

Volunteer Code of Conduct

I agree to treat all fellow volunteers, staff, and guests with respect and courtesy. I will not use language that would be regarded as offensive. I will give others the opportunity to express their thoughts.

Alcohol, tobacco and drug use impacts our ability to maintain a welcoming environment for guests. I will not use, dispense, possess, or distribute controlled substances in the workplace unless prescribed. I understand the Museum is a smoke and vapor free facility.

I understand The Great Lakes Children's Museum is not responsible for lost or stolen items while volunteering or visiting.

I agree to submit to an initial background check and additional subsequent checks. Background checks consist of the State of Michigan ICHAT and NSOPW search.

I agree to keep all personal information confidential for an indefinite period of time, even after I no longer volunteer with this organization.

I understand that Staff and Volunteers may be perceived as role models in the process of interacting with young guests and will dress accordingly. Clothing and footwear should be appropriate for the day's work, weather, and the people I will be interacting with. Staff and Volunteers are discouraged from wearing clothing that promotes other organizations, brands, or political positions. Clothing, accessories, tattoos, etc. that display graphic words or images are not to be worn or must be hidden.

If I witness violations of the code of conduct on part of other volunteers or staff, I understand that I may discuss the issue confidentially with a member of the GLCM staff. I understand that the issue will be given serious consideration and that the resolution will be as discreet as possible, with minimal repercussions upon myself.

I understand that a violation of this code of conduct is unacceptable and will be addressed by a staff member. Volunteers at the Great Lakes Children's Museum are essentially unpaid staff members and are subject to organizational disciplinary guidelines.

Printed Name: _____

Date: _____

Signature: _____

Supervisor Initial: _____