The Western Pennsylvania Chapter of the National Hemophilia Foundation

Volunteer Handbook
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Hello and welcome! I’m so glad you’re here.

I can’t thank you enough for becoming a volunteer for The Western Pennsylvania Chapter of the National Hemophilia Foundation (WPCNHF). Our entire Chapter is thrilled to welcome you to our volunteer program and we hope you find the next few pages helpful. In this handbook, you will learn more about our organization, the special role of volunteers in helping WPCNHF achieve its mission, and the important policies, procedures, and expectations we have in place to ensure a safe, productive, and meaningful volunteer experience for you. Please note that although it is our intent to communicate changes to this handbook, WPCNHF reserves the right to modify the policies in this handbook without prior notice to volunteers.

If at any time you have questions regarding this handbook, or even suggestions on how to strengthen our volunteer program, I encourage you to reach out to either myself or Jessica Lee, Development Director.

Thank you!

Kara Dornish
Executive Director, WPCNHF
Mission:

WPCNHF strives to enrich the lives of those with bleeding disorders in Western Pennsylvania and respond to the needs of the community in a dynamic environment.

History:

The Western Pennsylvania Chapter of the National Hemophilia Foundation (WPCNHF) is a nonprofit consumer advocacy and service organization founded in the 1950’s and incorporated as a 501(c)(3) nonprofit organization in 1976.

WPCNHF serves families with bleeding disorders in 26 counties of Western Pennsylvania. Membership is free for people with bleeding disorders. We provide patient assistance to our members with bleeding disorders as well as hold a variety of educational events that cover a wide range of topics. Because bleeding disorders impact nearly every area of our members lives, we strive to provide relevant and timely information about everything from raising affected children to dealing with financial stress to joint health and treatment concerns and much more.
The Western Pennsylvania Chapter of the National Hemophilia Foundation

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Office Phone: 724-741-6160  Website: wpcnhf.org
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Board Members:

Michael Covert - Board President  Brittni Spencer
R. Scott Domwicz  John Younghans
Mindy Perry-Stern


You’re Important to Us

Volunteers of WPCNHF are an indelible part of our organization’s makeup; whose value knows no bounds. No matter the time, talent, or resources you can offer the organization, we thank you.

Your role is one that is incredibly important to helping WPCNHF achieve our goals in supporting the bleeding disorders community.

We want to provide you with a volunteer experience that is meaningful to you. When you’ve walked away from your volunteer role, big or small, short-term or long-term, it is our absolute goal at WPCNHF that you feel a sense of pride, accomplishment, and purpose in all that you’ve done.

Definition of a Volunteer

A volunteer is an individual who voluntarily assists in the accomplishment of our mission without promise, expectation or receipt of compensation. A volunteer offers their services freely and is not employed by the Chapter.
Volunteer Program Outcomes

- To provide a constant flow of administrative and fundraising volunteers to assist WPCNHF with fulfilling it’s mission
- To increase WPCNHF capability and capacity to more efficiently and effectively meet the needs of the bleeding disorders community
- To provide meaningful volunteer opportunities for administrative and fundraising volunteers

Your Rights as a Volunteer

- Volunteers are to be treated with respect and courtesy.
- Volunteers are to receive proper training for the job to be done.
- Volunteers are not to be discriminated against because of sex, gender identity or expression, pregnancy, disability, age, race, creed, religion, color, national origin, ancestry, military status, sexual orientation, genetic predisposition or carrier status, marital status or any other condition or category protected by law.
- Volunteers will receive information on issues regarding liability and other concerns.
- Volunteers will know as much about the organization as appropriate.
- Volunteers will be given the opportunity to provide feedback on their experience.
- Volunteers will be recognized for their efforts in providing services.

