



Volunteer Handbook



Down Syndrome Association
of Middle Tennessee

Welcome

to our volunteer team *

Thank you for your interest in volunteering with the Down Syndrome Association of Middle Tennessee because of kind-hearted people like yourself our events and programs for those individuals in Middle TN with Down syndrome and their families are made possible.

Each year we add numerous volunteers to our team and we are thrilled to have you be involved. As a DSAMT volunteer you'll be bringing joy and laughter to families, sharing your talents, being a positive role model, forming friendships, and helping spread awareness and acceptance. Your role as a volunteer is valuable to the organization, our families and people with Down syndrome throughout Middle TN. The Down Syndrome Association of Middle Tennessee wants you to have the most enjoyable and successful experience possible. This handbook is designed to assist, educate, and serve as a tool to assist you if there happen to be any problems or concerns.

Thank you so much for choosing to share your kindness, time, talents, and support with DSAMT. We appreciate YOU. Becoming a DSAMT Volunteer places you with a unique group of individuals who have a commitment to caring. Welcome!

Sincerely,

Alecia Talbott

Executive Director

c: 615.881.4261

Tanya Chavez

Program Director

c: 615.294.8736



Down Syndrome Association of Middle TN

1310 Central Court

Hermitage, TN 37076

www.somethingextra.org

o. 615.454.3129

About

DSAMT & Our Mission*

To ensure individuals with Down syndrome are valued for their extraordinary gifts and contributions, empowering them to pursue meaningful, included lives by providing education, advocacy, support and community for people with Down syndrome and their families, and serving as a resource for educators, healthcare professionals, employers and the entire Middle Tennessee community.

DSAMT strives to be recognized by people with Down syndrome and their families, educators, healthcare professionals, employers and the community at large as the leading resource in Middle Tennessee for education, advocacy, support and community for and about Down syndrome.

*Every year DSAMT chooses one volunteer to be our "**Volunteer of the Year**". This Volunteer goes above and beyond to help DSAMT meet the Mission and Vision of the organization.*

Language Guidelines for referring to a person with Down syndrome:

- The correct spelling is Down syndrome ("s" is not capitalized) and we do not refer to our individuals as "downs"
- We encourage people-first language. This means you always address the individual first not the diagnosis, just as you would any other person. An example: Use "person who is unable to speak" instead of "dumb" or "mute", Use "people who are blind" or "person who is visually impaired" instead of "the blind", or use "person with a learning disability" instead of "learning disabled"
- Individuals with Down syndrome grow up from a child to an adult just as you and I, please address our individuals according to the age they are, no adult appreciates being referred to as a kid.
- Down syndrome is NOT a disease or an illness. Please refrain from using terms such as: suffers from, sick, ill, disease, affected by. Rather we prefer to celebrate our individuals for their extraordinary gift.
- Each individual is unique. Please try to refrain from using stereotypes and rather get to know them for their individuality.

***** Most importantly have fun, build friendships, enjoy meaningful conversations together, and remember we're more alike than different! *****



Every Volunteer has Rights to:

- Suitable assignment with consideration for personal preference, temperament, life experience, education and employment background
- Know as much about the organization as possible (mission, policies, people, programs)
- Guidance and direction by someone who is experienced, informed, and patient
- be heard, have a part in planning, and have respect shown to them

Volunteer Expectations and Guidelines:

- As a volunteer we'd appreciate if you arrive 15 minutes prior to requested time to ensure you're on time and prepared with the information needed to have the best experience prior to guest arrival.
- We rely solely on volunteers to make our events and programs successful. If you have signed up to be a volunteer, we are depending on you and have a specified role assigned just for you please be cognizant of this. If for any reason you are unable to attend what you've signed up for please give as much notice as possible to the person/people you arranged this volunteer experience with
- For confidentiality purposes we ask that you always seek permission prior to taking photos and posting them to social media. Always be mindful not only of the individual with Down syndrome but also their family with any pictures you do take. We want to make sure pictures are appropriate and show those with Down syndrome in the best light.
- When you register to volunteer we are depending on you for the duration of the event. We want this to be the most positive and enjoyable experience for everyone involved. Your participation from start to finish is important to achieve that.
- Volunteers are not to replace regular staff, they support, enhance and assist in our efforts.
- Volunteer must NOT bring children, friends, relatives or other visitors with them while volunteering at an event without the consent of DSAMT staff.
- Volunteers will be expected to perform their duties as assigned.
- Volunteers are reminded to smoke only in designated areas away from all DSAMT activities participants and families
- Volunteers are expected to dress appropriately and conduct themselves in a professional manner at all times.
- Please join our volunteer Facebook group to be kept up on all the latest volunteer needs <https://www.facebook.com/groups/dsamtvolunteers> or visit our website for a list of upcoming calendar events www.somethingextra.org
- Please contact Tanya Chavez with any questions, feedback on your experience, or concerns. Tanya@somethingextra.org 615-294-8736



