

# Neighbor Brigade Volunteer Handbook



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# **Table of Contents**

# Table of Contents

Ι.	Welcome Letter	3
П.	Neighbor Brigade "101"	4
A. N	Aission and Vision	
В.	History	5
C. 1	Why Neighbor Brigade?	5
D.	Organizational Impact	6
	Organization Chart and Responsibilities	
F. I	Financial Transparency	6
III.	Program Overview	
A. H	low It Works	
	leighbor Brigade Service Guidelines and Parameters	
	What we do	
	. Meal delivery	
	. Rides to medical appointments, medical procedures and vaccinations	
C	. Light errands and chores	9
d	l. Pet-care (non-boarding)	9
	elp for those affected directly or indirectly by COVID-19 and other strains of the Coronavirus	
	Nhat we don't do	
	Vho we can serve	-
<i>F.</i> И	Vho we cannot serve	10
IV.	Chapter Leader	
A. P	osition Description	11
V.	Volunteers	
A. S <sup>.</sup>	teps to Sign-up	12
B. P	osition Description	12
C. C	Confidentiality	13
D. P	Public Relations	13
VI.	Clients	15
A. A	pplication Process	15
		15
VII.	APPENDIX	16
A. F	ield Guide for Food Allergies	16-19
B. V	ehicle Accident Report	18
C. A	Il Neighbor Brigade Waiver Forms included in the Volunteer Application	19-27
	Volunteer Application (*ONLY to be filled out on paper by applicants under the age of 18 and	
	f you are 18 or older you must fill out the online application on our website.)	

# **Welcome Letter**

# I. Welcome Letter

Welcome to our Team!

On behalf of the entire Neighbor Brigade family of staff and volunteers, thank you for becoming a force of caring in your community. Neighbor Brigade Volunteers are the true backbone of Neighbor Brigade, facilitating temporary support for those affected by acute crises while strengthening the fabric of a community. Put simply, without individuals like you, there'd be no Neighbor Brigade.

Whether you are drawn to Neighbor Brigade to "pay forward" kindnesses extended to you and your family during a trying time of your own or if you are seeking a more impactful volunteer opportunity that has the flexible schedule to be done when you choose and as often as you want, we are confident that you will receive as much if not more than you give by becoming part of this large (and growing!) network of support.

This handbook is one of the many tools we make available to you during your tenure as a volunteer with Neighbor Brigade. We encourage you to visit our Volunteer Resources page as well which is always available to you as a quick online reference including a wealth of templates, training videos and resource links.

We know we can't predict every question or challenge you might encounter while fulfilling your volunteer responsibilities so never hesitate to reach out to our small but mighty <u>staff team</u>. Again, thank you for making this commitment to your community and Neighbor Brigade.

Warm regards,

Marcy Eckel Executive Director Toll Free Phone 1-855-241-HELP(4357)



# II. Neighbor Brigade "101"

## A. Mission and Vision

### Mission

Neighbor Brigade establishes and mobilizes community-specific networks of volunteers to help residents facing sudden crises such as a devastating illness, accident, or other tragic event. Our volunteers provide non-medical, non-monetary services and collaborate with the shared purpose of helping fellow residents. Neighbor Brigade provides temporary support to those affected while strengthening the fabric of a community.

### Vision

Community members come together to support their neighbors and provide compassionate and immediate assistance to help those in a sudden crisis manage both their routine and emergency needs. Towns and communities become stronger as their residents unite and help one another through difficult times. Volunteers reap the benefits proven through lasting volunteer relationships that help their physical health, mental health and increase their shared sense of community.

### Values

At Neighbor Brigade we value and respect our employees, volunteers, clients and supporters regardless of their gender, race, ethnicity, national origin, age, sexual orientation, gender identity and expression, socio-economic status, education or ability. We value diversity, equity and inclusion and strive to make it part of our daily work and not just as an initiative. We are committed to doing better every day by making sure that all voices are heard.

Neighbor Brigade is committed to not only offering services that are inclusive to all of our diverse neighbors throughout our chapter communities but to also work towards closing the gap in equitable access to health and crisis resources which can be a key factor in one's health outcome.

In the pursuit of this, we want to spend time in this upcoming year deepening the capacity of Neighbor Brigade's Staff, Board and Chapter Leader Volunteers to foster a more inclusive, diverse, and equitable lens on how we approach the work with each other and within our communities. We recognize that we





have work to do in this area in all facets of our organization including our current structures and practices.

To assure that our values are aligned with our policies and procedures, Neighbor Brigade strives to:

- See diversity, equity, and inclusion as connected to our mission and critical to ensuring the wellbeing of our staff and the communities we serve.
- Acknowledge and strive to dismantle any inequities within our policies, systems, programs, and services, and continually update and report organization progress.
- Explore potential underlying, unquestioned assumptions that interfere with inclusiveness.
- Advocate for and support board-level thinking about how systemic inequities, in particular health inequities, impact our organization's work, and how best to address that in a way that is consistent with our mission.
- Help to challenge assumptions about what it takes to be a strong leader at our organization, and who is well-positioned to provide leadership.
- Practice and encourage transparent communication in all interactions.
- Commit time and financial resources to expand more diverse leadership within our board, staff, committee, and advisory bodies.
- Lead with respect and acceptance. We expect all employees to embrace this notion and to express it in workplace interactions and through everyday practices.

