



Center for Black Women's
Wellness

2023 Volunteer Handbook



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Statement of Who We Are

Vision

To eradicate inequities preventing women from being whole, healed and well.

Mission

To improve the health and well-being of underserved Black women and their families.

About Us

Over the past 30 years, the Center for Black Women's Wellness has created a legacy in the Atlanta community. This legacy is one which ensures that women and families will always have access to quality healthcare. We know physical, mental, emotional, and financial health is the foundation for full and productive lives, where individuals can thrive and not merely survive. Our programs, incredible staff and volunteers, and host of partners and service providers address those areas with excellence. We believe in the promise of the individuals we serve, knowing that as their health and overall wellness improves, families and communities become stronger.

History

Established in 1988 as a program under the National Black Women's Health Project (now the Black Women's Health Imperative), our initial purpose was to conduct self-help group development in public housing, to develop resiliency among low-income women. Services were initially focused in the Mechanicsville neighborhood, immediately southwest of downtown Atlanta. In 1996, CBWW incorporated as an independent, nonprofit organization. Over time, CBWW expanded its reach and scope, serving women, men, and children throughout Metropolitan Atlanta through a host of programs and services aimed at optimizing health, strengthening families and communities, and advancing health equity.

Letter to Volunteers

Thank you for choosing to volunteer at the Center for Black Women's Wellness. Your desire and willingness to give your time and expertise to make a difference in community health is honorable and greatly appreciated. Your support of the Center for Black Women's Wellness is what allows us to continue improving the health and well-being of underserved Black women and their families. We couldn't do it without you!

We look forward to providing you with a positive and well-rounded experience. If you are ever interested in learning about or volunteering in another department than you are assigned, please let us know so we can see if we can accommodate you. No matter if you are an intern, event volunteer, or Safety Net Clinic provider we welcome you to the CBWW family with open and warm arms! Please let us know if there are any forms you need a supervisor to sign if you are a student or any preceptorship forms that need to be submitted if you are completing your preceptorship with us. If you ever have any feedback, concerns, or ways we could improve your experience please let us know. Thank you again and welcome to the family!



Location and Contact Information

Location:

3rd Floor of the Dunbar Community Center

477 Windsor St SW Suite 309 Atlanta, GA 30312

Free parking is available in the parking lot in front of the community center. If you are volunteering for an event, please consider carpooling or ride-share to allow space for participants to utilize the parking lot.

Please sign in and out with security at the front desk when you arrive and leave.

Day Clinic

Monday-Thursday

9:00 AM – 12:00 PM

1:00 PM – 4:30 PM

Safety Net Clinic

Varying Dates (Dates will be sent out via email from the volunteer coordinator)

5:00 PM – 9:00 PM

Non-Clinical Volunteers

Volunteers/Interns not serving in the clinic will volunteer based on the assigned schedule discussed with their supervisor. Non-clinical volunteers have the option of serving in person, hybrid, or virtually based on their volunteer position.

Contact Information:

Front Desk: (404) 688-9202

Volunteer Coordinator: Jasmin Woodruff

jwoodruff@cbww.org



Website:

For more information on staff members please visit our website at cbww.org/team/

Volunteer Portal:

The volunteer portal can be accessed on our website at www.cbww.org/get-involved/

For any question or concerns regarding volunteering please email Jasmin at jwoodruff@cbww.org



Volunteer Program Requirements:

Document Submissions and Orientation Requirements

- Complete and submit volunteer application forms.
- Sign Confidentiality Form
- Sign HIPPA Form (If medical volunteer)
- Sign ERX Form (If medical provider)
- Sign and submit Georgia Volunteer Health Clinic Program documents (If licensed medical volunteer)
- Sign Volunteer Commitment Form
- Submit certifications/licensing (if applicable)
- Watch EMR System orientation video (If medical volunteer)
- Review the Volunteer Handbook
- For Safety Net Clinic (SNC) providers we ask for a minimum one-month commitment of availability for volunteering. Your patients are counting on you!