The service of all volunteers is accepted with the understanding that such service is at the sole discretion of the Chapter. Volunteers agree that the Chapter may at any time, for any reason, decide to terminate the volunteer’s relationship with the Chapter or to make changes to their volunteer assignment. Volunteers may choose to terminate their service at any time, for any reason. Volunteers who are arrested, charged, convicted, or plead guilty to a misdemeanor or felony under federal, state, or local law will be excused from the volunteer program without reasonable notice.
Volunteer Opportunities

The following is a list of volunteer opportunities the Chapter needs each year. While this is not a full list, and is subject to change, this can help you find a project where your time, talents, and creativity will be used efficiently.
If you are interested in any of these opportunities, please contact the Chapter office by phone, 724-741-6160, or email, info@wpcnhf.org

Advocacy

Policymakers in Harrisburg, PA and Washington, DC need to hear from you in order to make educated and informed decisions on legislation impacting people with bleeding disorders. You can help by joining us on advocacy trips to Harrisburg and Washington, visiting your legislators in their local district offices, and writing letters and making phone calls. For tips on communicating with legislators, up to date information on topics concerning the bleeding disorders community, and to see when our next advocacy trip will be taking place, please visit wpcnhf.org.

Educational Events

Educational events require help from a variety of volunteers. Help is needed for set-up before events, at the registration table, managing the shift of members from one speaker to another during events, cleaning up afterwards, etc. Educational events change per calendar year, so please reach out to our Program Director, Janet Barone, with any questions about our upcoming schedule or check our updated events calendar on wpcnhf.org.

Fundraising Events

A variety of fundraisers are held throughout the year with the largest events being the Western Pennsylvania Unite for Bleeding Disorders Walk and Run For Their Lives 5K. Numerous volunteers are needed at these events. These tasks can include set-up, registration, decorating, character dress up, etc. In addition, you may choose to host your own third-party fundraising event and donate the proceeds to the Chapter. Please contact our Development Director, Jessica Lee, for more information about upcoming fundraising volunteer needs or to host your own fundraiser!
**Child Care at Events**

Help give parents and other caregivers the opportunity to learn more about bleeding disorders and the opportunity to spend time networking with other people affected by bleeding disorders, by volunteering your time to care for their kids at educational and networking events. This volunteer opportunity **requires a criminal background check, child abuse background check and clearances.**

**General Office Tasks**

The Chapter office is located in LaSalle Plaza in Cranberry Township, PA. (The office is located on the second floor, and there is no elevator.) Volunteer opportunities at the office include mailings, bag stuffing, gift/auction basket assembly, truck loading, and various tasks to help the staff prepare for events.

**Planning Committees**

Our larger fundraisers and programs would not be possible without the help of dedicated volunteers. Volunteers are needed to help plan, organize, and staff these events. The Chapter currently has planning committees for the Unite for Bleeding Disorders Walk, Education Weekend, and Take A Bough. Please contact our Executive Director, Kara Dornish, for more information about the Chapter’s planning committee needs.

**Professional Services**

Like any other business, the Chapter finds itself in need of professional services from time to time. If you have skills or services (i.e., IT, Printing, Graphic Design, Photography, Entertainment, Daycare/Babysitting, etc.) that you would be willing to donate to the Chapter, please let us know.

**WPCNHF Board of Directors**

If you are interested in serving as a volunteer board member, please contact our Executive Director, Kara Dornish. Board positions open periodically and the members look for individuals who can bring the skills needed to ensure the members representing the board of directors have balanced and diverse areas of expertise.
Becoming a Volunteer

“Everybody can be great. Because anybody can serve. You don’t have to have a college degree to serve. You don’t have to make your subject and your verb agree to serve…. You don’t have to know the second theory of thermodynamics in physics to serve. You only need a heart full of grace. A soul generated by love.”

Martin Luther King, Jr.
Volunteers are critical to the success of WPCNHF and are essential to the organization’s day-to-day operations. Volunteers and the Chapter’s paid staff are considered partners in implementing the mission and programs of the organization. In this section, you will learn how to become a volunteer and work with WPCNHF as well as gain an understanding of the Chapter’s volunteer policies and procedures. If you have any questions about any of the information included here, please don’t hesitate to contact the Chapter.

If you are interested in volunteering with WPCNHF, here a few different ways to stay up to date on upcoming opportunities:

- **Follow us on our social media accounts.** We will typically post our volunteer opportunities for upcoming fundraisers, advocacy, and general office tasks on our Facebook, Instagram, and Twitter accounts.

  ![WPANHF](image1)
  ![WPCNHF](image2)
  ![WPCNHF](image3)

- **Join our Volunteer E-Mail list.** Every volunteer opportunity will also be sent out to our Chapter members, event attendees, etc. If you would like to be informed about upcoming events and volunteer opportunities, please contact our Development Director, Jessica Lee, to join our e-mail list.