# B. History



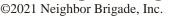
After suffering her first bout with cancer in 2002, our founder, Pam Manikas Washek, decided to turn her pain into purpose by helping others experiencing similar crises. She and her friend and fellow cancer survivor, Jean Seiden, first established the Wayland Angels to "pay forward" the acts of kindness they received from their own neighbors during their cancer treatments. In 2010, Pam transitioned Wayland Angels into the formally incorporated nonprofit Neighbor Brigade, a vehicle to give people in communities beyond Wayland Massachusetts a means to support their fellow neighbors when serious illness or other tragedy strikes.

Pam lost her battle with cancer in 2012, but her legacy lives on in Neighbor Brigade. Pam's Run is an annual event that was established in 2013 to first and foremost remember Pam and the amazing life she led. Held in October in Wayland, Massachusetts, Pam's Run brings together her family, friends, old and new supporters of Neighbor Brigade and enthusiasts who compete in a 5k / 10k run and walk. It is a beautiful community event that we hope you will enjoy and participate in! More information on Pam's Run can be found at <a href="http://www.pamsrun.com">http://www.pamsrun.com</a>.

# C. Why Neighbor Brigade?

Pam understood our shared human need for community and our need to care for and be cared for by one another. She believed it was imperative not only for those who need the assistance, but for the benefit of

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volunteers as well.

## D. Organizational Impact

Our founder's charismatic, grassroots, can-do approach lit a spark that spread beyond her home chapter of Wayland, MA to include a network of Neighbor Brigade Chapters. Each year, Neighbor Brigade's 3000+ volunteers carry out thousands of "acts of kindness"—meals delivered, rides provided, dogs walked, errands run—on behalf of neighbors in need. In 2016, we began to spread beyond Massachusetts throughout New England and are now a growing nation-wide organization in the United States. You can find out more about our impact in communities by reading our annual report found on our website at: <u>http://www.neighborbrigade.org/annual-reports/</u>.

As delighted as we are by these figures, our volunteers, staff and Board of Directors are confident that Neighbor Brigade is capable of spreading into even more communities all over the country, one act of kindness at a time. If you know of someone living in a community where we don't have a Chapter, please consider talking to them about Neighbor Brigade and bringing this service to where they live!

## E. Organization Chart and Responsibilities

Neighbor Brigade is a lean organization that relies heavily on volunteers at all levels of engagement. We are led by a volunteer board of directors who oversee a small, specialized staff who provide support in the areas of program management, public relations, outreach, finances, information technology and development. Ultimately, Chapter Leaders report to our Executive Director for administrative concerns and to our Director of IT for any concerns related to our software. Our volunteers report to their Chapter Leaders; however, they can also reach out to our Executive Director and Director of IT.

### F. Financial Transparency

Neighbor Brigade is a registered 501(c)3 non-profit organization. 100% of our budget comes from yearround fundraising efforts that include but are not limited to: an annual appeal, Pam's Run 5k/10k run and walk, corporate sponsorship of our Chapters, online fundraising campaigns and grant writing. The money raised covers overhead costs such as liability insurance, our software management program, central staff salaries, marketing, design and printing costs, mail and various other expenses. As a non-profit organization, we report to the IRS by completing annually the form 990 which can be seen upon request by any of our stakeholders. Occasionally fundraising efforts are marked as restricted funds for specific Chapters. In those scenarios, our central staff work closely with the Chapter Leaders of the town that has received the funds to see how we can best utilize the designated donation.





# **Program Overview**

## III. Program Overview

### A. How It Works

Neighbor Brigade transforms local communities into caring centers by mobilizing residents to provide free, temporary, non-medical support to those who are experiencing an unexpected emergency such as a **critical illness, accident,** or **family tragedy**. Our programs provide temporary support to those affected by acute crisis while strengthening the fabric of a community. Neighbor Brigade services are **immediate**, **free** and **available to all**.

By engaging a "neighbors helping neighbors" model we supplement where immediate family and friends cannot "do it all" in meeting the daily household needs of those experiencing a sudden crisis. Community-specific chapter leaders together with our volunteers use our volunteer management software, managed by Better Impact, to fulfill the requests for services submitted by recipients experiencing a sudden crisis. If a recipient does not have access to a computer they also have the option to call our toll-free number to submit a request for services. Our goal is respond to requests within 24 hours and to meet 100% of requests that fall under our service parameters.

### B. Neighbor Brigade Service Guidelines and Parameters

### i. What we do

#### a. Meal delivery

Meal delivery is one of our most common requests that we fulfill. Requirements for a volunteer to fulfill a meal request include acknowledging that you have read and understood the pdf document: <u>A volunteer guide to food safety by the USDA</u>. A recipient, referred to as a client in our software system, will give specific details about quantity, frequency and any dietary concerns including allergies for their food request. If a volunteer has chosen to fulfill a request made by a client that has noted they have a food allergy, the volunteer must also acknowledge that they have read and understood the pdf document: A *Field-Guide for Food Allergies*. When preparing for a meal, volunteers can refer specifically to pages 13 and 14 of the Field Guide, also available in our **Appendix** A of this Handbook. When food allergies exist, we also require that a Meal Preparation



Form be filled out to include a list of all ingredients in the meal and attached to the container that the meal is stored in. Please note that a client/recipient of ours who has only requested a meal delivery also has not undergone a background check and we advise that volunteers do not enter into anyone's house who has not had a background check, if a volunteer does so it will be at their own risk.