Time Commitment:

Each Volunteers time commitment will depend on the type of volunteer they are: singular day, regular scheduled, internship, SNC provider, or SNC triage.

Application:

Please view and complete the forms at the end of the handbook and submit to jwoodruff@cbww.org.

Attendance:

Volunteers are asked to commit to their scheduled service hours. If necessary, a volunteer can request a schedule change; accommodating that request will be at the discretion of the department overseeing that volunteer. Supervisors must be notified at least 48 hours in advanced if a volunteer is unable to serve. After 3 absences without notification, the Volunteer Coordinator will take the volunteer off active status. Exceptions will be made for emergencies on a case-by-case basis. All volunteers must report their service hours via the volunteer portal. The volunteer portal and handbook can be accessed through our website at www.cbww.org/current-volunteers/.

Volunteer Guidelines

- Volunteers should maintain a respectful, courteous, friendly, cooperative, and supportive nature toward patients, co-volunteers, providers, staff, and visitors.
- Volunteers must hold patient and clinic information confidential and must sign a statement of confidentiality.
- Record volunteer hours in Volgistics via the volunteer portal
- Complete all assignments and/or tasks assigned in a timely manner.
- Please **notify** the departmental supervisor to which you are assigned regarding a **change of schedule, absence, or anticipated lateness**. Please inform us if you plan to be absent for a period of time. If a volunteer is absent and does not notify us at least 48 hours prior to when they are expected to volunteer on three instances, we will terminate your service with us.
- Volunteers must dress appropriately for their assigned areas and tasks. No shorts or sandals (flip flops or open toed shoes) may be worn in the clinic. Surgical scrubs or business casual attire is appropriate for SNC and day clinic volunteers. Heavy perfume and bulky jewelry should be avoided. T-shirts and jeans can be worn in appropriate assignments. Clothes must be neat, clean, and appropriate for the environment you are serving in. Please contact your supervisor for more information regarding appropriate dress if you have further questions.
- After serving more than three times at the Safety Net Clinic you may be given a name badge. If you are given a name badge, please bring it to each Safety Net Clinic.
- Volunteers must not accept or ask for money or gifts from patients or attempt to sell items to patients. Do not smoke in or near the clinic.
- Volunteers are responsible for reporting any incident involving injury (however minor) to their supervisor.
- Volunteers wishing to resign from their assignment are asked to provide notice to their supervisor and the volunteer coordinator.
- The Center for Black Women's Wellness reserves the right to terminate your service as a volunteer. Infraction of the clinic policies cannot be allowed and a warning to this effect will be issued as necessary. Any breach of

patient confidentiality, harassment, theft, and any other standing policy will be grounds for immediate and permanent dismissal from the program.

- **GRIEVANCES:** If there is a concern that cannot be resolved with your assigned supervisor, please direct the concern to the Volunteer Coordinator for resolution. Volunteers are also asked to bring any suggestions or ideas to the Volunteer Coordinator's attention.

Confidentiality

Non-Clinical Volunteer Confidentiality

Confidentiality is a hallmark of professionalism. The volunteers of the Center for Black Women's Wellness should:

1. Ensure that all information which is confidential or privileged or which is not publicly available is not disclosed inappropriately.
2. Ensure that all non-public information about other persons or firms acquired by the Center for Black Women's Wellness personnel in dealing with outside firms on behalf of the Center for Black Women's Wellness is treated as confidential and not disclosed.
3. Ensure that all information relating to donors and potential donors of the organization remains confidential to the Center for Black Women's Wellness's uses, and is not disclosed to any other nonprofit, corporate, or governmental entity unless the express written permission of the donor and/or the organization's executive director and executive committee is provided to the person making the disclosure. Utilization and disclosure of donor (and potential) donor information outside of the Center for Black Women's Wellness's internal uses is considered grounds for additional disciplinary action for employees, board members, and volunteers.

