



Volunteer Information Sheet

Your name: _____

Home address: _____

Cell phone: _____ Home phone: _____

E-mail address: _____

Hilton Head: Cordillo ____ Island Lutheran ____ The Oaks ____

Bluffton: Avalon Shores ____ Onyx ____

Beaufort: Parkview ____ Marsh Pointe ____

Emergency information:

Name: _____ Relationship: _____

Cell phone: _____ Work phone: _____

Known allergies or medical conditions:

What are you most interested in helping with?: _____



Neighborhood Outreach Connection

Confidentiality Policy

The Neighborhood Outreach Connection (NOC) is committed to a high level of professional, legal, and ethical standards in the conduct of its business and interactions with its clients and partners. NOC is committed to protecting its confidential information and intellectual property, including but not limited to its business model, systems and processes, and business practices (know how). NOC's "Confidential Information" consists of data, information, materials, and knowledge concerning its business other than information that is or becomes part of the public domain or that NOC regularly gives to third parties without restriction on use or disclosure.

"Confidential Information" also includes, but is not limited to, organization business information, business model and business practices (know-how), strategic and business plans, costs, donor database, finances, data and other information relating to children and families in its outreach programs, marketing and franchise plan, trademarks, and copyrighted works. "Intellectual property" includes, but is not limited to, manuals, designs, and learning center prototypes, examples and other documents and technical information developed by NOC.

All NOC Board members, employees, volunteers or contractors agree that they will not at any time directly or indirectly disclose Confidential Information of NOC to any person or entity outside of NOC or make any use of such Confidential Information or Intellectual Property in any way, commercially or otherwise, other than as is reasonably required to carry out the services of NOC. Each Board member, employee, volunteer or contractor agrees to prevent any unauthorized person from obtaining access to Confidential Information or Intellectual Property and to take all action reasonably necessary and satisfactory to protect such Confidential Information or Intellectual Property.

Executive Director

Staff/Volunteer Signature

Date: _____



May 29, 2020

Dear Staff, Teachers and Volunteers,

Neighborhood Outreach Connection (NOC) is doing everything we can to protect our staff, teachers, volunteers and the public. To this end, we will be following the Center for Disease Control (CDC) and local health department (DHEC) guidelines with regard to social distancing practices in order to reduce the spread of COVID-19.

This will require our staff, teachers and volunteers to maintain safe distance as much as possible. We will also be requiring this same procedure for employee-teacher, employee-volunteer and student contact in order to limit the exposure to all individuals.

We will require all individuals (students, staff, teachers, volunteers) to utilize either surgical masks or improvised masks such as scarves, bandanas, and handkerchiefs to reduce the risk of exposure to yourself and others. Everyone is required to wash hands or sanitize hands after using the restroom, sneezing, coughing, and before eating meals or preparing meals or snacks, and will properly wear and utilize sterile gloves.

I understand that I may be informed of or encounter sensitive Personal Health Information (PHI) for those that NOC (Neighborhood Outreach Connection) serves. I agree to hold this information in confidence and will not disseminate any PHI except as allowed by law and/or per the policy and procedures of said organization which I am working or volunteering.

I understand that there is no direct medical health coverage afforded to me during my relationship with **NOC**. NOC is not responsible for any potential exposure to COVID-19, which is not a direct result of negligence on the part of their staff, teachers, volunteers, or the organization. Unless specifically stated in writing, I understand that there is no South Carolina State Labor and Industries employment security insurance provided to me.

If we all work together, we can overcome the spread of this virus as well as other infectious diseases. NOC welcomes you to our facility. By signing below, you agree to comply with the written instructions above. Failure to comply with these written instructions or verbal instructions from teachers, staff or volunteers may result in your removal from the Learning Center.

NOC Staff, Teacher or Volunteer **Printed Name**

NOC Staff, Teacher or Volunteer **Signature**

Date

Revised 11/20



General Media Release

I agree,

NAME: _____

to appear in media interviews, video recordings, or television broadcasts that are authorized by Neighborhood Outreach Connection (NOC). I further give permission for my photograph to be used in printed materials or in other media forms that are authorized by NOC.

SIGNATURE: _____ DATE: _____



Background Check

In order to volunteer with NOC, you must complete a background check through Beaufort County School District. The process takes about 5 minutes and is free. Please follow the instructions below.

1. Visit: <https://bib.com/SecureVolunteer/Beaufort-County-School-District/>
2. Click the box : “Volunteer Now”
3. Select to apply as “Volunteer”
4. Complete all information fields.
 - a. Please select **Red Cedar Elementary** no matter where you are volunteering
 - b. Under “Reason for Volunteering” select **other**.
 - c. In the box for “Please Describe How You’d Like to Volunteer” type **Neighborhood Outreach Connection**
5. Click Continue and Confirm your information
6. Click Complete! Your volunteer ID will be mailed to you. Bring it into the office for a copy when you receive it.