All food should be delivered in containers with closed lids that volunteers will leave for the client to keep. Plastic Glad containers are most commonly used and each container should have a label explaining what the food is and any rewarming instructions if needed. If the family has listed a food allergy, volunteers should include a list of all ingredients used on the food label. In most cases, clients will leave a cooler outside their door where volunteers will drop-off the meal they have prepared. Volunteers should not ring the doorbell (unless specified in the online request that you should) as we want to respect our clients' privacy during this difficult time. Some clients will choose to greet volunteers and speak with them. Volunteers are also more than welcome to leave a brief note along with their food delivery to express their thoughts and well wishes for the recipient.

### b. Rides to medical appointments, medical procedures and vaccinations

Many of our clients are suffering from illnesses and accidents that make it difficult for them to drive to their treatments, procedures and medical appointments and helping them with

this task is greatly appreciated. Requirements for a volunteer to fulfill a task that includes transportation, as mentioned in our Participant Agreement and Liability Release Waiver are: (i) maintain, and upon request provide evidence of, volunteer's current status as a licensed driver in good standing; (ii) adhere to all instructions and directions provided to volunteer by Neighbor Brigade and the Neighbor Brigade Volunteer Handbook; (iii) promptly notify Neighbor Brigade of



any physical conditions, vehicle defects, or road conditions that might affect volunteer's safety or the safety of others; (iv) if involved in an accident, complete an accident report (See APPENDIX B for a sample accident report) and cooperate with the authorities and Neighbor Brigade; and (v) if volunteer's vehicle is used for Neighbor Brigade activities, maintain current and adequate insurance coverage. The Volunteer understands that the limits and coverage provided by the Volunteer's personal automobile insurance are applicable to any accidents or incidents that involve the Volunteer's vehicle, including those that occur while volunteer is serving as a volunteer driver. Adequate insurance coverage includes at a minimum Collision coverage and preferred is Comprehensive coverage. If involved in an accident, the Volunteer is responsible for covering Volunteer's deductible and any costs incurred from the accident.

A volunteer driver is required to have a BACKGROUND check completed by Neighbor Brigade. A client is required to give as many details as possible about their need for transportation including if someone else will be joining them due to their personal needs for assistance (translation, anxiety with doctors, etc.). If a volunteer has not been informed that another person, in addition to the client, will be traveling with them in the car and someone shows up we strongly advise that the volunteer does not fulfill the transportation request because we have not vetted that additional person. Similarly, if ever a volunteer does not feel safe or comfortable around a client or people that accompany them, the volunteer has



the right to discontinue their volunteer service at any point in time. In such a scenario, we ask the volunteer to please give as many details as possible to the Executive Director so that we do not place future volunteers in a similar situation.

### c. Light errands and chores

Many of our clients are suffering from illnesses and accidents that make it difficult for them to accomplish basic household chores like taking out the trash, shoveling snow, mowing the grass, vacuuming, picking up groceries, picking up medications, etc. If driving is involved in the task, the same requirements must be fulfilled as mentioned above in b. Rides to Medical appointments. If the chores are strictly performed outside of the house, and not in contact with the recipient, a background check is not required neither by the volunteer nor by the client. If the chores are performed inside the house the volunteer must complete a BACKGROUND check. If any children will be present at the house during the time of the chores, a SORB (Sex Offender Registry Board) check must be performed on the volunteer.

### d. Pet-care (non-boarding)

Many of our clients are suffering from illnesses and accidents that make it difficult for them to care of their pets. Tasks approved under pet-care include feeding the animals and taking them on walks or simply taking them outside to go to the bathroom. Clients must specify what type of pet they have and a client with a dog breed that is considered large or dangerous (American Pit Bull Terrier, German Shepherd, Rottweiler, Doberman Pinscher, Bullmastiff, Cane Corso, Great Dane, Wolf Hybrid mix, American Bandogge, Husky, Chow, Boxer) must carry homeowner's insurance. Leashes, poop scoops and poop bags are generally provided by the owner of the pet if the task includes walking the pet. Because pet-care can involve entering a house, a BACKGROUND check may be required for the volunteer.

# C. Help for those affected directly or indirectly by COVID-19 and other strains of the Coronavirus.

Neighbor Brigade volunteers that have helped since March of 2020 are also required to take our **online COVID-19 Preparedness Training** which explains the protocols that volunteers need to follow to keep our community, our clients and our volunteers safe. Neighbor Brigade has collaborated with local food pantries, local school districts, places of worship and other entities that distribute food and prepared meals and opportunities to volunteer in these scenarios may continue to be available for clients that are affected by COVID and need short-term support. Volunteers can also assist in scheduling vaccination appointments, driving to vaccination appointments, picking up prescriptions, doing grocery shopping, and donating PPE supplies to our clients. Our policies and protocols around supporting clients affected by the Coronavirus often shift as more is learned about this novel virus and we ask volunteers to follow all <u>CDC guidelines</u> as well as our own.

# D. What we don't do

Neighbor Brigade does not provide medical services, respite care, or any services that are due to a situation that is purely due to financial difficulties. The crisis situation must be temporary by nature. On average the individuals we help need assistance from 1-3 months. Some scenarios exist where someone only needs help for one week, while other more uncommon scenarios exist



when someone needs help for closer to one year. Some of our clients are repeat clients because they have a recurring illness or a new crisis that they need assistance with.

