



# **VOLUNTEER HANDBOOK**

**Our Mission:**

To positively transform the lives  
of those with vision loss.





## **WELCOME VOLUNTEERS!**

We are delighted that you have selected Braille Institute as your choice for sharing your valuable time and expertise. Volunteerism is a core part of our organization's identity, and has been since our founding in 1919. Without each of you, we simply could not fulfill our mission.

Because of your generosity, we provide a broad array of programs and services to tens of thousands of visually impaired individuals each year. Collectively, you contribute more than 150,000 hours of assistance annually, and this enables us to continue serving our clients free of charge.

Every volunteer assignment is vital to the success of our clients. For example, many of you work directly with our clients, such as teaching an independent living skills class, helping them check out talking books in our library or demonstrating how to use an iPhone or iPad. Or your love of the kitchen and food allows you to teach visually impaired individuals to cook for themselves and remain independent. Your passion for art and music helps us bring enrichment programs that enhance lives young and old. And your efforts working "behind the scenes" also enable us to receive and redistribute our talking books, speak on the phone with families seeking help for a loved one, or collate the pages of the braille books we produce for children.

In whatever way you choose to serve, we are deeply grateful for your heart for service. I personally welcome you to the Braille Institute team, and thank you for your gifts of time and skill that help us restore independence, purpose and hope to individuals who are visually impaired that seek us out each day. We hope this handbook is a useful resource for you, and a first step towards building a rewarding and mutually satisfying partnership with our team here at Braille Institute.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter Mindnich".

Peter Mindnich  
President





## TABLE OF CONTENTS

<b>WELCOME VOLUNTEERS!</b> .....	<b>i</b>
<b>ABOUT BRAILLE INSTITUTE</b> .....	<b>1</b>
<b>OUR SERVICES</b> .....	<b>2</b>
<b>VOLUNTEER POLICIES AND PROCEDURES</b> .....	<b>5</b>
<b>EMERGENCY PROCEDURES – QUICK REFERENCE GUIDE</b> .....	<b>10</b>
<b>FORMS / SIGNATURE PAGES</b> .....	<b>11</b>
<b>VOLUNTEER HANDBOOK ACKNOWLEDGMENT</b> .....	<b>12</b>
<b>RELEASE OF LIABILITY, MEDICAL CONSENT AND ARBITRATION</b> <b>AGREEMENT</b> .....	<b>13</b>
<b>PHOTOGRAPHIC AND RECORDING RELEASE</b> .....	<b>15</b>
<b>CONFIDENTIALITY AGREEMENT</b> .....	<b>17</b>
<b>BASIC VOLUNTEER TRAINING ACKNOWLEDGMENT</b> .....	<b>19</b>
<b>ADVANCED SIGHTED GUIDE TRAINING ACKNOWLEDGMENT</b> ....	<b>20</b>

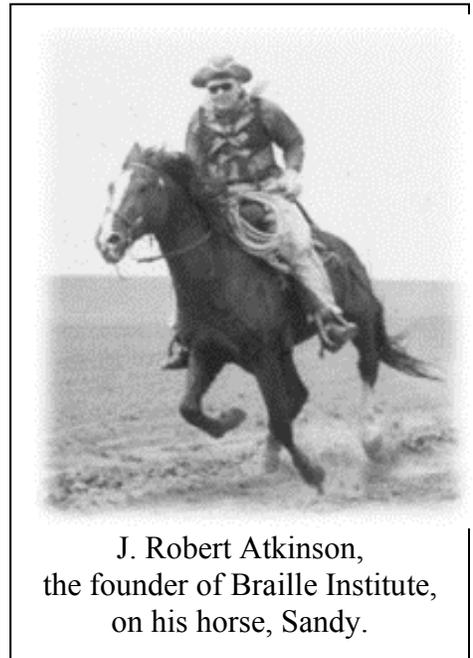




## ABOUT BRAILLE INSTITUTE

After losing his sight in 1912, J. Robert Atkinson, a cowboy from Montana, learned to read braille and transcribed 250 books dictated to him by his family. Impressed by his efforts, philanthropists Mary and John Longyear donated \$25,000 to help Atkinson found the Universal Braille Press in 1919 in Los Angeles. By 1924, Atkinson had finished printing 21 volumes of the Braille King James Version of the Bible. Atkinson later lobbied lawmakers resulting in federal legislation to fund the printing and distribution of raised-print materials through the Library of Congress Services for the Blind, which has since become the National Library Service for the Blind and Physically Handicapped (NLS). In 1929, the Universal Braille Press became known as Braille Institute of America.

