INTERN PROFILE Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one: □ Female □ Male

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial:\_\_\_\_\_

Suffix (Ph.D., R.N) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Age Group: □ (18-24) □ (25-54) □ (55+)

Home Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_

Personal Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How do you prefer we contact you about volunteer opportunities? (Please circle)**

Email ● Cell Phone ● Home Phone ● Mail

**Circle Place of Employment or Last Employer: (Please Circle)**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Elder Abuse Services, Inc.? (Volunteer, Website, Friend, News, Media, Internship, etc.)

List previous experience, special skills, or hobbies (volunteer or paid) that might be useful to EASi.

*Organization Task Dates*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have reliable transportation? □Yes □No

Availability: □ Day □ Evening □ Weekend

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know anyone who currently works or volunteers at EASi? □ Yes □ No

If yes, who?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you speak, read or write in any language other than English? □ Yes □ No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide two references other than family members:**

*Name Phone number Relationship Years Known*

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had a drug or alcohol problem? □ Yes □ No

If yes, what steps have you taken to address this problem and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? □Yes □ No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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A record of a criminal conviction will not bar you from volunteering.

*I have given the above information voluntarily, and I certify that all statements and representations are true and correct. I authorize verification of all statements and screenings including but not limited to drivers license, criminal background and personal reference checks. I consent for all persons, entities, to agencies to disclose the Elder Abuse Services, Inc. all information about my character, general reputation, personal characteristics, and other information that may be reported. Upon written request, information about the nature and scope of the investigation will be provided to me. I understand that I am not an employee and I will not be paid for my services as a Elder Abuse Services, Inc. volunteer. I agree to abide by the volunteer personnel policies and procedures of Elder Abuse Services, Inc.*

Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have received and signed a Code of Conduct (initial)\_\_\_\_\_\_\_\_\_\_\_\_

CONFIDENTUALITY INFORMATION AND

INTELLICTUAL PROPERTY AGREEMENT

For all Volunteers

This Confidential Information and Intellectual Property Agreement (“Agreement”) is made as of the date of signature below (“Effective Date”), by and between ELDER ABUSE SERVICES, INC., including all chartered units (“EASi” “Elder Abuse Services, Inc”), and the undersigned ( “I”, “me” or “my”).

Reasons for Agreement

I desire to volunteer or to continue to volunteer with Elder Abuse Services, Inc. I acknowledge that I may, in the course of my service to Elder Abuse Services, Inc., have access to or create (alone or with others) confidential and/or intellectual proprietary information and intellectual property that is of values to Elder Abuse Services, Inc. I understand that this makes my position one of trust and confidence. I understand Elder Abuse Services, Inc.’s need to limit disclosure and use confidential and/or proprietary information and intellectual property. I mission, to maintain donor, customer and clients to develop and maintain new or unique products and processes, tp protect the integrity and the future of Elder Abuse Services, Inc and protect the employment and volunteer opportunities of Elder Abuse Services, Inc. THEREFORE, I agree to the following:

1. Definitions.

“**Confidential Information**” shall include, but not be limited to:

1. Information related to Elder Abuse Services, Inc.’s financial, regulatory, personnel or operational matters,
2. Information relating to Elder Abuse Services, Inc.’s clients, customers, beneficiaries, suppliers, donors, employees, volunteers, sponsors or businesses, associates and partners,
3. Trade secrets, know-how, inventions, discoveries, techniques, processes, methods, formulae, ideas, technical data and specifications, testing methods, research and development activities, computer programs and designs,
4. Contracts, product plans, sales and marketing plans, business plans, and
5. All information not generally known outside of Elder Abuse Services, Inc. regarding its business, regardless of whether the information originates from Elder Abuse Services, Inc. or agents thereof.

“**Intellectual Property**” shall include but not be limited to:

1. All inventions, discoveries, techniques, processes, methods, formulae, ideas, technical data, and specifications, testing methods, research and development activities, computer programs and designs (including improvements and enhancements and regardless of patentability),
2. Top secrets and know-how,
3. All copyrightable material that is conceived, developed, or made by me, alone, or with others,
4. Trademarks and service marks and
5. All other intellectual property.

Intellectual property shall include any intellectual property created by me:

1. In the course of Volunteer Service or using Elder Abuse Service, Inc. time, equipment, information or materials, and
2. Within one (1) year after termination of Volunteer Services and relating directly to work done during Volunteer Services.

Intellectual Property may be in any form, including but not limited to written, oral, electronic, digital or other form.

1. Obligation of Confidentiality – Except as may be required for the performance of my duties during Volunteer Service, or unless specifically authorized in writing by Elder Abuse Services, Inc., I shall not use or disclose, for my or for other’s benefit, either during or after Volunteer Service, any Confidential Information.
2. Ownership and Return of Material – All materials, including but not limited to business information, files, research, records, memoranda, books, lists, computer disks, hardware, software, cell phones, and other wireless devices, documents, drawings, models, apparatus, sketches, designs and any other embodiment of Confidential Information or Intellectual Property received by me during Volunteer Service, and any tangible embodiments of such materials created by me, alone it with others, whether confidential or not, are the property of Elder Abuse Services, Inc. I shall return to Elder Abuse Services, Inc. all such materials, including copies thereof, in my possession or under my control upon termination of Volunteer Service for whatever reason or upon the request of Elder Abuse Services, Inc. The return of such materials shall take place within twenty-four (24) hours of notice of termination or upon request of Elder Abuse Services, Inc., whichever comes first.
3. Survival of Obligations and Enforcement – The obligations that I have under the Agreement shall survive the termination of Volunteer Service, regardless of the reason or the method of termination. I agree that Elder Abuse Services, Inc. shall be entitled to recover all attorneys’ fees incurred in enforcing Elder Abuse Services, Inc.’s rights under this Agreement.