- **Look for opportunities on websites like VolunteerMatch.org, AllforGood.org, Kohl's Cares, etc.** We post our fundraising event volunteer opportunities on these websites. They offer a description of the event and a breakdown of specific positions or tasks to be completed at or prior to an event.

- **E-mail the Chapter directly.** Not sure what volunteer opportunity or project would be best for you? You can email a Chapter staff member directly or send an email to info@wpcnhf.org. Tell us a little bit about your talents and interests and someone will be able to suggest some opportunities that will suit you best!

Once you find a volunteer opportunity that works well for you, Chapter staff members will always reach out to provide more details (time, location, etc.) and answer any questions you may have!
WPCNHF views volunteers as representatives of our organization. As such, it is important for volunteers to fully understand the Chapter’s expectations. You are a valued member of our organization, and these polices and procedures also ensure you are able to complete your assigned task without issue.

I. Equal Opportunity Policy

WPCNHF maintains a strong policy of equal volunteer opportunity. We recruit, accept, train, promote and dismiss volunteers on the basis of personal competence and position performance, without regard to race, creed, color, religion, sex, sexual orientation, age, marital status or handicap.

II. Volunteer Screening Policy

WPCNHF does not require references or background checks when joining our volunteer program. However, if you plan on working with children at any of our events, you will be required to submit your PA Child Abuse History Clearance, PA State Police Criminal Record Check, and your FBI Criminal History Background Check. The Chapter will not reimburse you for the expenses incurred while acquiring these clearances.

III. Reimbursement Policy

WPCNHF will not reimburse volunteers for any expenses incurred while performing or taking part in Chapter business, unless otherwise stated by Chapter staff. Expenses such as meals or mileage will not be covered by the Chapter. We do encourage our volunteers to keep track of their mileage to and from volunteer events in order to keep a record of your total volunteer time.

IV. Money Handling Policy

At many of our fundraising events, you may be asked to handle the cash box at registration. For the protection of the Chapter and your fellow volunteers, it is required that two or more volunteers and/or Chapter staff be involved when handling money, fees, and registration. A Chapter staff member will write down how much start up cash they are leaving with you. It is your responsibility to double check that amount and alert a Chapter staff member if something is wrong.

V. Insurance Policy

In general, WPCNHF’s insurance covers volunteers while they are acting as agents for the Chapter for liabilities they may incur while performing Chapter duties within the scope of their position. However, there is a limit on liability coverage if the harm was caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual(s) harmed by the volunteer.
VI. Restrictions in Performance of Services Policy

WPCNHF does not permit volunteers to drive motor vehicles in the performance of their volunteer responsibilities. Some exceptions may apply but only with the express and written authorization from WPCNHF. Volunteers may not put themselves in situations where they would be meeting alone and in private with an individual who is under 18 years of age. In the case of services to children or events where children are present, volunteers must be accompanied by another adult and ensure parental consent is in place for the activity. Volunteers may not provide professional services for which certification or licensing is required, unless they already hold the appropriate certificate or license.

VII. Conflict of Interest Policy and Procedure

Each volunteer of the Western Pennsylvania Chapter of the National Hemophilia Foundation (WPCNHF) has a responsibility to avoid any direct or indirect conflict of interest between his or her own personal, professional or business interests and the interests of WPCNHF or its subsidiaries and to act in the best interests of WPCNHF.

To this end each volunteer:

1. Shall avoid any material conflict of interest and any potential conflict of interest, either real or perceived, between the interests of WPCNHF and the interests of any other entity. This includes but is not limited to any entity in which the individual or any member of his or her immediate family is employed or has an ownership or equity interest.

2. Shall exercise the utmost good faith, honesty, care, skill and judgment in every transaction relating to his or her duties to WPCNHF.

3. Shall not use his or her position, or knowledge gained, in such a manner as to create a conflict of interest or perceived conflict of interest between the interests of WPCNHF and his or her personal interests.

4. Shall immediately disclose any potential conflict of interest. If there is any uncertainty whether a certain transaction, activity, or relationship constitutes a conflict of interest, the individual shall ask the Executive Director of WPCNHF for clarification.