From those humble beginnings, Braille Institute has grown into a leading nonprofit human services organization, giving thousands of blind and visually impaired individuals the tools to live independently through a wide variety of educational programs, events and activities. Today, we provide direct services, such as enrichment and independent living skills classes, in our centers located in Los Angeles, Orange County, Rancho Mirage, San Diego and Santa Barbara. We also provide outreach services in hundreds of other locations in Southern California. Braille Institute has a national scope as well through our award winning Library and marquee programs such as Cane Quest®, Braille Special Collection, and The Braille Challenge®. Please read more about our programs and services on the pages that follow.



J. Robert Atkinson,  
the founder of Braille Institute,  
on his horse, Sandy.

All of our services are provided FREE OF CHARGE thanks to the dedicated efforts of thousands of volunteers such as yourself and the generosity of our donors and foundations. Together, we can eliminate barriers to a fulfilling life caused by blindness and severe sight loss.

## OUR SERVICES

Hope. Encouragement. Support. For people with low to no vision, that's what they'll find at Braille Institute. Our programs help people who are blind or visually impaired adjust to the sighted world and/or maximize their remaining vision. We teach them how to use practical skills and techniques to make their daily lives more manageable. To help you understand the important role you play, the following is an overview of the services Braille Institute provides:

### **Child Development**

Our specially trained Child Development Consultants work with families that have blind and visually impaired infants and toddlers ages 0-5 to help their children reach developmental milestones in preparation for school. We value a play-based approach and suggest age appropriate activities designed to help infants and toddlers safely explore their environment and build on emerging skills.



### **Connection Pointe**

Each regional center has a state-of-the-art technology center where free demonstrations and instruction are offered on all of the latest mainstream and adaptive devices, such as smartphones, tablets, voice output software and much more. We help people with low to no vision stay connected to the world around them.

### **Library Services**

People who are blind, visually impaired, physically disabled, or have a reading or learning disability are eligible to receive library services which include digital book machines and downloadable books, book clubs at an external facility, and access to the Telephone Reader Program.

### **Low Vision Consultations**

Braille Institute Low Vision Rehabilitation Specialists provide complimentary one-on-one consultations to individuals with reduced vision. They take the time to understand an individual's particular needs and demonstrate and recommend assistive devices such as special lamps, nonprescription magnifiers, closed-circuit televisions (CCTVs) or other visual aids. The specialists can also introduce individuals to iPads, apps, and other computer technology which have proven helpful for others. The specialists are not eye doctors; they do not give eye exams or

prescribe eyeglasses. They do help people use their remaining vision to do everyday tasks more effectively.

### **Low Vision Wellness for Adults**

Our low vision wellness programs feature lifestyle classes and activities to help adults with little to no vision. Adults who are blind or visually impaired can learn to regain confidence in the kitchen, stay connected through technology, manage their home and finances, take pride in their personal appearance, get around town or travel the world, rediscover fun and fitness through leisure activities, and express their creativity. There is a brief admissions process prior to enrollment in classes. In addition, counselors and support groups assist adults and their families with adjustment to vision loss.

### **Mobile Solutions** (not available at all centers)

Our van travels to a facility or event where we provide Braille Institute services, such as low vision consultations, library services, Personal Connection (see below), and other services. Advanced scheduling is required.

### **National Programs**

In addition to our regional programs throughout Southern California, Braille Institute offers the following national programs:

**The Braille Challenge**<sup>®</sup> is a national braille reading and writing competition for students in first through twelfth grades in the United States and Canada. This program encourages and rewards braille literacy.