The following will not be tolerated at DSAMT events and activities:

- Use of the "R Word"
- Dishonesty
- Theft or destruction of property
- No shows/no calls
- Unprofessional conduct/inappropriate behavior
- Injury or damage to persons or property
- Obtaining or divulging information determined to be of a confidential nature.
- Jeopardizing anyone's safety
- Possession of weapon or drugs
- Discussion about a participant or family member's personal information with anyone except when absolutely necessary to the volunteer assignment (i.e. gossiping).
- Sexual Harassment is illegal under state and federal law

Tips for Volunteers:

- Be patient
- Slow down, give time for them to process and respond
- Don't assume or guess at what they want allow them the time to tell you
- Give options - 2 choices can make the difference between a melt down and a smooth transition
- Always use people first language
- Let them know what is coming up next
- Give clear and simple directions
- Include everyone, make an effort to get everyone engaged and having a good time



Volunteer Roles:

DSAMT has many Roles Volunteers may decide to become involved. DSAMT is growing and changing every day to meet the needs of our families. There are many activities outside of the options and events detailed. DSAMT can ALWAYS use help with administrative tasks such as paperwork, mailings, data entry, fundraising, identifying sponsors, making phone calls, etc. Some of our more popular activities are detailed below with an overview of how volunteers may be used. There may be more opportunities depending on the event.

Circle of Friends

Once a month, August - May our teens and adults with Down syndrome meet at Belmont University for planned activities, music, but most importantly friendships. Volunteer needs include:

- Assisting in activities
- Providing support and encouragement to attendees
- Build friendships that can be maintained outside of this event



Baby Shower

DSAMT invites all new & expecting parents (and grandparents) of a child with Down syndrome to be showered with fun, gifts and friendship with other parents at our Baby Shower. Volunteer needs include:

- Love on new babies
- Assist with the babies and other children of the parents at the shower
- Play games
- Calm upset children
- Assist with food and prizes/gifts



Egg Hunt and Family Picnic

DSAMT families gather for a nice spring picnic, petting zoo, crafts, and egg hunting. Volunteer needs include:

- hiding the eggs
- assist participants by playing, helping to hunt eggs, crafts, etc.
- Photographer



Family Picnic at the Zoo

DSAMT Awareness day at the Nashville Zoo includes admission to the Zoo, catered lunch, animal encounter, and visiting with other families. Volunteer needs include:

- Assisting at registration with names and wrist bands
- Giving out information to non DSAMT Zoo attendees
- Assisting at the food tent
- Helping families with small children during lunch and animal meet & greet



Caleb Thompson Memorial Golf Tournament

DSAMT holds a golf tournament to honor Caleb Thompson, who in 2004 at 18-months old, lost a hard-fought battle with AVSD, a heart defect common in children with Down syndrome. Volunteer needs include:

- Assisting at registration table and golf store
- Assisting golfers through check in, breakfast, then to their carts
- Assigned to certain holes where giveaways are taking place
- Photographer



Creative Arts Summer Camp

Creative Arts camp is an awesome experience complete with music, lots of arts and crafts, pottery painting, dancing, and yoga. For this camp we prefer volunteers who are available all week. Volunteer needs include:

- Being a positive role model
- Forming friendships
- Assisting with crafts
- Participating in camp activities alongside campers
- Assisting at lunch and snack



3.21 Celebration

Celebrate everyone with “something extra” in honor of World Down Syndrome Awareness Day! We have dinner, performances, merchandise sales, awards and giveaways. Volunteer needs include:

- Set up/ tear down
- Assisting families with their children by playing/dancing with our guests with Down syndrome
- Engaging in conversations with teens and adults with Down syndrome
- Merchandise sales
- Photographer