I represent that the above restrictions are necessary to protect Elder Abuse Services, Inc’s legitimate interests, and that these restrictions will not prevent me from earning a livelihood.

VOLUNTEER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Coordinator Date

**Confidentiality Policy**

All information discussed by Elder Abuse Services, Inc. staff and volunteers regarding clients may not be disclosed with those outside the Agency, without a written “Release of Information” statement. An Elder Abuse Service, Inc. staff member or volunteer may not discuss any information a victim has disclosed (either personal or regarding their assault with anyone outside the Agency). Such issued may only be discussed between Elder Abuse Services, Inc. staff, as needed, to ensure the provision of services. The confidentiality privilege is held by, and can only be released by the victim. If the victim wants an Elder Abuse Service, Inc. associate to give information to another person, they must sign a “Release of Information” statement specifically stating to whom the information is to be released, as well as the date the release expires. The only exception is if there is reasonable cause to believe that the client is in danger of hurting him/herself or another person. Failure to comply with this policy may be cause for immediate dismissal.

I have read and understand the above policy and agree to the conditions therein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elder Abuse Services, Inc. Volunteer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Coordinator Date

**Elder Abuse Services, Inc.**

**Code of Ethics**

As staff, volunteers, trainees, interns, contractors and board members of Elder Abuse Services, Inc. we recognize that the effectiveness of our mission depends upon a foundation of trust and accountability.

* I will be conscious of the fact that everything I do, directly or indirectly, has the potential to reflect upon Elder Abuse Services, Inc. as a whole.
* I will conduct myself at all times with openness, forthrightness, and honesty in dealings with people and organizations, both internally and externally.
* I will treat everyone with dignity, worth, respect, concern, courtesy and fairness.
* I will be sensitive to and seek solutions for all instances of discrimination and social injustice that I observe.
* I will respect and comply with all applicable laws and regulations.
* I will exercise prudent stewardship of all Elder Abuse Services, Inc. resources.
* I will avoid all conflict of interest relationships with board members, staff, suppliers, those we serve, and other organizations with whom I deal, unless disclosed and approved.
* I will not accept or offer gifts or favors to those we serve unless disclosed and approved by Elder Abuse Services, Inc.
* I will not interact with clients outside the program. This includes providing personal transportation or any other off-duty social interaction.
* I will not give clients my home/cell phone number or address unless doing so is required as part of the volunteer program.
* I will not solicit clients for work outside the program.
* I will also adhere to and comply with the defined standards of conduct.

**POLICY ON SEXUAL CONDUCT**

* Elder Abuse Services, Inc. staff, volunteers, trainees, interns, contractors, and Board of Directors, when functioning as official agents or representatives of Elder Abuse Services, Inc. in any professional setting (training, presentations, crisis counseling sessions, professional therapy, accompaniments, etc.) will maintain an interpersonal demeanor of respect and thoughtfulness.
* Elder Abuse Services, Inc. representatives recognize that it is inappropriate to socialize or become intimately involved with clients for families receiving Elder Abuse Service, Inc. services.
* Any social involvement between an Elder Abuse Services, Inc. representative and a client within 6 months (or the minimum specified by the licensing board) of completion of services is prohibited and grounds for disciplinary action.
* Any social involvement between an Elder Abuse Services, Inc. representative and a Elder Abuse Service, Inc. presentation/event participant pursued to acted upon within 6 months after such a meeting or event is prohibited, and could be grounds for disciplinary action.

**POLICY ON INTERACTION WITH CLIENTS**

Elder Abuse Services, Inc., staff, volunteers, trainees, interns, contractors and Board of Directors understand the sensitive nature of the services provided to our clients. The following is a list of prohibited activities:

* Borrow, give or lend money or personal property to a client or their significant other or families.
* Provide shelter for clients in Elder Abuse Services, Inc. staff, volunteers, trainees, contractors, and Board of Directors members’ private home.
* Recruit for personal business or gain, such as counseling, business gain, organizational gain or personal gain.
* Discuss client related information/records with individuals who are not associated with Elder Abuse Services, Inc., unless when a Release of Information is signed by the client, as required by law.
* Take client records/files out of the office, unless prior consent from the Executive Director.
* Consumption of alcohol/drugs while on the job or volunteering. (Exception: social events after work hours when we may be associated with the agency but not “working” on the clock).
* Providing personal contact information to any client and/or their family.
* Providing persona; information about co-workers.
* Use of profanity.

**POLICY ON INTERSPERONAL VIOLENCE**

* + Elder Abuse Services, Inc. and its staff, volunteers, trainees, interns, contractors, and Board of Directors hold ourselves and each other to high antiviolence standards. Incidents of violence shall be understood to include physical violence, sexual assault, sexual assault and attempted assault.
  + Elder Abuse Services, Inc. will not tolerate violence by staff, volunteers, interns, trainees, interns, contractors and Board of Directors, whether at work or elsewhere, including violence against our spouses, partners, children, family members or others under our care.
  + Incidents of violence are grounds for immediate dismissal or removal from Elder Abuse Services, Inc.

**RECIEPT OF CODE OF ETHICS**

I have received my copy of Elder Abuse Services, Inc. Code of Ethics and have read it, understand it and agree to provide by the provisions therein. I acknowledge that I understand that my volunteer status can be terminated for violation any of Elder Abuse Services, Inc.’s policies.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Signature Volunteer Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Coordinator Date