



Hands On
GREATER PORTLAND
Be the Change. Volunteer.

Hands On Partnership Paperwork

Send To: Hands On Partner Services

Fax #: 503.200.3356

Mailing Address: P.O. Box 4889, Portland, OR 97208

Please include this cover sheet, along with the following documents:

- **Partnership Agreement** (2 pages)
- **Copy of IRS Letter confirming 501(c)(3) or other not-for-profit status** (Political campaigns are not eligible for partnership)
- **Copy of Nondiscrimination Policy** (If your organization already has a nondiscrimination policy, please include a copy of that. Otherwise, feel free to adapt our sample to fit your organization.)

The final step in the partnership process is to sign up for an orientation.

- **I've signed up for a Partner Orientation on _____**

(You can sign up at: <http://bit.ly/HandsOnOrientation>)

Organization Name: _____

Address: _____ **City:** _____ **Zip:** _____

In which area(s) does your program operate?

- **Multnomah County**
 - East of the Willamette
 - West of the Willamette
- **Washington County**
- **Other:** _____

Contact Name: _____ **Email:** _____

Contact Phone: _____ **Fax:** _____

<i>For Hands On Use Only:</i> <i>Date Received:</i> _____ <i>Initials:</i> _____
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PARTNERSHIP AGREEMENT

Agency Name: _____ **Date:** _____

Federal Tax-Exempt Number: _____

Background Information

Hands On Greater Portland (HANDS ON)* is a private, nonprofit organization that provides a community of volunteers with a variety of meaningful opportunities for service and leadership. HANDS ON is the Portland area's largest volunteer service organization, dedicated to linking people with opportunities to volunteer, develop their leadership skills, and become engaged in their community. HANDS ON develops partnerships with other community-based organizations that need volunteer support in order to address social, economic or environmental needs in the community. This agreement describes the general ground rules, expectations, and responsibilities for partnership between Hands On Greater Portland (HANDS ON) and your organization, the Partner Agency.

Partnership Agreement

The above-named organization, "Partner Agency," agrees to:

1. Certify that it is a non-profit 501(c)(3) agency, school or government entity serving Multnomah or Washington County. Political campaigns are not eligible for Hands On Greater Portland partnership. **Please attach a copy of Internal Revenue Service Letter 501(c)3 designating non-profit status.**
2. Extend insurance to all HANDS ON volunteers participating in projects if Partner Agency carries Volunteer Liability Insurance.
3. Adopt a written policy stating that the Partner Agency does not discriminate in its staff, board, volunteers, volunteer committees, or recipients of services on the basis of a person's race, religion, gender, sexual orientation, age, national origin, ancestry, marital status, veteran status, or mental or physical disability or any other status prohibited by applicable law. **Please attach a copy of agency's non-discrimination policy signed by a representative of the agency, or sign the sample statement of non-discrimination provided by HANDS ON.**
4. Contact Hands On Greater Portland to discuss best practices in episodic volunteer project management prior to posting an agency-led project on www.handsonportland.org.
5. Interview and screen prospective volunteers to make the final decision on placement of referred volunteers with the Partner Agency. The screening of volunteers for appropriate assignment, including police background checks, fingerprinting, psychological testing and other screening methods, is the responsibility of the Partner Agency. The Partner Agency is free to accept or reject any volunteer referred to it by HANDS ON based upon the evaluation of such volunteer by the Partner Agency. Upon its acceptance of a volunteer, the referred volunteer becomes a volunteer of the Partner Agency.
6. Provide an accessible workplace for volunteers and make reasonable accommodations for volunteers with special needs.
7. Ensure that every Hands On project has an Agency Representative present at all times to support the volunteers and maintain project safety and integrity.
8. Respond to HANDS ON's periodic requests for updated information to maintain accurate and current volunteer opportunity listings, and notify HANDS ON of any change of address/telephone number/contact person within the volunteer program.

The above-named organization, "Partner Agency," understands that:

9. HANDS ON Volunteer Leaders, or anyone else connected with HANDS ON, may not release to the Partner Agencies, its employees, or its clients the phone numbers, addresses or e-mail addresses of HANDS ON volunteers without prior permission from the volunteer.
10. **HANDS ON cannot guarantee that Partner Agency will be provided a specific number of volunteers.** HANDS ON cannot guarantee to match Partner Agency with a Volunteer Leader for HANDS ON managed projects.
11. In addition to this signed agreement, the Partner Agency must provide to HANDS ON:
 - a. a copy of the Internal Revenue Service Letter 501(c)3 designating non-profit status;
 - b. a signed Release of Liability and Indemnification Agreement (below);
 - c. a signed statement of non-discrimination or a signed copy of agency's non-discrimination policy;

Either HANDS ON or the Partner Agency may terminate the relationship and this agreement at any time as long as the termination does not jeopardize a scheduled project. Also, the terms of this agreement are at all times subject to amendment by written agreement.

Agreed and accepted by:

Agency Representative Signature: _____ **Date:** _____

HANDS ON Representative Signature: _____ **Date:** _____

Release of Liability and Indemnification Agreement

1. _____ (**Agency Name**), its affiliates, successors and assigns (collectively, the "Partner Agency") is or will be working with Hands On Greater Portland on community service activities. HANDS ON hereby releases and discharges the Partner Agency and any of its directors, officers, employees, partners or agents (collectively, the "Partner Agency-related parties") from any and all liability or responsibility for any accident or injury to person or property which may occur during the course of such community service activities including accidents or injuries arising out of the Partner Agency-related parties' negligence. This paragraph does not apply to any accidents or injuries arising out of the intentional misconduct or recklessness of the Partner Agency-related parties.
2. In consideration for the volunteer services provided by HANDS ON, the Partner Agency hereby agrees to release, discharge, defend, indemnify and hold harmless HANDS ON, and, in their capacities as such, its directors, officers, employees, partners, and agents, including the HANDS ON assigned project coordinator for the Partner Agency project (collectively, the "HANDS ON-related parties") from and against any damage, claim, loss, liability or expense incurred in connection with or arising out of any accident or injury to person or property which may occur during such community service including accidents or injuries arising out of the HANDS ON-related parties negligence. "HANDS ON-related parties" does not include volunteers, other than the assigned project coordinator, that HANDS ON provides for projects with the Partner Agency. This paragraph does not apply to any accidents or injuries arising out of the intentional misconduct or recklessness of the HANDS ON-related parties. Subject to the limitations and conditions of the Oregon Tort Claims Act, ORS 30.260 through 30.300, and the Oregon Constitution.
3. HANDS ON is not responsible for the acts of the volunteers that it provides for projects with the Partner Agency. The Partner Agency agrees to release, discharge, and hold harmless HANDS ON and the HANDS ON-related parties from any claim for the intentional, negligent, or reckless conduct of the HANDS ON volunteers that HANDS ON provides for projects with the Partner Agency.
4. The person signing this Release and Indemnification Agreement on behalf of the Partner Agency and on behalf of HANDS ON each represents that s/he is authorized to do so.

Hands On Greater Portland (HANDS ON):

Partner Agency: _____

Signed By: _____

Signed By: _____

Print name: _____

Print name: _____

Title: _____

Title: _____

Date: _____

Date: _____



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ORGANIZATIONAL NON-DISCRIMINATION POLICY

_____ **(Agency Name)** does not discriminate in its staff, board, volunteers, volunteer committees, or recipients of services on the basis of a person's race, religion, gender, sexual orientation, age, national origin, ancestry, marital status, veteran status, or mental or physical disability or any other status prohibited by applicable law.

Agency Name: _____

Signature: _____

Print name: _____

Title: _____

Date: _____