

Helping Hands of New Jersey
Restoring Hope to Families

Last Name (Office use only)

Date Received (Office Use Only):

____/____/____



Restoring Hope to Families

Harassment Policies

Any form of discriminatory or sexual harassment as defined by the US State Department's definitions of, is prohibited while working in any capacity with Helping Hands of New Jersey. Helping Hands of New Jersey adheres to a strict zero tolerance policy. Any form of harassment is reason for immediate dismissal as a volunteer, sponsor, client, or partner of the Helping Hands of New Jersey organization.

Please sign below to indicate your acceptance and agreement with the terms outlined above.

Name of Participating Volunteer

Phone Number

Organization (If Applicable)

Address (Street, City, State, Zip)

Signature

Date