**Braille Special Collection** is a wide assortment of children's literature in braille offered free of charge through our catalogs mailed three times a year to subscribers. Selections include: Dots for Tots<sup>®</sup>, multisensory picture books with uncontracted braille overlays and manipulatives for preschoolers; Top Dot<sup>™</sup>, products designed for parents to help children ages 4-7 learn braille concepts and vocabulary; Tactales<sup>®</sup>, books for beginning and independent braille readers ages 6 and up; and Digital Dots<sup>®</sup>, downloadable books in braille for high school age readers.

**Cane Quest**<sup>®</sup> is not an Orientation and Mobility race; it's more of a rally. Blind and visually impaired students in junior high and high school use their white canes to earn points by completing routes, knowing cardinal directions, making correct turns - right or left, safely crossing streets, and using proper safe-travel techniques and cane skills. Routes include mall travel, residential travel, light business or business travel, including bus travel.

### **Orientation & Mobility Consultations**

Our Orientation and Mobility Specialists provide a customized service to teach blind people how to safely get around their residence, neighborhood, and town using a white cane. Eligibility for this service requires a doctor's certification of legal blindness.

**Outreach Presentations** are done in the community in English or Spanish (*El Poder Sin Ver<sup>SM</sup>* or *Ability without Sight*) for blind and visually impaired people who cannot come to our regional centers. These presentations provide helpful information and tips to cope with sight loss in a variety of areas such as organizing the home, personal grooming, handling money, orientation and mobility, transportation, and kitchen safety.

### **Personal Connection**

This one-on-one customized service is offered at a convenient time and location to meet the immediate needs of a person who is visually impaired or blind, such as learning to do small tasks around the home, or learning one skill or technique.

**Vision Connect** (1-800-BRAILLE or 1-800-272-4553, [BrailleInstitute.org](http://BrailleInstitute.org)) is a national resource provided by Braille Institute to connect blind and visually impaired people of all ages, their loved ones, caregivers and providers, with important information, free services and other resources designed to help people live well with low or no vision.

### **Young Adults**

“Your Personal Best” is the program created specifically for young adults ages 18-30 who are blind and visually impaired. Each person determines their 3-5 year customized life plan with goals to be achieved through “Stepping Stones to Success.” Classes, seminars, workshops and internships build job readiness skills leading to employment.

### **Youth and Career Services**

Youth ages 6-18 participate in after school programming that emphasizes development of independent living skills, develops socio-recreational skills through group activities, and teaches technology use to build academic skills and prepare for eventual employment.





## **VOLUNTEER POLICIES AND PROCEDURES**

Braille Institute of America, Inc. (“BIA”) depends on its dedicated volunteers to provide a wide range of services for its blind and visually impaired clients. The policies and procedures set forth below clarify the roles and expectations BIA has for its volunteers and help ensure a vibrant working relationship for the benefit of those we serve. By signing the Braille Institute Volunteer Handbook Acknowledgment on page 12, you are indicating that you understand and agree to all of the policies and procedures listed here.

### **Absences/Tardiness**

Please be prompt and dependable. Give as much notice as possible if you will be absent or late.

### **Accidents**

Report any accident, incident or illness – even minor ones – to the nearest director or supervisor.

### **Assignments**

Kindly honor all commitments and assignments you accept as a volunteer. BIA cannot guarantee any particular volunteer assignment. Volunteer assignments are based on the needs of the organization as determined by the Volunteer Services Manager working with staff.

### **Cell Phones**

The ringer on your cell phone should be set to vibrate while you volunteer. Unless it is urgent, please return your calls during a break and in an area where others will not be disturbed.

### **Confidentiality**

Hold as absolutely confidential all medical and personal information that might be obtained directly or indirectly concerning students, library patrons, clients, employees, donors, and/or persons receiving any type of service from BIA and their families. Please sign the Volunteer Confidentiality Agreement found on page 17.