5. Shall keep the interests of WPCNHF foremost in any dealings involving WPCNHF.

6. Shall avoid directly or indirectly participating in any discussion, decision, arrangement, investment, vote, or other activity that constitutes a conflict of interest or potential conflict of interest, or that could result in personal benefit to the individual or any member of his or her immediate family.

7. Shall not accept any favor, gift (other than of token value), or excessive or lavish entertainment from any source which may be perceived as influencing or having the potential to influence the performance of his or her duties to WPCNHF.

8. Shall not conduct personal business with WPCNHF or its subsidiaries, nor use WPCNHF assets, employees, information, events or activities for personal use, nor develop a relationship with employees of WPCNHF which might interfere with the exercise of impartial judgment in decisions affecting WPCNHF.
9. Shall not obtain any economic benefit for himself or herself, any member of his or her immediate family, or any other friends or relatives, from his or her association with WPCNHF.

10. Shall immediately offer his or her resignation if his or her status changes so that he or she can no longer comply with the requirements of this policy.

**PROCEDURES**

1. All key volunteers shall complete this Conflict of Interest Disclosure Form for review by the Executive Director prior to commencing volunteer activities and thereafter annually at the beginning of each fiscal year and whenever any relevant change occurs in the volunteer’s situation.

2. Copies of all disclosure forms of volunteers shall be maintained at the offices of WPCNHF.

**VIII. Emergency Situation Handling Policy**

Emergencies are defined as a situation, including but not limited to a disaster, which requires immediate action, occurs unpredictably, and poses a threat of injury or loss of life to people or a threat of severe damage to Chapter property. In any emergency please remember these priorities:

1. Protect human life
2. Eliminate or minimize the risk of injury
3. Protect physical assets, including electronic data
4. Minimize inevitable losses
5. Resume normal operations as soon as possible

In the course of your volunteer activities you may encounter someone who is seriously injured or ill. Call 911 and notify your staff liaison as soon as possible. If you are trained in first aid, you may help the victim to the extent of your training. **Do not leave an injured person unless you must do so to call for help** and then return to the victim as soon as possible and wait for help to arrive. At meetings and/or conferences, make note of emergency exits and follow the host emergency procedures in the event of evacuation. If you are a witness to or involved in an incident you may be called upon to cooperate in any investigation. Volunteers should consult with their staff liaison for more information.
IX. Issues Between Volunteers, Staff, and/or the Public

If a problem should arise with another volunteer, a WPCNHF staff member, or a member of the public, attempt to reconcile the matter directly in a professional and courteous manner. However, if you feel that a workable agreement or a satisfactory solution to the problem has not been reached from this discussion, notify our Program or Development Director in charge of your volunteer project. If the matter is still unresolved, you may present it to the Executive Director for a final resolution.

X. Harassment Free Workplace

WPCNHF is committed to providing a work environment free of illegal discrimination and harassment of any kind. WPCNHF is committed to a work environment in which all individuals are treated with respect and dignity. This policy applies to all employees, volunteers, officers, board members, visitors, vendors, donors and guests. This policy covers conduct in the workplace, at social functions sponsored by WPCNHF (such as fundraisers, dinners, and sporting events) and business functions (such as conferences, business meetings, and program events).

It is the policy of WPCNHF not to tolerate any form of illegal harassment on the basis of a volunteer’s sex, gender identity or expression, race, age, national origin, religion, creed, color, sexual orientation, ancestry, sexual orientation, marital status, familial status, veteran status or status as an individual with a disability or any other condition or category protected by law. Illegal harassment includes offensive, aggressive, antagonistic and/or contentious behavior based on a protected legal status which a reasonable person would find creates an intimidating, hostile or offensive work environment. Specifically, those behaviors include, but are not limited to, abusive verbal comments, or comments or slurs based on a protected characteristic such as comments based on an employee’s race, visual displays such as posters, cartoons, calendars, pictures, or drawings, displays of offensive objects which disparage or disrespect a particular class of persons, or any other verbal or physical conduct which creates an intimidating, hostile or offensive work environment.

