

RELATIONSHIP AGREEMENT

Volunteering in a multi-service agency with clients in crisis requires a great deal of emotional maturity and clear thinking processes. Our work with clients can be in a residential capacity (such as the Domestic Violence Shelter), at the hospital with a rape victim, one-on-one behind closed doors in a counseling session or a victim advocacy session, etc. and often involves working in close proximity to clients. This presents unique opportunities for therapeutic interactions, but also provides unique challenges for staff/interns/volunteers in maintaining clear professional boundaries with all clients. Our program has found that it is very important for all staff/interns/volunteers to think about and acknowledge the following behavioral requirements that all staff/volunteers must follow while working or volunteering in any capacity of Safe Alliance.

Please initial each item in the space provided, indicating that you have read and understand that item.

- I understand that personal cell phones, personal cell phone numbers or home phone numbers, e-mail addresses, social networking account addresses, and similar information should not be provided to clients.
- I understand that the preferred method of contact with agency clients is through the use of agency phones and computers. ***Giving a client my personal information may make me vulnerable to a dangerous situation.***
- Texting or instant messaging between clients and volunteers is not permitted.
- I understand that this type of volunteer work may provide opportunities for me to become emotionally attached to clients. I agree to discuss my feelings towards clients with my volunteer supervisor/or other staff person on a regular basis. I understand that I am working/volunteering here as a professional, and I am expected to always function as a professional, not as a personal friend or parent for any client.
- I understand that I am prohibited from doing personal or special favors for clients, which establishes a sense of favoritism, and can lead to clients misinterpreting the intent of a volunteer/donors action.
- I understand that I am not allowed to give or lend any money or any type of gift to any client without the prior permission of an administrator or supervisor. ***I may not donate money or items to the agency for use by a special client.***
- I understand that I am not allowed to share my clothing with clients, and I am not allowed to wear their clothing. This includes hats, coats, and other personal items. ***I may not donate my personal items to the agency for use by a special client.***
- I understand it is very important that I maintain professional, conservative dress at all times.

- I understand that clients often misinterpret caring gestures as sexual or romantic, therefore I need to be very cautious about any physical contact with clients, including making sure I have adequate personal space when I am sitting near clients and that I minimize any physical contact with clients. Allowed physical contact includes handshakes and brief pats on a shoulder. If a client initiates a hug with you, please inform your supervisor.
- I understand that I must maintain clear separation of my personal life and my professional or volunteer role. Any self-disclosure should be minimized and relevant to the benefit of the client.
- I will not initiate or engage in a conversation about my personal and/or religious/spiritual/political beliefs; medical conditions; survivor status; financial situation; or other potentially controversial issues with clients. I agree to seek supervisory assistance should a client approach me about such topics. It is very important that staff, volunteers and interns do not discuss religious concepts or proselytize as these behaviors are not allowed in agency policy or by our federal funders and could put the agency *at risk*. *Faith organizations may post information about their organization on the community board that can be viewed by clients.*
- I understand that I am not allowed to discuss any issues related to my job performance, or relationships with co-workers or supervisors, with clients or within earshot of clients.
- I understand that I am not to ever allow any client in my personal vehicle, unless an agency administrator has given prior permission.
- I understand that I am not to take any client to my personal residence, nor will I go to a client's residence, at any time for any reason, unless pre-approved by a Service Director/supervisor and accompanied by another staff member. I am expected to keep my personal life separate from my professional/volunteer role.
- If I encounter a client or previous client at any time when I am not on duty or working for the agency, I agree not to acknowledge the client unless the client acknowledges me first. Should the client approach me, I agree to maintain my professional demeanor and avoid any prolonged interactions. I must always report such interactions to my supervisor during the next business day.
- I understand that former clients may at times call Safe Alliance to talk with staff members they remember. I understand that should this happen I will not give any information about any past or current clients. I also will not share personal information about myself or any other staff members. I understand that I must immediately notify my supervisor regarding the phone contact by the client.
- I understand that if I terminate employment/volunteering with Safe Alliance, it is expected that I will not pursue any further of contact with clients, including but not limited to mail and phone calls.



Confidentiality Statement: Safe Alliance is committed to the safety, security and confidentiality of all of our clients and their children. Confidentiality for our clients is not just a right---it is a critical means of their safety plan!

Confidentiality is defined as the assurance that access to information regarding any client shall be strictly controlled and that any violation of such control shall be a breach of faith. Confidential information shall include but is not limited to:

- Communication, information and observations made by and between or about adults and/or child clients, staff, volunteers, interns and board members;
- Names of clients and their children—unless approved by the individual and the Shelter Director;
- Photographs taken of clients and their children;
- Location of the Domestic Violence Shelter.

In order to receive quality service from Safe Alliance, a client must divulge extensive information about himself or herself and family. Therefore, assurance of the confidential nature of this material is a cornerstone of the counseling process. Safe Alliance shall respect and attempt to safeguard the right of its consumers to confidential treatment of information exchanged and to privacy in their relationship with the agency. Volunteers, interns, donors, etc., must never release confidential information, in any manner (telephone, social media, interne, in person, etc.) about Safe Alliance's clients without the express written permission of the individual, and/or the Director. This is CRITICAL for the safety of our clients.

I hereby acknowledge, by my signature below, that I understand that any client information, confidential records and data to which I have knowledge and access in the course of my volunteering with Safe Alliance is to be kept confidential. This information shall not be disclosed to anyone outside of the agency under any circumstances. I understand that my duty to maintain confidentiality continues even after I have completed my volunteering.

I agree to these terms of employment/volunteering/interning, and I understand that failure to abide by any of them can result in immediate termination. I understand that Safe Alliance may also choose to make a report of my behavior to the appropriate ethics board.

I understand that this agreement entails guidelines for my professional conduct with clients. If I have any questions or extenuating circumstances that arise, I will consult with my supervisor. I have had a chance to ask questions about each item in this agreement, and I have also received a copy of this document for my records.

If a client is a friend or a family member of staff, these cases will be referred to the appropriate supervisor for disposition.

Employee/Intern/Volunteer Name: _____

Signature: _____ Date: _____