It is the policy of the Center for Black Women's Wellness that volunteers of the Center for Black Women's Wellness may not disclose, divulge, or make accessible confidential information belonging to, or obtained through their affiliation with the Center for Black Women's Wellness to any person, including relatives, friends, and business and professional associates, other than to persons who have a legitimate need for such information and to whom the Center for Black Women's Wellness has authorized disclosure. Volunteers shall use confidential information solely for the purpose of performing services as a volunteer for the Center for Black Women's Wellness. This policy is not intended to prevent disclosure where disclosure is required by law.

Volunteers must exercise good judgment and care at all times to avoid unauthorized or improper disclosures of confidential information. Conversations in public places, such as restaurants, elevators, and airplanes, should be limited to matters that do not pertain to information of a sensitive or confidential nature. In addition, volunteers should be sensitive to the risk of inadvertent disclosure and should for example, refrain from leaving confidential information on desks or otherwise in plain view and refrain from the use of speaker phones to discuss confidential information if the conversation could be heard by unauthorized persons.

At the end of a volunteer's commitment or upon termination, he or she shall return, at the request of the Center for Black Women's Wellness, all documents, papers, and other materials, regardless of medium, which may contain or be derived from confidential information, in his or her possession.

HIPPA Confidentiality for Medical Volunteers

I understand that I require information to perform my duties at the CBWW by which I am volunteering ("CBWW"). This information may include, but is not limited to, information on patients, employees, plan members, students, other workforce members, donors, research, and financial and business operations. Some of this information is made confidential by law (such as "protected health information" or "PHI" under the federal Health Insurance Portability and Accountability Act) or by CBWW policies. Confidential information may be in any form, e.g., written, electronic, oral, overheard or observed. I also understand that access to all confidential information is granted on a need-to-know basis. A need-to-know is defined as information access that is required to perform my work or volunteer duties. If my duties change, my need-to-know also may change.

I agree to review the applicable Notice of Privacy Practices and the CBWW policies on confidentiality and privacy, including any policies that are specific to the entity and department in which I conduct my activities. I understand that these will be provided to me by my manager. I will access, use and disclose confidential information in keeping with these policies and only on a need-to-know basis. Before I make any other use or disclosure of confidential information, I will contact my supervisor or manager (if applicable) to obtain proper permission. If I have no manager or am the manager, I will seek advice from the CBWW Privacy Officer to assure that the use or disclosure is within the law and CBWW policies.



I will not disclose confidential information to other patients, other plan members, friends, relatives, co-workers, or anyone else except as permitted by CBWW policies and applicable law and as required to perform my volunteer duties.

I will protect the confidentiality of all confidential information, including PHI, while at CBWW and after I leave CBWW. All confidential information remains the property of CBWW and may not be removed or kept by me when I leave CBWW except as permitted by CBWW policies or specific agreements or arrangements applicable to my situation. If I violate this agreement: I may be subject to termination of my right to volunteer, under applicable program policies. In addition, under applicable law, I may be subject to criminal or civil penalties.

VIC Net Log in Instructions

Volunteers are now able to log their hours online through VIC Net. Once you submit your application, you will be added to our volunteer database and will be able to access the portal.

To access the portal:

1. Go to CBWW.org
2. Click on Get Involved
3. Scroll to the bottom and click “Current Volunteer.”

You will be prompted to enter an email address and password. If you have not logged in before or forgot your password, click “password reset” and enter the email you provided on your volunteer application. In your email you will receive a link and instructions to reset your password. After you set up your password you should be able to log in. Every time you volunteer, please be sure to log your hours in VIC Net.

To set up a password, the password must meet the following requirements:

1. Must be at least 6 characters.
2. Must contain letters and numbers.
3. Must contain uppercase and lowercase letters.

Holidays and Inclement Weather

Holidays

Holiday	Date
New Year’s Day	January 1
Martin Luther King, Jr. Birthday	3rd Monday in January
Memorial Day	Last Monday in May
Juneteenth	June 19
Independence Day	July 4
Labor Day	1st Monday in September
Veteran’s Day	November 11
Thanksgiving Day and the Day after Thanksgiving	4th Thursday & Friday in November
Christmas Eve through New Year’s Eve	December 24-December 31

Religious Holidays

If you have any religious holidays that are not on our holiday calendar above, please let the volunteer coordinator and your supervisor know, we are happy to accommodate you.