In addition to the harassment forbidden above, WPCNHF expressly prohibits sexual harassment in the workplace, which is defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature. This includes severe or pervasive conduct which would not have occurred but for the sex of the person and which unreasonably interferes with the individual’s work performance or creates an intimidating, hostile or offensive work environment. Some common examples of conduct that is prohibited include: unwelcome sexual flirtations, touching, advances or propositions; graphic or suggestive comments about an individual’s dress or body; sexual jokes and innuendo; and questions regarding an individual’s sexual conduct, orientation or preference.
XI. Complaint Resolution Procedure

Any instances of harassment, discrimination or inappropriate behavior at a WPCNHF sponsored meeting or activity should be reported immediately to the on-site WPCNHF staff liaison who will ensure that the behavior stops or will contact the Executive Director. All information regarding harassment complaints will be kept in confidence to the greatest extent practical and appropriate under the circumstances. WPCNHF will conduct a prompt and thorough investigation to determine the facts. WPCNHF will review its findings with the complainant at the conclusion of the investigation. No person who files a complaint in good faith or participates in the complaint resolution process will be subject to retaliation of any kind for that activity. WPCNHF will take such actions or reasonable steps as necessary to put an end to the harassment.

XII. Drug and Alcohol Policy

It is the intent and obligation of WPCNHF to provide a drug-free, healthy, safe and secure work environment. Every volunteer must abide by the principle of a drug-free workplace. The illegal use of narcotics, drugs or controlled substances, or the unauthorized use or possession of alcohol or the illegal use of prescription drugs while on a volunteer assignment is prohibited and is cause for discipline up to and including termination of the relationship. Any volunteer, who manufactures, distributes or sells narcotics, drugs or other controlled substances on WPCNHF premises or while on WPCNHF volunteer duty will be terminated. Such situations will be referred to the appropriate law enforcement agency.

WPCNHF acknowledges that alcohol is provided at designated social functions sponsored by WPCNHF. While we do not prohibit the consumption of alcohol at these events we do expect the use of good judgment and responsible drinking. Abuse of alcohol and/or inappropriate behavior will be a cause for concern and WPCNHF may take reasonable steps to prevent and stop it.
Smoking
WPCNHF provides a smoke-free work environment. Smoking inside all WPCNHF facilities, including owned and leased vehicles, is prohibited. WPCNHF complies with all smoking regulations of facilities hosting WPCNHF events. Smoking is permitted in exterior designated smoking areas only. Smokers have a special obligation to keep outside smoking areas free of litter and to dispose of all smoking materials in proper receptacles.

XIII. Media Inquires
All media contacts and statements are coordinated through WPCNHF’s Executive Director. Volunteers, if solicited, are instructed to inform the media that the situation or matter is being considered and that a statement will be forthcoming. **No WPCNHF volunteer will speak to the press or other media unless directly authorized by the Executive Director.**

XIV. Photograph, Video, and Information Capturing
Volunteers are often asked to pose for photos at events, showcasing the atmosphere of the event day or interaction amongst community members. As a volunteer of the Chapter, you'll be asked to sign a photo, video, and information release. Examples of your likeness being used or shared include Chapter marketing collateral or social media posts on the Chapter’s public social networking accounts.
XV. Confidentiality Agreement

As a volunteer, you may have access to confidential information. WPCNHF requires that volunteers maintain the highest degree of confidentiality when handling non-public information about WPCNHF. Confidential information may be disclosed to WPCNHF staff or other volunteers only when there is a legitimate business need.

Confidential information includes but is not limited to: personally identifiable information on individuals with bleeding disorders; personal / non-public information about WPCNHF staff, board members or other volunteers; WPCNHF contracts, product plans, sales and marketing plans; and all information not generally known outside of WPCNHF regarding WPCNHF and its business, regardless of whether such information is in written, oral, electronic, digital, or other form and regardless of whether the information originates from WPCNHF or WPCNHF agents.

If you have any questions regarding WPCNHF’s policy on confidential information or questions as to what constitutes a legitimate business need, please discuss further with the Executive Director.

XVI. WPCNHF Volunteer Code of Conduct

This Code of Conduct is designed to assist each volunteer in abiding by the mission, philosophy and policies of WPNHF. Volunteers represent WPCNHF and set examples through their ethical conduct and professionalism. In return, volunteers will be treated with respect and openness and be assigned responsibilities appropriate to their level of competence.