### E. Who we can serve

It is the policy of Neighbor Brigade to provide services to all applicants without discrimination or harassment on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, genetic information, or any other characteristic protected under the laws of the United States of America. Crises that fall under a temporary situation include but are not limited to our following categories: general illness, cancer, accident, death in family and injury. We also have a miscellaneous category if someone's temporary crisis does not fall under one of those categories and is not related to finances. While we use an online software task management program for our clients, our program is available to people who do not have access to or knowledge of use of computers. If you know of someone who needs services who does not speak English, please let us know and we will do our best to match that person with a volunteer that speaks their native language as well as provide as much written material in their native language as possible. We currently provide brochures in the following languages: English, Spanish, Portuguese, Haitian Creole, Japanese, Chinese, Vietnamese.

### F. Who we cannot serve

Neighbor Brigade cannot serve anyone who is experiencing a crisis that is not temporary or that is 100% related to their financial situation. The most common confusion is someone who requests help because they need assistance strictly due to their age and unfortunately that does not fall under our parameters as a temporary situation. We cannot work directly with volunteers who are under the age of 14 however if a volunteer's children are under the age of 14 and would like to assist in some of the tasks like preparing meals at the volunteer's own home we of course welcome that generosity. We cannot work with volunteers who do not sign our waivers and does not pass a BACKGROUND CHECK or SORB inquiry.



# **Chapter Leaders**

# IV. Chapter Leader

### A. Position Description

A Chapter, which is a town or city, is managed by one or more individuals (ideally 2 people) called Chapter Leaders. Chapter Leaders are volunteers that dedicate their time and energy to make their towns stronger and are the heart of Neighbor Brigade. Chapter Leaders manage all of the volunteers in their specific town and are often the first point of contact for a client that is in need of receiving our services. A Chapter Leader is someone that can dedicate approximately 5 hours a week on average managing their Chapter. The rate of activity in a Chapter can often depend on the size of the town, the time of year, other available resources in that town, and the outreach efforts that have been made in that community to publicize Neighbor Brigade.



A Chapter Leader is not an employee of Neighbor Brigade and is not compensated monetarily. Chapter Leaders are responsible for raising awareness about Neighbor Brigade in their community. At least twice a year we have get-togethers where Chapter Leaders will have the opportunity to meet other Chapter Leaders, share ideas, ask questions, collect Neighbor Brigade materials and brainstorm for future projects. Chapter Leaders can participate virtually in these meetings as well.

Chapter Leaders are expected to learn the back-end

administrative side of our volunteer management software managed by Better Impact. Software Training Manual and Software Training Videos will teach Chapter Leaders how to use our volunteer software management program and our Director of Information Technology, along with the Better Impact IT team are here to help Chapter Leaders at any time. To learn more about becoming a Chapter Leader or opening a new Chapter please request our Chapter Leader Handbook.



# Volunteers

# V. Volunteers

### A. Steps to Sign-up

The basic steps to sign-up for a volunteer are:

- 1. Complete the <u>Volunteer Application</u> on our website through My Impact
- 2. Complete you background check form and submit a photocopy of your ID
- 3. Login to your My Impact account and sign up from the calendar of activities

### **B.** Position Description

Volunteers together with Chapter Leaders are the heart and soul of Neighbor Brigade. They are the face of the organization and are people that do generous acts of kindness in their communities on a regular basis. Chapters vary in size and can begin with as few as 5 volunteers and will often grow to have numbers in the hundreds. Unlike the Chapter Leader position, the Chapter Volunteer is an incredibly flexible position that allows a person to sign up for tasks once a week or once a year depending on their availability. The rate of activity in a Chapter can often depend on the size of the town, the time of year, other available resources in that town, and the outreach efforts that have been made in that community to publicize Neighbor Brigade. Some volunteer tasks require certain qualifications (e.g. valid driver's license or background checks) and volunteers will only be able to perform them if they have those qualifications in place.

A Chapter Volunteer is not an employee of Neighbor Brigade and is not compensated monetarily. Volunteers will be using their own financial resources to purchase the food to prepare meals, purchase reusable containers to deliver the food, gas to drive clients to their destinations, as well as other various costs incurred by a volunteer's service and of course their precious time and energy are of great value as well. Volunteers can choose to track their hours when they sign-up for tasks in our software management system. Students ages 14 and older may participate in our programs as a volunteer and use their hours for necessary school community service hours. While a volunteer's time has immeasurable value to Neighbor Brigade volunteers cannot deduct the value of their time or services with the IRS. However, when completing the annual tax return with the IRS, volunteers may be able to deduct their direct out-of-pocket costs related to the services they are performing. Volunteers should seek their own tax-advice and follow up-to-date regulations by the IRS.

Volunteers can help raise awareness about Neighbor Brigade in their community. Whether a volunteer talks about Neighbor Brigade at their work, school, religious or social group, bank or other location in the community, volunteers are an ambassador for Neighbor Brigade at all



times. Volunteers may not use Neighbor Brigade related activities and interactions as a way to promote their own business or any other business, place of worship or any other type of promotion that is not related to Neighbor Brigade. Volunteers can help increase the number of future volunteers by talking about their experience, and volunteers might be aware of individuals that are in need of our free services. As mentioned in the Volunteer Application under Trademark and Copyright Usage: volunteers agree to perform all volunteer activities, including those that involve use of the Licensed Marks, in accordance with the highest standards of quality and care. In the course of participating in Neighbor Brigade activities, volunteers will not act in any manner that would be detrimental to Neighbor Brigade and will avoid any actions that might impair the reputation of Neighbor Brigade. At all times, volunteers will comply with all applicable laws, regulations and legal standards and any policies, instructions or guidelines provided by Neighbor Brigade.