### **Compensation (Volunteers Not Employees)**

Provide services to BIA with charitable intent and without expectation of any form of compensation or entitlement or future employment. Serving as a volunteer does not guarantee a job. Volunteers do not receive the benefits provided to employees, such as health insurance or retirement plan benefits. For employment opportunities, check [www.brailleinstitute.org](http://www.brailleinstitute.org).

### **Dress Code**

Please report for your volunteer assignments neatly groomed and conservatively attired. Prohibited items include, but are not limited to: extreme dress or hairstyles; tattered or torn garments; halter tops; bare midriffs; see through garments; visible undergarments; clothing, hats, or other attire with offensive or obscene slogans or materials; and flip flops. For safety reasons, open toed shoes are not permitted where machinery is used, such as in Braille Publishing.

Casual attire is permitted as appropriate for the volunteer assignment. For example, neat jeans and neat T-shirts may be acceptable in some Braille Publishing and library circulation assignments.

### **Driving Students**

Refrain from driving our students or anyone receiving services from BIA unless you are a registered volunteer driver with BIA. BIA shall not be responsible for the transportation of any person outside the scope of an authorized BIA event or activity.

### **Emergency Procedures**

Please review the Quick Reference Guide on page 10 of this handbook.

### **Expenses**

BIA will provide reimbursement for pre-approved documented expenses related to your volunteer assignment.

### **Facilities, Use of**

Stay in the area of your volunteer assignment for its duration. Smoking is prohibited in all buildings, but is allowed in designated outdoor areas. In hallways, please walk on the right.

### **Guide Dogs**

Although BIA does not raise or provide guide dogs, many BIA students depend on guide dogs to get around. Guide dogs are here to assist their owners. Please do not attempt to touch or pet a guide dog without first securing the owner's permission.

### **Insurance**

BIA provides worker's compensation insurance for its volunteers, subject to applicable exclusions, to cover injuries sustained in the course and scope of volunteer activities. BIA provides no other type of insurance for its volunteers, such as health or life insurance.

### **Lost or Stolen Items**

BIA is not responsible for any lost or stolen personal property. Please do not leave anything of value unattended while on BIA premises. If any personal property item is lost or stolen, please report it immediately to the Volunteer Services Manager.

### **Media Relations**

Any media inquiries or requests for interviews relating to BIA or any of its students, staff, volunteers, or donors should be directed to BIA's Marketing and Communications Department.

Periodically, BIA, the news media, or others may videotape or otherwise record the images and/or sounds of volunteers as part of news reports or promotional materials. Please review and sign the Photographic and Recording Release found on page 15.

### **Minors and Elders**

Before working with minors under the age of 18, all volunteers must submit to a criminal history records check and fingerprinting. All volunteers should remain in open and visible areas when working with minors. Please avoid any conduct or activity which gives even the appearance of impropriety. Any unprofessional or inappropriate physical contact is strictly prohibited. Immediately report any such contact, suspected child abuse or neglect to the Volunteer Services Manager or other supervisory personnel.

Similarly, if you should become aware of any abuse of an elder, report such abuse as soon as possible.

Volunteers may be asked to provide additional information to authorities, depending on the situation.

### **Music Players**

Please do not bring or use music players such as an iPod or MP3 player when volunteering. Your focused attention on your volunteer assignments is appreciated. Unsilenced radios, boom boxes, speakers, loud phones or other noise emitters are distracting and potential safety hazards.

### **Name Badges**

Please wear your name badge and volunteer lanyard at all times while volunteering. This is an important safety feature which readily identifies your role and authorization to be on BIA's premises.