Failure to follow this Volunteer Code of Conduct may result in suspension from volunteer duties and/or termination of the volunteer position with the WPCNHF.

Required Volunteer Forms

After reviewing the Volunteer Handbook, you will need to sign WPCNHF’s conflict of interest policy, photo waiver, volunteer waiver, and agree to follow the polices and procedures listed above. This handbook must be reviewed, and each form must be updated and signed, yearly. Please contact the Chapter with any questions. The following examples of required volunteer forms are:

- Volunteer Waiver
- Volunteer Photo Waiver
- Volunteer Conflict of Interest Policy Agreement
- Volunteer Service Hours Tracking Information

Please note, the Volunteer Service Hours Tracking Information sheet must be completed and returned to the Chapter every time you perform a volunteer activity. You can download additional copies of the form at wpcnhf.org. The WPCNHF Volunteer Binder will be at every program or event not located at the Chapter office and will contain additional tracking sheets. Volunteer time outside of a Chapter sponsored event or meeting, such as sending in-kind donation letters, selling raffle tickets, or researching an event venue, etc. can also be submitted to the Chapter and logged.
WPCNHF values their volunteers and all the hard work they put into our organization. In order to be more conscious of our Chapter members and accurately report and represent our amazing community to potential donors and non-community members, WPCNHF would like to track the hours our volunteers put into our events, general office tasks, advocacy, etc. Once you complete a volunteer opportunity for WPCNHF, please complete the following form and return it to the Chapter using the contact information at the bottom of the page. Thank you for supporting the bleeding disorders community!

**Contact Information:**

Name (First and Last): .................................................................

Phone Number: __________________ Email: _______________________

Mailing Address: ........................................................................

...........................................................

**Volunteer/Service Information:**

Date of Service/Volunteer Activity: ___________________________

Name of Volunteer Event: ..............................................................

Location of Volunteer Event: ...........................................................

Task(s) Completed: ........................................................................

..............................................................................................

Number of Service Hours Completed: ........................................

This can include service hours performed outside of a Chapter sponsored event or meeting. Activities such as sending out in-kind donation request letters, selling raffle tickets, researching an event venue, etc., count! Please provide an estimate of your service hours.

Estimated Travel Time to Location of Event/Activity:____________

Estimated Mileage to location of service event/activity: ____________

*If this is your first time volunteering with us this year, please continue to the next page.*

Thank you!
VOLUNTEER WAIVER

I wish to volunteer for the Western Pennsylvania Chapter of the National Hemophilia Foundation. These volunteer activities may include, but are not limited to, fundraising events, educational programs, child care at events, planning committees, professional services, and general office tasks. I understand that my execution of this Waiver and Release is a prerequisite for participation in the Event. I further understand that there are risks and dangers inherent in participating in some volunteer activities. I understand that in order to be allowed to volunteer for the Chapter, I agree to assume all risks and to release and hold harmless the National Hemophilia Foundation and their officers, agents, employees, assigns, successors in interest, contractors, vendors (and their agents), agencies, sponsors, officials and volunteers, including Chapter leaders, participating committees and clubs and all governmental and public entities including, but not limited to, the State, County and local municipalities where the event takes place (collectively the “Released Parties”). I intend by this Waiver and Release to release, in advance, and to waive my rights and discharge all of the persons and entities mentioned above, from any and all claims for damages for death, personal injury or property damage which I may have or which may hereafter accrue to me as a result of my participation in a volunteer activity, even though this liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns and legal representatives.

I understand that I am solely responsible for my health and safety, and I acknowledge that I am physically capable of participating in and completing the volunteer activity I have agreed to. I have carefully read this Waiver and Release and fully understand its contents. If I am under 18 years of age at the time of my volunteer activity, my parent or legal guardian has completely reviewed this Waiver and Release, understands and consents to its terms, and authorizes my participation by his/her signature below. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and I sign of my own free will.

PHOTO WAIVER

Waiver Release: I hereby certify the following: I hereby authorize and permit WPCNHF, its authorized agents to use my photograph, voice and/or likeness, with or without my name or the name of the person for whom I am the parent/guardian, in its sole discretion as it sees fit free and clear of any claim whatsoever on my part, and without compensation. This use includes print and electronic media. This permission includes but is not limited to photographs, quotes and/or text, motion pictures, videotapes, Web site information or audiotapes of and/or by me or the person for whom I am the parent/guardian. I release WPCNHF, from any and all legal liability that may arise from the release of information requested.