### C. Confidentiality

Volunteers that sign-up for specific tasks might be made aware of confidential and sensitive information in regards to people's health and personal information. By signing up for any Neighbor Brigade volunteer activity you are agreeing to our **Confidentiality Agreement** which can be found on page 27 in the Appendix of our Volunteer Handbook. In accordance with HIPAA laws and general respect for the people we serve, all Neighbor Brigade volunteers, by acknowledging they have read this handbook, agree to maintaining the confidentiality of any health or personal information relevant to our clients/recipients and agree to implement appropriate safeguards (i.e. passwords to login to a computer) to prevent further use or disclosure of any confidential Information that is incidentally or inadvertently accessed.

### **D. Public Relations**

Neighbor Brigade actively participates in public relations and marketing initiatives to promote the programs and campaigns of Neighbor Brigade. This includes but is not limited to, social media publications, e-newsletters, updates on our website, media publications and press releases, video productions, and presentations to small and large audiences. The stories of volunteers and clients are beneficial to the promotion of Neighbor Brigade and by signing our Communications and Media Waiver in our Volunteer Application (See APPENDIX D for all waivers) volunteers are agreeing to the use of their "story". Neighbor Brigade will contact an individual for a case by case approval and to request that any details related to them are approved to be shared with the public.

### E. Social Media

Social media is a great way to share with the public the important volunteer work you are doing and to help us enroll new volunteers or serve new clients. When you are using your own social media platforms or commenting on the Neighbor Brigade platforms, you must be sure to never use any identifying information about who we are serving. If you are using a photo you must have permission from all people who appear in the photo. Please keep politics, religion and any views that are partisan by nature, separate from any social media postings about volunteering with Neighbor Brigade. Please do not use your volunteer work with Neighbor Brigade as a way of publicizing your work or any groups you are a

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member of. If you are in doubt about what you would like to post and if it fits our parameters, please consult with the Executive Director first.



# Clients

# VI. Clients

### A. Application Process

Recipients of our services, who are referred to as Clients in our software program, are asked to fill out as much relevant information as possible in regards to their crisis as well as the support they need. Similar to volunteers, clients are also asked to sign waivers.

Clients that sign-up for meal delivery are asked to give important details about food preferences and food allergies and volunteers preparing those meals are expected to be 100% compliant with those requests. If food allergies are involved, volunteers have a Meal Preparation Form they will fill out which should include all ingredients in a meal.

Clients that sign-up for transportation services are not expected to pay for gas costs, tolls, parking fees and other transportation fees. Volunteers should never in any circumstances accept any money from a client for our free services.





#### VII. **APPENDIX**

# A. A Field Guide for Food Allergies pages 13 and 14

Reproduced from: http://www.foodallergy.org/file/field-guide.pdf

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•	nuts, fish, crustad label. For tree nut Read all product Be aware of unexp *Note: This list de	cean shellfish, and ts, fish and crusta labels carefully be pected sources of bes not imply that	ad products that cor soy) as an ingredie cean shellfish, the s fore purchasing and allergens, such as t the allergen is alwa estions about ingred	nt are r pecific I consu he ingre sys pres	equired by U.S. la type of nut or fish ming any item. edients listed belo	aw to list i must be w.	that aller listed.	rgen on the produc
0	For a Milk-Free	Diet		0	For an Egg-Free	e Diet		
•	Avoid foods that com butter, butter fat, butter oil, butter acid, butter ester(s) buttermilk casein casein hydrolysate	tain milk or any of the lactalbumin, lactalbumin phosphate lactoferrin lactose lactulose	ese ingredients: solids, whole) milk protein hydrolysate pudding Recaldent <sup>®</sup> rennet casein sour cream, sour cream		Avoid foods that con albumin (also spelled albumen) egg (dried, powdered, solids, white, yolk) eggnog alobulin	Ivetin Ivetin Iysozyme mayonnais meringue <i>powder</i> ) surimi	8	vitellin vords starting with "ovo" or "ova" (such as ovalburnin)
	caseinates (in all forms) cheese cottage cheese cream curds custard diacetyl ghee half-and-half	milk (in all forms, including condensed, derivative, dry, evaporated, goat's milk and milk from other animals, lowfat, maited, milkfat, nonfat, powder, protein, skimmed,	solids solids tagatose whey (in all forms) whey protein hydrolysate yogurt		Egg is sometimes fo baked goods breaded items drink foam (alcoholic, specialty coffee) egg substitutes Keep the following i	fried rice ice cream lecithin marzipan marshmalle		meatloaf or meatballs nougat pasta
	Milk is sometimes for artificial butter flavor baked goods caramel candies chocolate lactic acid starter	culture and other bacterial cultures luncheon meat, hot dogs, sausages margarine	nisin nondairy products nougat		<ul> <li>Individuals with egg a goose, quail, etc., as egg.</li> </ul>	illergy should these are kno n egg contair	wn to be cro i the allergen	aggs from duck, turkey, sss-reactive with chicken nic proteins, patients with
	milk from other domes	lergic to cow's milk are of stic animals. For example, protein and may, therefore	goat's milk protein is	۲	For a Soy-Free Avoid foods that con edamame miso			ese ingredients: n (concentrate, hydrolyzed
Ø	For a Wheat-Fre	ee Diet tain wheat or any of t	hese incredients:		natto soy (soy albumin, soy ch fiber, soy flour, soy grit cream, soy milk, soy no sprouts, soy yogurt)	s, soy ice	shoyu soy sauce tamari tempeh	egetable protein <i>(TVP)</i>
	bread crumbs bulgur cereal extract club wheat couscous cracker meal durum einkorn emmer farina flour (all purpose, bread, cake, durum, enriched, gaham, high gluten, high	protein, instant, pastry self-rising soft wheat, steel ground, stone ground, whole wheat) hydrolyzed wheat protein Kamut® matzoh, matzoh meal (also spalled as matzo, matzah, or matza, atz, anatzah, or matzah seitan	semolina speit sprouted wheat triticale vital wheat gluten wheat (bran, durum, germ, gluten, grass, mait, sprouts, starch) wheat pran hydrolysate wheat germ oil wheat grass wheat protein isolate whole wheat berries		soyia soybean (curd, granules) Soy is sometimes fo Asian cuisine vegetable broth Keep the following i • The FDA exempts hig	und in the n mind: hly refined so w most allerg refined (not c gic to soy ca	tofu following: vegetable i vegetable i bybean oil fro ic individual oid pressed, n safely eat s	gum starch om being labeled as an s can safely eat soy oil expeller pressed, or soy lecithin.
	Wheat is sometimes glucose syrup oats	found in the following soy sauce starch (gelatinized starch, modified starch, wegetable starch, vegetable starch)	g: surimi					