## **OVERALL STANDARDS OF CONDUCT**

***BIA expects all of its volunteers to represent BIA in a positive, ethical manner and to treat everyone with courtesy and respect.***

***BIA is committed to an environment free of harassment and discrimination of any kind, including, in the matter of sexual harassment, unwelcome sexual advances, requests for sexual favors, unnecessary touching or verbal, visual, or physical conduct of a sexual nature. BIA does not discriminate on the basis of any class protected by California or federal law in the administration of any of its policies or programs including, but not limited to, race, color, national and ethnic origin, age, religion, sex, sexual orientation, gender identity, disability, or veteran status.***

***Inappropriate conduct or activity including the failure to follow the policies and procedures set forth herein may be referred to a Case Conference Committee which may impose a warning, or dismissal of the offending party from volunteer service. BIA reserves the right, in its sole discretion, to dispense with the Case Conference Committee process if the volunteer's behavior is in any manner threatening, disruptive, or poses either a risk of injury to him or herself or others or a risk of damage to or loss of property.***

***The use of illegal drugs or controlled substances or the consumption of alcohol on BIA premises, or the reporting for an assignment while under the influence of the same, is strictly prohibited.***

***Volunteers are also prohibited from using BIA resources (including facilities, equipment, lists or contact information of students, volunteers, or staff) to (i) conduct any personal business whether or not for monetary gain; (ii) solicit clients, gifts or funds; or (iii) circulate or promote political, religious, or commercial materials, causes, or petitions at BIA.***

### **Parking**

Park in any designated area reserved for volunteers, or other open spaces. Please observe the 5 mph speed limit while driving your vehicle in a BIA driveway, parking lot, or garage.

### **Photography, Video, Recordings**

Always seek permission from the Volunteer Service Manager before taking any photographs, videos, or sound recordings on BIA premises. Any photography, video, or recording intended for professional use or to be published in print or made available on the internet must be approved by BIA's Marketing and Communications Department or General Counsel prior to publishing.

### **References**

Please see your Volunteer Services Manager. BIA can provide a letter stating the nature of your assignment and number of hours served. Please allow adequate time for preparation of the letter.

### **Sign-in, Sign-out Sheet**

Please sign in and out for all volunteer hours. Include all meetings, training sessions, applied skills trips, and class preparation time. Round numbers to the closest half hour. This will help BIA keep track of where you are in an emergency and will enable BIA to monitor the impact of the volunteer program.

### **Special Materials or Needs**

If special materials or needs are required in order to effectively perform your volunteer assignment, please see the Volunteer Services Manager.

### **Training, Guidance and Supervision**

BIA will introduce you to staff and other volunteers and provide appropriate training and guidance to enable you to perform volunteer work. Part of that training consists of watching the video “What Do You Do When You See a Blind Person?” and learning basic sighted guide techniques. Training acknowledgments are found on pages 19 and 20. If you have any questions or concerns, please contact the Volunteer Services Manager.



## **EMERGENCY PROCEDURES – QUICK REFERENCE GUIDE**

Please familiarize yourself with the building and locations of phones on our campus. Each of our centers also has an automated external defibrillator (“AED”) for use in the event of sudden cardiac arrest. For locations of first aid kits and fire extinguishers and information regarding diabetic needs, please ask the nearest supervisor for assistance.

### **How to report emergencies:**

1. If using a Braille Institute phone, dial 9-911.
2. If using a cell phone, dial 911.
3. Stay on line with the 911 operator until help arrives or as long as needed.
4. Call or ask someone else to notify the Braille Institute operator (ext. “0”), Facilities or a staff person of the emergency.

Please see Braille Institute’s Emergency Response Plan for more information.



## **FORMS / SIGNATURE PAGES**



## BRAILLE INSTITUTE VOLUNTEER HANDBOOK ACKNOWLEDGMENT

I hereby acknowledge that I have reviewed or will access online the Braille Institute Volunteer Handbook. I agree to follow the policies and procedures set forth in the handbook.

---

Volunteer Name (Please Print)

---

Volunteer Signature

---

Date

### WITNESS STATEMENT (Check appropriate box):

- I have read the Acknowledgment in its entirety to the signer.
- The signer read the Acknowledgment:
  - Standard Text    Braille    Large Print
- The signer listened to an audio recording of a reading of the Acknowledgment.

