Volunteer Prior Relationship Exception Policy

Policy Title

Volunteer Prior Relationship Exception Policy

Effective Date

Purpose

The purpose of this policy is to establish procedures and safeguards when a volunteer has a pre-existing personal relationship with a client while maintaining client safety, appropriate professional boundaries, and compliance with organizational policies.

General Policy

Volunteers are prohibited from engaging in unsupervised one-on-one interactions with clients unless specifically authorized through the Prior Relationship Exception process outlined in this policy.

A prior relationship with a client does not exempt a volunteer from:

- abuse prevention policies,
- confidentiality requirements,
- mandated reporting obligations,
- professional conduct expectations, or
- organizational supervision requirements.

All exceptions must be reviewed and approved on a case-by-case basis.

Definition of Prior Relationship

A prior relationship is any relationship that existed before the client began receiving services from the organization, including but not limited to:

- family relationship,
- friendship,
- church or community association,
- neighbor relationship,
- mentorship,
- former teacher/student relationship, or
- long-standing acquaintance.

Eligibility for Exception

An exception may be considered when:

- the relationship is beneficial to the client,
- the relationship does not create a conflict of interest or safety concern,
- the volunteer is in good standing, and
- appropriate safeguards can be maintained.

Exceptions shall not be granted when:

- there are known boundary concerns,
- there is a history of policy violations,
- the relationship creates an appearance of exploitation or favoritism, or
- the organization determines the interaction presents an unreasonable risk.

Required Approval Process

Before any exception is granted:

- The volunteer must complete a Prior Relationship Disclosure Form.
- Supervisory staff must review the request.
- The organization may consult with guardians, case managers, or other involved parties as appropriate.

- Written approval must be issued before any exception is allowed.

Required Safeguards

Approved volunteers must:

- maintain professional boundaries at all times;
- avoid unnecessary isolation whenever possible;
- comply with all supervision and reporting requirements;
- avoid financial transactions with clients;
- avoid gifts, favors, or personal caregiving arrangements unless specifically authorized;
- immediately report any safety or boundary concerns.

Additional safeguards may be imposed based on the circumstances of the relationship.

Documentation

All approved exceptions shall be documented and maintained in organizational records.

Revocation

The organization reserves the right to deny, limit, or revoke an exception at any time.

PRIOR RELATIONSHIP DISCLOSURE & EXCEPTION REQUEST FORM

Volunteer Information

Volunteer Name: _____
Phone Number: _____
Email Address: _____
Position/Program: _____

Client Information

Client Name: _____
Guardian Name (if applicable): _____

Description of Prior Relationship

Please describe the nature of the relationship and how long you have known the client.

Length of relationship: _____

Requested Exception

Describe the type of interaction or exception being requested. (Please note that one-on-one interactions between a client and a volunteer, where no other individuals are present, are prohibited both on the property and during any volunteer activities, regardless of whether the client and volunteer have a pre-existing relationship.)

Potential Risks or Concerns

Please identify any potential concerns, conflicts, or boundary considerations.

Volunteer Acknowledgment
I acknowledge and understand that:

- approval of this request does not remove my obligation to follow all organizational policies;
- I must maintain professional boundaries at all times;
- I must immediately report any concerns regarding safety, boundaries, or client welfare;
- The organization may revoke this exception at any time.

Volunteer Signature: _____
Date: _____

Supervisor Review
Approved: □ Yes □ No
Conditions/Restrictions (if any):

Supervisor Name: _____
Supervisor Signature: _____
Date: _____

Client/Guardian Acknowledgment (if applicable)
I acknowledge that I have been informed of the prior relationship and proposed interaction.
Signature: _____
Date: _____