9	For a Shellfish-F	ree Diet		For a Tree-Nut	-Free Diet	
	Avoid foods that cont	ain shellfish or any	of these ingredients:	Avoid foods that co	ntain nuts or any of the	ese ingredients:
	and may not be fu Your doctor may advi ingredients: abalone clams (cherrystone, geoduck, littleneck, pismo, quahog) cockle cuttlefish Shellfish are sometin bouillabaisse cuttlefish ink glucosamine Keep the following in • Any food served in a so to cross-contact.	Illy disclosed on a produ se you to avoid mol mussels octopus octopus oysters periwinkle scallops nes found in the foll fish stock seafood flavoring (e.g., crab or clam extract) mind: aafood restaurant may co a reaction may occur fro	scampi) ans under food labeling laws ict label. <b>Ilusks or these</b> sea cucumber sea urchin snails (escargot) squid (calamari) whelk (Turban shell)	black walnut hull extract ( <i>flavoring</i> ) natural nut extract <b>Keep the following</b> • Mortadella may cont • There is no evidence allergenic. • Many experts advise well. • Talk to your doctor if		walnut hull extract (flavoring) nut oil/butter are ts to avoid peanuts as ted here.
0	For a Peanut-Fre Avoid foods that cont artificial nuts beer nuts cold pressed, expeller pressed, or extruded peanut oil Peanut is sometimes African, Asian (especially Chinese, Indian,	ain peanuts or any goobers ground nuts mixed nuts monkey nuts nut pieces	nut meat peanut butter peanut flour peanut protein hydrolysate	<ul> <li>documents a small ripeople w doctor if you need to</li> <li>For a Fish-Free</li> <li>Fish is sometimes fi barbecue sauce bouilabaisse Caesar salad caviar deep fried items</li> </ul>	e Diet ound in the following: fish oil fish sauce imitation fish or shelfish isinglass lutefisk maw, maws (fish maw)	to coconut; most ar tree nuts. Ask your pizza (anchovy topping) roe salad dressing seafood flavoring shark cartilage
	Indonesian, Thai, and Vietnamese), and Mexican dishes Keep the following in Mandelonas are peanu The FDA exempts high allergen. Studies show peanu oi I that has bee pressed, or extrude p	chicolate candy) chili egg rolls mind: Its soaked in almond flar ly refined peanut oil fro that most allergic india an highly refined (not co eanut oil). Follow your co nilke other legumes, the peanuts and lupine. il.	nougat m being labeled as an iduals can safely eat ld pressed, expeller Joctor's advice. re is a strong possibility of	non-fish item off of t Asian cookery often when eating this type Fish protein can bec	gy, avoid seafood restaurant the menu, cross-contact of i uses fish sauce as a flavorir e of cuisine. ome airborne in the steam lergic reaction. Stay away f	Worcestershire sauce ts. Even if you order a fish protein is possible. Ig base. Exercise caution released during cooking
	<ul> <li>Sunflower seeds are of</li> <li>Some alternative nut b butter, are produced or</li> </ul>	outters, such as soy nut n equipment shared wit	butter or sunflower seed			



## B. Vehicle Accident Report



#### Neighbor Brigade Accident Form For Volunteers & Clients

Name of inju	red:		Injured person is:	□ Volunteer □ Client
Address:				□ Other
_			Telephone:	
Date of injury	/:		Time of injury:	
Describe what	at happe	ened:		
Name of Witr	ness 1:	,	Telephone:	
Name of Witr	ness 2:			
Where did in	cident o			
Task at time	of injury			
What action				
was taken?	□ P	olice or 911 were called		
	□ S	ent home		
	🗆 S	ent to physician		
	□ S	ent to emergency room	Name & location of phy	/sician/facility:
	□ A	dmitted to hospital		
	□ O	other, describe:		

If Police, EMT or Fire Officials were involved please include as much contact information as possible including name, town, title, telephone, etc.

