



OPERATION LOVEJOY VOLUNTEER POLICY AND PROCEDURES



**The Shepherds Inn ,165 Ivan Allen Jr. Blvd
Atlanta GA 30313**

We welcome you into the Atlanta Mission family. As a vital part of our ministry and a member of unpaid staff, each volunteer is expected to adhere to the following guidelines.

- **This document must be reviewed and signed in order to volunteer.**
- **All volunteers must be a minimum of 12 years old. Adult supervision is required for students under 18 (with a minimum ratio of one adult to five students).**
- **Upon arrival, sign-in and confirm that your volunteer application is on file and up-to-date.** We must be able to identify which volunteers are on-site by name and track the number of volunteer service hours.
- **A \$10 donation per volunteer is requested, but not required.** The donation is used to offset a portion of the art supplies. Checks should be made to "Foundation for Hospital Art". Donations are collected at sign-in.
- **Both men and women must dress in modest attire (i.e., knee-length shorts and no tank tops).**
- **Never give money, food, clothing, gifts, books, videos, etc. directly to a client.** . If you would like to make a donation, see the staff person in charge.
- **Never provide your address and phone numbers to the program clients or shelter clients.**
- **Never provide transportation to a client under any circumstance.**
- **Smoking is not permitted. Alcohol and drugs are strictly prohibited.**
- **If a problem should arise, immediately seek the assistance of the staff person on duty.**
- **Maintain a positive attitude toward clients, other volunteers and staff members.** All conversations and conduct should be supportive of the ministry programs and be of Christian standards.
- **Dismissal of a volunteer will occur if their behavior is unacceptable or guidelines are not followed.**
- **We require that all volunteers respect the confidentiality of clients within our program.** Clients come to Atlanta Mission to change something about their lives. They are often vulnerable and are almost always experiencing some sort of turmoil when they enter our program. Trust develops and intimate and personal information may be shared with you. **As a volunteer please do not disclose any client identifying information concerning prospective, current, or former clients to any person or organization external to the Atlanta Mission.**

I, the undersigned, hereby understand and agree to abide by the aforementioned Volunteer Policies and Procedures.

_____ *Printed Name*

_____ *Signature*

_____ *Date*

Thank you for sharing your time and talents with the Atlanta Mission. We look forward to working with you as we serve the homeless and hurting men, women, and children of our community.