Inclement Weather

An email will be sent out in the case of the clinic closing and cancellation of events due to inclement weather which prevents the safe passage of volunteers and staff.





Volunteer Application Form

This form should be used to register your interest in becoming a Center for Black Women's Wellness (CBWW) Volunteer. Completed forms should be sent to: jwoodruff@cbww.org.

What volunteer opportunity are you interested in: General Volunteer Medical Volunteer Internship

Today's Date _____ First and Last: _____

Race: _____ Ethnicity: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home/Work Phone: _____

Email Address: _____ Current Employer: _____

Present or previous volunteer experience: _____

How did you hear about the CBWW? _____

Are you completing these volunteer hours for: Work School Community Other: _____

If yes, please complete the following: Name of Employer or Institution: _____

Requirements of volunteer experience (hours needed, duties, etc.) _____

Supervisor's Name and telephone number: _____

Area/program of interest: Wellness Program Wellness Clinic Outreach Administration

Women's Economic Self-Sufficiency Program (Financial literacy & micro-business training)

Atlanta Healthy Start Initiative (Programming for pregnant & postpartum women)

Check all the skills you can provide: Accounting Clerical/Administrative Data Entry Fundraising

Health Education Marketing Program Development/Implementation Do you

speak a foreign language: _____ If yes, what language(s): _____

If interested in being a **Medical Volunteer**:

Select any skills you can provide: Primary Care Physician Psychiatry Ob/Gyn Physician

PA NP RN PA LPN MA

Other: _____

Are you professionally licensed in the state of Georgia: _____ If yes, please answer the following questions:

Professional license number: _____ (please attach a copy of your professional license, front &

back) Malpractice carrier (if applicable): _____ (please attach a copy of your cover page)

Please indicate the days and time you are available: Sunday Times: _____ Monday Times: _____

Tuesday Times: _____ Wednesday Times: _____ Thursday Times: _____

Friday Times: _____ Saturday Times: _____

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Date Received: _____

Received By: _____

Date Acknowledged: _____

Database Entry: _____





Emergency Contact Form

Today's Date: _____ Your Name: _____

Email: _____

Physical Address: _____
Street City State Zip

Cell Phone: _____ Home Phone: _____

Emergency Contact:

First Name: _____ Last Name: _____

Relationship: _____ Cell Phone: _____

Alternate Emergency Contact:

First Name: _____ Last Name: _____

Relationship: _____ Cell Phone: _____



Confidentiality and Policy Form

Part One

Confidentiality is a hallmark of professionalism. The employees, board members, and volunteers of the Center for Black Women's Wellness should:

1. Ensure that all information which is confidential or privileged or which is not publicly available is not disclosed inappropriately.
2. Ensure that all non-public information about other persons or firms acquired by the Center for Black Women's Wellness personnel in dealing with outside firms on behalf of the Center for Black Women's Wellness is treated as confidential and not disclosed.
3. Ensure that all information relating to donors and potential donors of the organization remains confidential to the Center for Black Women's Wellness's uses, and is not disclosed to any other nonprofit, corporate, or governmental entity unless the express written permission of the donor and/or the organization's executive director and executive committee is provided to the person making the disclosure. Utilization and disclosure of donor (and potential) donor information outside of the Center for Black Women's Wellness's internal uses is considered grounds for additional disciplinary action for employees, board members, and volunteers.

Part Two

It is the policy of the Center for Black Women's Wellness that board members and employees of the Center for Black Women's Wellness may not disclose, divulge, or make accessible confidential information belonging to, or obtained through their affiliation with the Center for Black Women's Wellness to any person, including relatives, friends, and business and professional associates, other than to persons who have a legitimate need for such information and to whom the Center for Black Women's Wellness has authorized disclosure. Board members and employees shall use confidential information solely for the purpose of performing services as a board member or employee for the Center for Black Women's Wellness. This policy is not intended to prevent disclosure where disclosure is required by law.