	Γ: The facts as stated are true to the best of my knowledge and belief. I auth ertinent to this incident to Neighbor Brigade.	orize the release of medical
Signature of i	injured:	Date:
Signature of	person submitting report:	Date:
Printed name	of person submitting report:	_
Pleas	e return immediately to Neighbor Brigade in one of the following ways:	
1.	Scan and email to info@neighborbrigade.org	
2.	or Fax to toll free number (844)799-8811	
3	or Mail to Neighbor Brigade, PO Box 735, Maynard MA 01754	



# C. All Neighbor Brigade Waiver Forms included in the Volunteer Application

i. Volunteer Application (\*ONLY to be filled out on paper by applicants under the age of 18 and their guardian. If you are 18 or older you must fill out the online application on our website.)

**Applicant Information** 

First Name	
Middle Initial	
Last Name	

Address 1 Address 2 City State Zip

Primary Phone Number Cellular/Mobile Phone Number Email Address\_\_\_\_\_

Emergency Contact Person Relationship Emergency Contact Phone Number

Date of Birth

Applicant Criminal Background History

Have you ever been convicted of a felony?

Please Provide an Explanation if Applicable

Within the last five years have you been convicted or incarcerated for a misdemeanor which was not a first offense for drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace?

Please Provide an Explanation if Applicable

www.neighborbrigade.org



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### Disclaimers

### Anti-Discrimination Statement:

It is the policy of Neighbor Brigade to ensure equal opportunities to all volunteer applicants without discrimination or harassment on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, genetic information, or any other characteristic protected under the laws of the United States and the Commonwealth of Massachusetts.

### Disclaimers

Volunteers must be at least 14 years of age. For applicants under age 18, the signature of a legal parent or guardian must be provided below. I understand that the submission of this application does not create an employment or volunteer agreement with Neighbor Brigade. As needed, Neighbor Brigade may request additional documentation to support this application, including but not limited to a criminal background check.

I understand that Neighbor Brigade is a not-for-profit organization. I understand that this is a volunteer position, and that, as a result, I will receive no remuneration or benefits in exchange for my services. I understand further that I will not be reimbursed for expenses or costs incurred in performing activities as a volunteer, unless specifically authorized in the Neighbor Brigade Volunteer Handbook or in advance by Neighbor Brigade's management.

I further understand that Neighbor Brigade reserves the right to decline this volunteer application for any reason. I further understand that my status as a volunteer with Neighbor Brigade will be at-will, and may be terminated with or without notice under Massachusetts law at any time.

I hereby agree to assume any and all risks incidental to the volunteer services I provide for Neighbor Brigade and its partners. In addition, I hereby waive, release, absolve, indemnify, and agree to hold harmless Neighbor Brigade, its officers, directors, members, clients, and their assigns, from any and all liability, claims, damages, or other actions arising out of any injury to my person or property, whether resulting from negligence or any other cause, in the course of my volunteer services with Neighbor Brigade. I certify that all answers and statements made on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected and my role as a volunteer with Neighbor Brigade may be terminated.

Signature	Date
If Under 18, Parent or Guardian Signature	Date





# PARTICIPANT AGREEMENT AND LIABILITY RELEASE

Each volunteer or other participant in Neighbor Brigade activities must complete and sign this Participant Agreement and Liability Release (the "Agreement"). Please read this Agreement carefully before signing.

I understand that I must be at least 14 years of age to be a volunteer with Neighbor Brigade. I represent that I am at least 18 years of age or over, and that if not, the endorsement set forth below is signed by my parent or guardian.

I acknowledge and agree that I am not an employee of Neighbor Brigade and am not entitled to any monetary compensation or any other form of remuneration or benefits from Neighbor Brigade. I understand I am engaging in Neighbor Brigade volunteer activities at my own risk. As between myself and Neighbor Brigade, I knowingly and freely assume all risk and full responsibility for my participation with Neighbor Brigade activities, including any damage to my personal property and/or any personal injury I may sustain during my participation.

On behalf of myself and my heirs, I hereby hold harmless Neighbor Brigade and its affiliates, partners, agents, officers, directors, employees, service providers, sponsors, volunteers, successors and assigns (collectively the "Indemnitees") from and against any and all claims, losses, actions, liabilities and costs ("Claims") arising from my participation in any Neighbor Brigade activities, including, if through the course of my participation, I act in a negligent manner or otherwise engage in any reckless or illegal act, or take any other action that violates Neighbor Brigade's policies, instructions or guidelines. To the extent permitted by law, I hereby waive any Claim I may have, known or unknown, against the Indemnitees resulting from my participation with Neighbor Brigade, whether or not arising from the negligence of Indemnitees.

If I will be driving any vehicle in connection with Neighbor Brigade activities, I agree to: (i) maintain, and upon request provide evidence of, my current status as a licensed driver in good standing; (ii) adhere to all instructions and directions provided to me by Neighbor Brigade and the Neighbor Brigade Volunteer Handbook; (iii) promptly notify Neighbor Brigade of any physical conditions, vehicle defects, or road conditions that might affect my safety or the safety of others; (iv) if involved in an accident, complete an accident report and cooperate with the authorities and Neighbor Brigade; and (v) if my vehicle is used for Neighbor Brigade activities, maintain current and adequate insurance coverage. I understand that the limits and coverage provided by my personal automobile insurance are applicable to any accidents or incidents that involve my vehicle, including those that occur while I am serving as a volunteer driver.

I agree to discontinue my participation in Neighbor Brigade activities if I am requested to do so. I further understand that Neighbor Brigade reserves the right to decline this volunteer application for any reason. I further understand that my status as a volunteer with Neighbor Brigade will be at-will, and may be terminated with or without notice under Massachusetts law at any time.

