



VOLUNTEER MEMORANDUM OF UNDERSTANDING (MOU)

ROUTINE BACKGROUND & FINGERPRINTING CHECKS

I give my consent to Araminta to run a national and state criminal history report, sex offender registry report, and child abuse registry report (annually for Volunteers who work directly with program participants or represent the organization publicly and every two to three years for other Volunteers). I also consent for Araminta to receive notification during my Volunteer term, if an event is posted to the above reports. I understand that the reports will be kept confidential, known only to Araminta staff and appropriate volunteer leadership. If the Volunteer is working directly with a vulnerable population, participation in Volunteer activities may temporarily pause if background checks are not up to date. Fingerprinting is a standard procedure in Maryland for volunteers who may come into contact with children or youth. By completing this process, you will be helping us uphold the highest standards of protection for the youth in our community. Fingerprinting is required every five years to help ensure the safety of volunteers, staff, and the community we serve. I agree to complete the fingerprinting process.

Initial _____

SAFETY

If at any time my safety is at risk, I am to contact the appropriate law enforcement, as well as inform Araminta leadership. I understand that in my role as an Araminta Volunteer, I am never to intervene in an unsafe or criminal situation and must always contact the appropriate law enforcement agency when necessary.

Initial _____

CONFLICT RESOLUTION AND RESIGNATION

To uphold the integrity of Araminta and its relationships with community partners, I agree to the following conflict resolution procedures:

- If at any time I have concerns or disagreements regarding the mission of Araminta or find the conduct of one of its leaders, staff, or volunteers to be contrary to its mission, vision, or values, I understand that I am to discuss it directly with the Volunteer Coordinator or Araminta leadership.
- If the conflict cannot be resolved at this level, or is regarding these staff persons, I may contact the Executive Director or Board of Directors to mediate. If an agreement cannot be established, I or Araminta leadership can initiate dissolution of my volunteer participation.
- I am free to resign from my Volunteer position at any time. My resignation can be received by the Volunteer Coordinator in writing or verbally.
- If my behavior is contrary to the mission and values of Araminta or violates this agreement,



Araminta reserves the right to end my Volunteer participation.

Initial _____

EXPOSURE TO SEXUAL EXPLOITATION

I understand that volunteer activities with Araminta may expose me to explicit information about sex trafficking and sexual abuse or exploitation, and I may interact with survivors of sex trafficking.

I also understand that Araminta has resources to support, protect, and provide accountability for volunteers who are exposed to information or situations of a sensitive nature. I may go directly to the Volunteer Coordinator or my supervisor at Araminta to access these resources and can be assured Araminta will use discretion when handling any sensitive or personal information. However, if I am working with program participants directly, I understand my volunteer role may be reassigned to protect both me and any individuals being served by the organization.

Araminta asks that Volunteers not engage in any activities, whether personally or while affiliated with Araminta, that could compromise the organization’s mission or work or relationships with program participants or partners; this includes activities that may directly or indirectly fuel sex trafficking, abuse, or sexual exploitation. I understand that any action on my part that compromises Araminta’s mission or work could result in a role reassignment or the termination of my Volunteer participation.

Initial _____

FUNDRAISING ON BEHALF OF ARAMINTA

I understand that fundraising on behalf of Araminta is not permitted without the approval of Araminta leadership.

Anyone wishing to fundraise on behalf of Araminta is required to review our Fundraising Policy and submit the proper Fundraising Request Form to the Volunteer Coordinator. Both these documents are available from the Araminta Volunteer Coordinator.

Initial _____

Signature of Volunteer Date

Signature of Parent/Legal Guardian if applicable Date

Participant Name (if parent/guardian signs)



CONFLICT OF INTEREST ACKNOWLEDGEMENT AND DISCLOSURE

A conflict of interest may exist where an interested party (including Staff, Board Member, or Volunteer), or a relative or business associate of an interested party, directly or indirectly benefits or profits as a result of a decision made or transaction entered into by the organization.

- Has Araminta contracted to purchase or lease goods, services, or property from you or from any of your relatives or business associates? ____ Yes ____ No
- Has Araminta purchased an ownership interest in or invested in a business entity owned by you or owned by any of your relatives or business associates? ____ Yes ____ No
- Has Araminta offered employment to any of your relatives or business associates other than a person who was already employed by the organization? ____ Yes ____ No
- Have you or any of your relatives or business associates been gratuitously provided use of the facilities, property, or services of Araminta? ____ Yes ____ No

A conflict may also exist where an interested party, or a relative or business associate of an interested party, obtains a non-financial benefit or advantage that they would not have obtained absent their relationship with the organization, or where their duty or responsibility owed to the organization conflicts with a duty or responsibility owed to some other organization.

- Did you make use of information obtained from the organization for your own benefit or for the benefit of a relative, business associate, or other organization? ____ Yes ____ No
- Did you take advantage of an opportunity, or enable a relative, business associate or other organization to take advantage of an opportunity, which you had reason to believe would be of interest to the organization? ____ Yes ____ No

If you answered yes to any questions, please provide a written explanation.

By signing this statement and disclosure, I affirm that I understand and agree to comply with the policies. I further understand that Araminta is a nonprofit and that in order to maintain its federal tax exemption, it must engage primarily in activities that accomplish one or more tax-exempt purpose.

Except as otherwise indicated in the Disclosure Statement and any attachments, I affirm that I do not have any conflict of interest that may be seen as competing with the interests of Araminta, nor does any relative or business associate of mine have such an actual or potential conflict of interest. I certify that the information set forth in this statement and any attachments is true and correct to the best of my knowledge, information, and belief. Further, if any actual or potential conflicts of interest arise in the future, I will promptly and fully disclose the circumstances to Araminta leadership.



Signature of Volunteer

Date

Signature of Signature of Parent/Legal Guardian if applicable

Date