

**VICTIM/WITNESS ASSISTANCE PROGRAM -VOLUNTEER ADVOCATE AGREEMENT  
HURON COUNTY PROSECUTOR'S OFFICE**

*This document outlines a series of responsibilities agreed upon between the Victim/Witness Assistance Program of the Huron County Prosecutor's Office and \_\_\_\_\_  
on the terms of Volunteer Advocate service.*

Pledges of the Victim/Witness Assistance Program of the Huron County Prosecutor's Office

1. The H.C. Victim/Witness Assistance Program agrees to provide all necessary training and supervision required for the Volunteer Advocate position.
2. The H.C. Victim/Witness Assistance Program agrees to do an annual evaluation of volunteer performance.
3. The H.C. Victim/Witness Assistance Program agrees that, if a Volunteer Advocate is to be assigned a new or additional responsibility, it will be done by mutual agreement between the Volunteer Advocate and the Program.
4. The H.C. Victim/Witness Assistance Program agrees that no Volunteer Advocate will be asked to or expected to participate in any activity which would knowingly place the volunteer in potential physical danger.

Pledges of the Volunteer Advocate

*As a Volunteer Advocate with the Victim/Witness Assistance Program of the Huron County Prosecutor's Office, I am aware of the importance of providing assistance to victims of violent crime. I am also aware that, in providing such services, I am an official representative of the Victim/Witness Assistance Program of the Huron County Prosecutor's Office. I agree to honor and fulfill the below commitments:*

1. I will not disclose the identity of any client or personal information regarding a client to anyone, including other clients, without permission from the client as well as my supervisor. I will not disclose any personal information regarding paid staff, volunteer staff members, and/or volunteer trainees without authorization from my supervisor. I further agree to treat as confidential any information I may receive regarding defendants or any other information that may be revealed to me. In the event I cease being a volunteer, I will not disclose confidential information received during my service as a Volunteer Advocate.
2. I will not visit, provide transportation to, exchange personal information with, or establish a personal relationship with clients of the Victim/Witness Assistance Program of the H.C. Prosecutor's Office without authorization from my supervisor.
3. I will be aware that my personal opinions are my own but others may consider them to be official opinions of the Victim/Witness Assistance Program of the H.C. Prosecutor's Office. Therefore, I will make every effort to present and express myself as a representative of the Victim/Witness Assistance Program of the H.C. Prosecutor's Office.

4. I agree to participate in the various capacities assigned to me, and I agree to commit to a minimum of 3 activities per month for at least 6 months with the understanding that my "Volunteer Hour Log" is to be turned in every month to my supervisor.
5. I agree to attend all monthly volunteer meetings unless excused in advance by my supervisor. I understand that only 3 excused absences will be granted each year. If I choose to take an excused absence, the Victim Assistance Director may then opt to reevaluate my commitment to the Program.
6. I agree to be punctual and conscientious in the fulfillment of my volunteer responsibilities. If I am unable to perform my duties, I will provide the Program with ample notice whenever possible
7. I agree to wear proper attire as a representative of the Victim/Witness Assistance Program of the E.C. Prosecutor's Office when providing services to victims of crime or participating in public presentations.
8. I agree to uphold the reputation and standards of the Victim/Witness Assistance Program of the E.C. Prosecutor's Office and present them in a positive light.
9. I agree to treat those I come into contact with, in my position as a Volunteer Advocate, with courtesy, respect, dignity and consideration.
10. I agree to take any problems, criticisms, or suggestions to my supervisor.
11. I agree to follow the General Operating Procedures and abide by all the rules and regulations set forth by the Victim/Witness Assistance Program of the H.C. Prosecutor's Office.
11. I agree to release the Victim/Witness Assistance Program of the H.C. Prosecutor's Office from liability for any expenses and/or injury incurred during the performance of my responsibilities as a Volunteer Advocate. Furthermore, I agree to release the aforementioned from liability for any consequences suffered as a result of violating this Victim/Witness Assistance Program - Volunteer Advocate Agreement.

THE TERMS OF THIS AGREEMENT ARE ACCEPTABLE TO THE UNDERSIGNED.

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Volunteer Advocate

Date

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Victim Assistance Director

Date

**THE VICTIM/WITNESS DIVISION RESERVES THE RIGHT TO TERMINATE A VOLUNTEER ADVOCATE FROM ACTIVE STATUS FOR VIOLATION OF THE DIVISION RULES AND REGULATIONS AND/OR DISREGARD OF ANY PORTION OF THE VICTIM/WITNESS ASSISTANCE PROGRAM -VOLUNTEER ADVOCATE AGREEMENT.**