Signature	Date
If Under 18, Parent or Guardian Signature	Date



### VOLUNTEER HANDBOOK CERTIFICATION

I \_\_\_\_\_\_, have received and read the Neighbor Brigade Volunteer Handbook which outlines the goals, policies, procedures, and expectations of Neighbor Brigade, as well as my responsibilities as a volunteer.

I have familiarized myself with the contents of the handbook. By my signature below, I acknowledge, understand, accept, and agree to comply with the information and procedures contained in the Volunteer Handbook. I understand the Volunteer Handbook is not intended to cover every situation which may arise during my time serving as a volunteer, but is simply a general guide to the goals, policies, practices, benefits and expectations of Neighbor Brigade.

I understand that the Neighbor Brigade Volunteer Handbook is not a contract in of itself and should not be deemed as such. I further understand that the Volunteer Handbook may be updated or amended at the sole discretion of Neighbor Brigade at any time hereafter, and that I will be bound by its terms if Neighbor Brigade provides adequate notice.

By selecting in the software that "*I agree to the Volunteer Handbook Certification Statement found in the information box to the right of this field*" I am agreeing to the Anti-Discrimination Statement, the Disclaimer, the Participant Liability and Waiver Release, the Background Check Consent Form, Trademark and Copyright Usage and Confidentiality Agreement all found in the Neighbor Brigade Volunteer Handbook.

Signature	Date
If Under 18, Parent or Guardian Signature	Date

# TRADEMARK AND COPYRIGHT USAGE

I acknowledge that I have a limited right to use the trade name and service mark "Neighbor Brigade," slogan "Help is Next Door," Neighbor Brigade logo, and any other Neighbor Brigade marks (the "Licensed Marks") and other materials provided by Neighbor Brigade in connection with my services as a volunteer. I agree to use such Licensed Marks and materials only in connection with my participation as a volunteer and in accordance with the Neighbor Brigade Volunteer Handbook, as well as any other instructions or guidelines that may be provided to me by Neighbor Brigade, including via its website, from time to time. I hereby assign and convey to Neighbor Brigade all right, title and interest in, and to, any and all materials that I may create, or contribute to, that relate to Neighbor Brigade, including photographic images or video or audio recordings made about Neighbor Brigade and any royalties, proceeds or other benefits derived from such photographs or recordings.

I agree to perform all volunteer activities, including those that involve use of the Licensed Marks, in accordance with the highest standards of quality and care. In the course of participating in Neighbor Brigade activities, I will not act in any manner that would be detrimental to Neighbor Brigade and I will avoid any actions that might impair the reputation of Neighbor Brigade. At all times, I will comply with all applicable laws, regulations and legal standards and any policies, instructions or guidelines provided by Neighbor Brigade.

I acknowledge that I have been provided with Neighbor Brigade's Service Mark Usage and Guidelines explaining the proper usage of Neighbor Brigade's trade names and service marks.

Signature	Date
If Under 18, Parent or Guardian Signature	Date



## CONFIDENTIALITY AGREEMENT

I understand that I may become privy to confidential information about Neighbor Brigade or the individuals it serves. I agree to maintain the confidentiality of any information I receive, including but not limited to information marked "confidential," as well as any information about Neighbor Brigade's internal procedures, business operations, existing or prospective service recipients, proprietary business information, personnel information and the like that is not otherwise publicly disclosed by Neighbor Brigade. I will not use or disclose the confidential information, except as required to perform my volunteer activities, and will not discuss the personal circumstances of those receiving services from Neighbor Brigade outside the organization. I understand that public disclosure of the identity of, any identifying information, or information about services provided to any individuals served by Neighbor Brigade is strictly prohibited, including on social media.

I further understand that Neighbor Brigade does not provide healthcare services, but may from time to time receive information regarding service recipients that is similar to "protected health information" under the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"). With respect to service recipients, I agree to keep information regarding personal emergencies, medical conditions, or other individual details confidential, except to the extent disclosure is necessary to perform my duties as a volunteer.

Signature	Date
If Under 18, Parent or Guardian Signature	Date







#### Marketing/Communications Waiver Form

I hereby relinquish to Neighbor Brigade all rights to the use of my images (in photo or video) and my story as it relates to my experience with Neighbor Brigade, and/or those of my minor children (if applicable), for use in marketing and public relations. I also give Neighbor Brigade permission to name my town as part of my story, for these same purposes. My images and story, including direct and indirect responses and quotes, will be used by Neighbor Brigade.

#### Waiver, Indemnity and Release

I acknowledge that Neighbor Brigade will own such images and story of me and/or those of my minor children (if applicable) and further grant Neighbor Brigade permission to copyright, display, publish, distribute, use, modify, print and reprint such images and story in any manner whatsoever related to Neighbor Brigade business, including but not limited to: newspapers, radio and television stories, news websites, videos, brochures, press releases, publications, advertisements, web site images, or other electronic displays and transmissions thereof. I further waive any right to inspect or approve the use of the images and story by Neighbor Brigade prior to its use. I forever release and hold Neighbor Brigade harmless from any and all liability arising out of the use of the images and story in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicity.

I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children (if applicable).

Print Name	
Signature	Date
Address	
City/State/Zip code	
Telephone	
Email	
able:	
Name of Minor Child:	
Name of Minor Child:	

### www.neighborbrigade.org

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