Middle School and Adult Dances

DSAMT has a couple dances throughout the year designed to be amazing experiences for everyone. Volunteer needs include:

- Set up/ tear down
- Being a “date” and dancing with our guests with Down syndrome
- Engaging in conversations with teens and adults with Down syndrome
- Serving food
- Assisting with activities
- Photographer



Holiday Party

DSAMT families enjoy fun with friends, make holiday crafts, eat snacks and a visit and photo with Santa! Volunteer needs include:

- Set up/ tear down
- Assisting at the food table
- Managing a craft table
- Assisting with Santa photos
- Assist with engaging children in crafts and dancing
- Photographer



Buddy Walk

The Nashville Buddy Walk Is the largest Down syndrome awareness event in the state. We have now exceeded 6,000 people in attendance. This event requires the most volunteers. Each volunteer receives a free t-shirt and is guaranteed to bring smiles, joy, and laughter to so many families at the walk. Volunteer needs include:

- T-shirt sorting prior to the event
- Loading the truck prior to the event
- Set Up/ Take Down
- Cheering on those with Down syndrome as they cross the finish line
- Working the Kidzone: games and inflatables
- Circle of Friends Booth
- Registration/T-shirt Booths
- Stage hands
- Photographers





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Waiver of Liability and Media Release

I, the undersigned volunteer, being legally competent, hereby release Down Syndrome Association of Middle Tennessee (DSAMT), and any and all of its agents, officers, directors, and employees from any and all claims or liabilities which might arise out of my participation as a volunteer with DSAMT.

As a volunteer with DSAMT, I agree to be photographed and/or videotaped by a Down Syndrome Association of Middle Tennessee representative or media for use in publicizing the above mentioned program in print or electronic media. I acknowledge and agree that my participation in photographs and videos may be edited and used in whole or in part as desired for this program, which may be produced, duplicated, distributed and used for informational purposes. I understand that photographs and video become the property of your organization without compensation to me. I understand and authorize the use in writing or otherwise the name or identity of the above participant.

In consideration for being a volunteer for DSAMT you, the undersigned, agree to release, waive, discharge and covenant not to sue the Down Syndrome Association of Middle Tennessee and their employees, and volunteers, from any and all liability for any and all loss or damage, and any and all claims or demands on account of injury to the person or property or resulting in death of the undersigned or issue of the undersigned arising or related to the event, whether caused by the negligence of releases or otherwise. I have read, understand and will comply with this agreement.

Printed Name of Volunteer: _____

Signature of Volunteer: _____

Parent Name (If volunteer under the age of 18): _____

Parent Signature (If volunteer is under the age of 18): _____

Emergency Contact/Phone Number: _____

Date: _____





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Confidentiality Agreement

As a condition of and in consideration of my use, access, and/or disclosure of confidential information, I, understand and agree to the following:

- I will access, use, and disclose confidential information only as necessary to perform my assigned duties. This means, among other things, that:
- I will only access, use, and disclose confidential information which I have authorization to access, use, and disclose which is required to complete my assignments;
- I will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly and clearly authorized within the scope of my assignment and as in accordance with all applicable policies and procedures and with all applicable laws;
- I will report to the appropriate person any individual's or entity's activities that I suspect may compromise the confidentiality of confidential information.

My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Agreement and agree to be bound by it.

Printed Name of Volunteer: _____

Signature of Volunteer: _____

Parent Name (If volunteer under the age of 18): _____

Parent Signature (If volunteer is under the age of 18): _____

Emergency Contact/Phone Number: _____

Date: _____



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ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Down Syndrome Association of Middle Tennessee (DSAMT) at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency including law enforcement records without restrictions, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Data Facts, Inc., P.O. Box 4276, Cordova, TN, 38088, 800-264-4110, www.datafacts.com and/or DSAMT. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Print Full Name: _____

Signature: _____ Date: _____

Mailing Address, City, State, Zip: _____

Email: _____

Phone: _____





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DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Down Syndrome Association of Middle TN (DSAMT) may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report," which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Data Facts, Inc., P.O. Box 4276, Cordova, TN, 38088, 800-264-4110, www.datafacts.com**. The scope of this disclosure is all-encompassing, however, allowing DSAMT to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Print Full Name: _____

Signature: _____ Date: _____





DOWNLOAD THE DSAMT APP!



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