Board members and employees must exercise good judgment and care at all times to avoid unauthorized or improper disclosures of confidential information. Conversations in public places, such as restaurants, elevators, and airplanes, should be limited to matters that do not pertain to information of a sensitive or confidential nature. In addition, Board members and employees should be sensitive to the risk of inadvertent disclosure and should for example, refrain from leaving confidential information on desks or otherwise in plain view and refrain from the use of speaker phones to discuss confidential information if the conversation could be heard by unauthorized persons.

At the end of a board member's term in office or upon the termination of an employee's employment, he or she shall return, at the request of the Center for Black Women's Wellness, all documents, papers, and other materials, regardless of medium, which may contain or be derived from confidential information, in his or her possession.

By signing below, I have attested to having read and understand the above policy. I further agree to comply with said policy for the duration of my time at CBWW. I further understand that violation of this policy will result in my immediate termination.

Signature: _____

Date: _____

Operations Manager Signature: _____

Date: _____



Volunteer Commitment Form

This Volunteer Agreement is entered into as of _____ by the Center for Black Women's Wellness and _____ who agrees to be bound by this Agreement.

This Agreement is created to address the terms and conditions of the Volunteer's work. The Center for Black Women's Wellness appreciates the time and dedication of the Volunteer and to indicate so, they will commit to do their best to make the volunteering experience a positive and rewarding one.

The Volunteer commits to the following:

- a. To help the Center for Black Women's Wellness fulfill its mission.
- b. To perform the volunteering role to the best of their ability.
- c. To adhere to the Organization's rules, procedures, and standards as listed in the volunteer handbook.
- d. To maintain the confidential information of the Organization and of its patients.
- e. To meet the time commitments, other than in exceptional circumstances, non-provider volunteers will **provide at least a 48-hour notice of their anticipated absence** so that alternative arrangements can be made.
- f. If a volunteer does not provide at least a 48-hour notice of absence on 3 occasions throughout the duration of their service, they will be dismissed as volunteers.
- g. If I am a medical provider (MD, NP, FNP, PA etc.) and will have patients assigned to me during the Safety Net Clinic, I agree to commit to serving at the Safety Net Clinic dates I am available and will not cancel except for an emergency. If I do need to cancel due to an emergency I will contact the volunteer coordinator as soon as I am able to and will provide documentation or an explanation of the emergency. I will confirm with the volunteer coordinator which dates I will be serving at the beginning of each month. I understand that my role is crucial in the functioning of the Safety Net Clinic and that patients are counting on my commitment to serve.

By signing below, I have attested to having read and understand the above agreement. I further agree to comply with said policies for the duration of my service at CBWW. I further understand that violation of this policy will result in my termination of service.

Signature: _____

Date: _____

Volunteer Coordinator Signature: _____

Date: _____

Additional information for SNC Volunteers

HIPPA and ERX Forms

In addition to the confidentiality form you signed above, another HIPPA Confidentiality form will be sent to you via adobe acrobat. Please keep a look out in your inbox for this document, as it is imperative you sign it before volunteering with any patients. If you are a medical provider (PA, MD, DO, NP) you will also receive an ERX form emailed via Adobe to you to sign as well. This document is necessary for your ability to prescribe and refer patients.

GVHCP Forms

You will also receive an email from our Georgia Volunteer Health Care Program (GVHCP) representative Carla Catalon-Scott. She will be reaching out asking for a completion of a packet to provide you with free Sovereign Immunity (SI) protection. Please be sure to complete the forms and submit to Carla.catalon-scott@dph.ga.gov as soon as possible to be cleared to volunteer.

EMR Training Video

Please view the video in the link below to have an understanding and training of how to use our EMR system:

https://cbww-my.sharepoint.com/:v/g/person/alee_cbww_org/EY1Y8e6OJchJqFl-TgXDvlYBPQfwzNpIVAQ4uEgiyE7q5A