By signing the waiver below, I acknowledge that I have read WPCNHF’s Volunteer Waiver and Volunteer Handbook and fully understand their polices. I fully understand and agree that I am an unpaid volunteer and not an employee nor an independent contractor. Accordingly, I understand volunteers do not receive compensation of any kind including but not limited to benefits.

Participant Signature: ___________________________ Date: ______________
Parent/Guardian Signature: ___________________________ Date: ______________
Name: ____________________________________________
Address: _________________________________________
City, State, Zip: ____________________________________

☐ I do not want WPCNHF to use photos/videos of me

We will do our best to adhere to your request but please be aware that it is legal to photograph or videotape anyone on public property, within reasonable community standards.
WPCNHF VOLUNTEER CONFLICT OF INTEREST
POLICY AND PROCEDURES

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To this end each volunteer:

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2. Shall exercise the utmost good faith, honesty, care, skill and judgment in every transaction relating to his or her duties to WPCNHF.

3. Shall not use his or her position, or knowledge gained, in such a manner as to create a conflict of interest or perceived conflict of interest between the interests of WPCNHF and his or her personal interests.

4. Shall immediately disclose any potential conflict of interest. If there is any uncertainty whether a certain transaction, activity, or relationship constitutes a conflict of interest, the individual shall ask the Executive Director of WPCNHF for clarification.

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6. Shall avoid directly or indirectly participating in any discussion, decision, arrangement, investment, vote, or other activity that constitutes a conflict of interest or potential conflict of interest, or that could result in personal benefit to the individual or any member of his or her immediate family.

7. Shall not accept any favor, gift (other than of token value), or excessive or lavish entertainment from any source which may be perceived as influencing or having the potential to influence the performance of his or her duties to WPCNHF.

8. Shall not conduct personal business with WPCNHF or its subsidiaries, nor use WPCNHF assets, employees, information, events or activities for personal use, nor develop a relationship with employees of WPCNHF which might interfere with the exercise of impartial judgment in decisions affecting WPCNHF.

9. Shall not obtain any economic benefit for himself or herself, any member of his or her immediate family, or any other friends or relatives, from his or her association with WPCNHF.

10. Shall immediately offer his or her resignation if his or her status changes so that he or she can no longer comply with the requirements of this policy.
PROCEDURES

1. All key volunteers shall complete this Conflict of Interest Disclosure Form for review by the Executive Director prior to commencing volunteer activities and thereafter annually at the beginning of each fiscal year and whenever any relevant change occurs in the volunteer’s situation.

2. Copies of all disclosure forms of volunteers shall be maintained at the offices of WPCNHF.

I have reviewed and agree to abide by WPCNHF’s Conflict of Interest Policy and Procedures.

_____ I have NO conflict of interest.

_____ I hereby certify that I do not have any personal, business relationship or circumstance which might create a real or perceived conflict of interest, except the following:

X____________________________________________       ____________
Signature of Volunteer                                                               Date

_____________________________________________
Print Name of Volunteer
Volunteer Recognition

We cannot express our gratitude enough for our hardworking and dedicated volunteers. They mean the world to us and, while we are unable to pay our volunteers, we like to recognize all they do for the Chapter. Our first volunteer recognition ceremony occurred at our Annual Meeting in 2019. We recognized 13 people with certificates and jackets with the Chapter logo. Each year, we choose one person from our Top Volunteers and recognize them as “Volunteer of the Year.” They receive a glass blood drop award along with their certificate.

Our volunteers donate their time and talents to the Chapter and do not expect anything in return. We appreciate them and want to take the time to share our awesome community with the world! You are not required to submit a tracking sheet with your volunteer hours; however, the Chapter encourages you to do so as we will be able to accurately present realistic statistics about our volunteer program and encourage others to support the bleeding disorders community of Western PA!
Thank you for becoming a volunteer at the Western Pennsylvania Chapter of the National Hemophilia Foundation and supporting the bleeding disorders community!