---

Witness Signature

---

Date

---

Print Name

Braille Institute:    \_\_\_ Employee

                             \_\_\_ Volunteer

                             \_\_\_ Other: \_\_\_\_\_

*Revised 1/2015*

## **VOLUNTEER'S RELEASE OF LIABILITY, MEDICAL CONSENT AND ARBITRATION AGREEMENT**

### **Release of Liability**

As a volunteer participant in exercise, athletic/recreational activities, field trips, applied skills training, classes, Braille Library, Braille Publishing, or other related activities of Braille Institute of America, Inc. ("BIA"), I am fully aware that participating in these activities involves certain risks and hazards. I understand that some of these activities of BIA may take place away from BIA's premises and involve travel to and from the site of these activities. I hereby assume all risks of loss, damage, or personal injury arising from my participation in these activities and any related travel. In addition, I, on behalf of myself, my personal representatives, heirs and assigns, waive, release, and discharge BIA, its officers, directors, agents, and employees (collectively "Released Parties") from any and all claims arising from my participation in any BIA activity except those claims caused by BIA's gross negligence or willful misconduct.

### **Medical Consent and Release**

In any emergency situation, I give permission to BIA to summon, provide or supervise the administration of medical aid. I consent to treatment by any licensed medical doctor or other medical professional including, without limitation, x-rays, drugs, anesthesia and the performance of medical procedures, as may be required in the opinion of the doctor or medical professional. BIA shall try to, whenever it appears reasonable under the circumstances, but shall not be required to, seek my permission before aid is rendered. I release Released Parties from any liability for further injury or damage caused to me by BIA, its staff, or volunteers, unless such further injury or damage is caused by BIA's gross negligence or willful misconduct. I understand that BIA does not provide any medical insurance other than BIA's workers compensation coverage for volunteers.

### **Arbitration of Disputes**

Any controversy between me and BIA shall be submitted to binding arbitration in Los Angeles, California, on the request of either party. Arbitrations shall comply with and be governed by the rules of the American Arbitration Association. I agree that this arbitration procedure shall be the exclusive means of redress for any disputes arising between me and BIA, including disputes over rights provided by federal, state, or local law.

I have read this Volunteer's General Risk, Medical Consent and Arbitration Agreement ("Agreement") or the Agreement has been read to me either by a live person or through an audio recording. I understand that the Agreement shall apply to all activities sponsored and/or supported by BIA, whether on BIA premises or elsewhere, and shall remain in effect for as long as I continue to participate in BIA activities. I have been advised of my right to request and receive a copy of this Agreement.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**WITNESS STATEMENT (Check appropriate box):**

- I have read the Agreement in its entirety to the signer.
- The signer read the Agreement:
  - Standard Text  Braille  Large Print
- The signer listened to an audio recording of a reading of the Agreement.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Braille Institute: \_\_\_\_\_ Employee

\_\_\_\_\_ Volunteer

\_\_\_\_\_ Other: \_\_\_\_\_

## **PHOTOGRAPHIC AND RECORDING RELEASE - VOLUNTEER**

I hereby authorize Braille Institute of America, Inc. and its agents, contractors, employees, affiliates, advertising agencies and assigns (hereafter collectively “Braille Institute”), and the news media while covering Braille Institute, to photograph, videotape, audiotape or otherwise record by visual, audio, electronic or manual means, my name, visual likeness and/or my voice or other sounds created by me, including sounds produced by instrument (hereafter collectively “reproductions”), and to use, reproduce, distribute, permit, copyright, and/or license the use of the reproductions on any website including without limitation Braille Institute websites such as [brailleinstitute.org](http://brailleinstitute.org) and social networking websites such as Facebook, Twitter and LinkedIn, and video sharing websites such as YouTube, or in exhibitions, public displays, publications, CDs, DVDs, commercial art, advertising, promotional or educational materials including the Braille Institute Annual Report and Braille Institute fund development materials, or in any other format, medium or other means now existing or hereinafter developed, provided one of the following conditions is met:

- (i) The reproduction is one created by Braille Institute or its agent or contractor;
- (ii) The activity depicted in the reproduction occurred on the premises of Braille Institute; or,
- (iii) The activity depicted in the reproduction relates to Braille Institute services or occurred in the course of a Braille Institute activity or event.

