in connection with the Volunteers activities under the scope of this agreement. The Volunteer understands that they are not covered by the HHGP and BCC's health, medical, worker's compensation, or disability insurance and is expected to carry their own personal health insurance.

Compliance with Safety & De-Escalation Protocols

The Volunteer agree to comply with all Organization, BCC and HHGP rules, safety procedures, and staff directives regarding de-escalation, emergency response protocols, and any food/hygiene handling standards. The volunteer agrees that they will not perform any task requiring a professional license or certification, such as medical/psychiatric triage, etc.) unless verified and authorized in writing by the Organization. The volunteer understands they are not expected or authorized to act in a supervisory capacity or physically restrain guests.

Confidentiality

The Volunteer agrees to maintain strict confidentiality of the identities, medical/mental health conditions, and personal circumstances of all guests of the Good Neighbors Warming Center both during and after their volunteer service.

Signature:

Parent/Guardian Signature if Volunteer is under the age of 18:

Date:

COMPANION SAFETY & DE-ESCALATION PROTOCOL ACKNOWLEDGMENT

To maintain a safe environment for guests, staff, and volunteers and to ensure your actions remain strictly within your authorized, non-supervisory volunteer scope, please read and initial each protocol below.

1. Mental Distress & Verbal De-escalation Boundaries

- **[Initial: ____] Non-Clinical Role:** I am not acting as a counselor, medical provider, or security officer. I will not diagnose conditions, give medical/psychiatric advice, or administer prescription or over-the-counter medications (including Narcan/naloxone unless specifically certified, trained, and authorized in writing by the Organization).
- **[Initial: ____] Verbal De-escalation Basics:** When interacting with a guest in emotional or mental distress, I will use a calm, low, non-judgmental tone, avoid arguing or issuing ultimatums, and maintain at least an arm's-length distance (6+ feet when agitated) with an unobstructed exit path behind me.
- **[Initial: ____] Zero Physical Restraint:** I am strictly prohibited from physically restraining, blocking, grabbing, or forcibly removing any guest, even if they are yelling or breaking shelter rules.
- **[Initial: ____] Immediate Escalation to Staff:** If a guest becomes threatening, throws objects, brandishes a weapon, or refuses to de-escalate, I will immediately step back to a safe area and alert the on-duty paid Shift Supervisor (or call 911 / local crisis response if there is an imminent threat to life or safety).

2. Overnight Shift Monitoring Rules

- **[Initial: ____] Buddy System & Visibility:** During overnight shifts, I will never enter sleeping quarters, restrooms, or isolated storage areas alone without notifying the on-duty Shift Supervisor or working alongside a designated partner.
- **[Initial: ____] Sleeping Guest Checks:** When conducting routine overnight walkthroughs, I will use visual checks and gentle verbal prompts from a safe distance rather than shaking or physically touching sleeping guests to wake them.
- **[Initial: ____] Alertness & Facility Security:** I will remain awake, alert, and at my assigned post throughout my shift, keep exterior doors locked per shelter policy, and never admit unauthorized visitors after intake hours without Shift Supervisor approval.

3. Food & Hygiene Product Distribution Safety

- **[Initial: ____] Safe Food Handling:** I will wash my hands thoroughly, wear food-grade gloves and hair restraints when handling open food, keep hot/cold foods at required safe temperatures, and immediately discard any food items with damaged packaging, leaks, or signs of spoilage.
- **[Initial: ____] Hygiene & Biohazard Precautions:** I will wear disposable gloves when sorting hygiene kits or cleaning common areas. If I encounter blood, needles, or other bodily fluids, I will **not** attempt to clean it up unless specifically trained and equipped with biohazard PPE; instead, I will block off the area and notify paid staff immediately.
- **[Initial: ____] Fair & Zero-Cost Distribution:** I will distribute food and hygiene items strictly at zero cost and follow shelter rationing guidelines, so supplies are distributed fairly and calmly.

4. Emergency & Incident Reporting

- **[Initial: ____] Reporting Requirement:** I will report any verbal altercation, physical injury, slip/fall, facility hazard, or medical emergency to the on-duty Shift Supervisor before the end of my shift so an official incident report can be documented.

ACKNOWLEDGMENT & SIGNATURE

I acknowledge that I have read, understood, and received orientation on these safety and de-escalation protocols. I understand that violating these boundaries falls outside my authorized volunteer scope and may result in immediate dismissal from volunteer service.

Volunteer Signature: _____
Date: _____