I also permit Braille Institute to release or publish in any manner including any format, medium or other means now existing or hereinafter developed, any information obtained from or pertaining to me which relates to the services, event or activity depicted in the reproduction, including the use of my name or my likeness.

I expressly waive and release Braille Institute from all claims or demands for compensation and/or monetary damages or other legal or equitable relief premised upon claims of defamation, invasion of privacy, or the taking of property, and waive and release Braille Institute from any other cause of action arising from or relating to matters authorized in this release.

This release will remain in effect until such time as I revoke the release by 30 days written notice to Braille Institute, such written notice to be delivered by hand or by U.S. mail to Braille Institute, 741 North Vermont Avenue, Los Angeles, California 90029, Attention: Marketing and Communications Department. Any revocation shall not retroactively apply to material already recorded.

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

Print Name: \_\_\_\_\_

**WITNESS STATEMENT (Check appropriate box):**

- I have read the Release in its entirety to the signer.
- The signer read the Release:
  - Standard Text  Braille  Large Print
- The signer listened to an audio recording of a reading of the Release.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Braille Institute: \_\_\_\_\_ Employee  
\_\_\_\_\_ Volunteer  
\_\_\_\_\_ Other: \_\_\_\_\_



## VOLUNTEER CONFIDENTIALITY AGREEMENT

As a Braille Institute of America, Inc. (“BIA”) volunteer, I understand that if authorized, I may gain access to sensitive and confidential information relating to BIA’s students, clients, library patrons, other volunteers, donors, staff members, board members, and business practices and operations, including but not limited to, personal information (including social security numbers, home and email addresses, telephone numbers), medical information, financial information (including personal assets and credit card numbers), donations of money, and gifts in kind (collectively “Confidential Information”). I further understand that if authorized, I may have access to such Confidential Information in various forms including but not limited to manual and physical files and electronic databases, network files and servers (collectively “Information Systems”).

By my signature below, I affirm that I have been advised of, understand, and agree to the following terms and conditions regarding my access to Confidential Information contained in Information Systems.

1. I will use my authorized access to Information Systems only in the performance of my duties as a BIA volunteer.
2. I will comply with all controls and policies now or hereafter established by BIA regarding the use of Confidential Information maintained within Information Systems.
3. I will not disclose any Confidential Information to unauthorized persons except as expressly permitted in writing by BIA or as required by law. I understand and agree that this obligation shall continue even after I am no longer a volunteer at BIA.
4. I will exercise care to protect Confidential Information against accidental or unauthorized access, modifications, disclosures, or destruction.
5. When disclosing Confidential Information with others in the course of my work as a volunteer, I will exercise care to keep the disclosure private so as to preclude unauthorized persons from gaining access to such Confidential Information.
6. I understand that any violation of this Agreement or other BIA policies related to the inappropriate release or disclosure of Confidential Information may result in one or more sanctions including immediate termination of my access to Information Systems and disciplinary action up to and including my termination as a volunteer.

---

Volunteer Signature

---

Print Volunteer Name

\_\_\_\_\_  
Date

**WITNESS STATEMENT (Check appropriate box):**

- I have read the Agreement in its entirety to the signer.
- The signer read the Agreement:
  - Standard Text  Braille  Large Print
- The signer listened to an audio recording of a reading of the Agreement.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Braille Institute: \_\_\_\_\_ Employee  
\_\_\_\_\_ Volunteer  
\_\_\_\_\_ Other: \_\_\_\_\_



## BASIC VOLUNTEER TRAINING ACKNOWLEDGMENT

**VOLUNTEER NAME** \_\_\_\_\_  
Please Print

TRAINING	DATE COMPLETED	VOLUNTEER SIGNATURE
Video: "What Do You Do When You See a Blind Person?"		X
Sighted Guide Techniques: Instruction, Demonstration and Practice		X

**Sighted Guide Training given by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name



## ADVANCED SIGHTED GUIDE TRAINING ACKNOWLEDGMENT

Volunteer Name \_\_\_\_\_  
Please Print

I have received advanced sighted guide training by an orientation and mobility specialist.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
O & M Specialist Signature

\_\_\_\_\_  
Date