

MASSACHUSETTS MONEY MANAGEMENT PROGRAM
VOLUNTEER - PROGRAM COORDINATOR
AGREEMENT AND CONFLICT OF INTEREST

As partners in the Money Management Program, volunteers and the Program Coordinator have rights and responsibilities to make the program a success.

THE VOLUNTEER

- As a volunteer in the Massachusetts Money Management Program, I agree to work under the supervision of the Program Coordinator and other agency administrative staff, and to carry out my assigned duties diligently and responsibly.
- I will maintain confidentiality concerning circumstances of my assigned clients, discussing their circumstances only with program staff, and will otherwise abide by the guidelines and code as outlined.
- I will not enter into any financial or business relationship with my assigned clients during the term of my volunteer service or thereafter.
- I will submit monthly client visitation reports regarding my activities and my activities with my assigned client(s) to the program offices and will submit an initial and updated list of client income and expenses. If I am assigned a Representative Payee client I will maintain accurate records regarding my activities on behalf of my assigned representative payee clients so that I can provide an accurate accounting of how benefits are used.
- I understand that I will be responsible for all expenses entailed in such service, including use of my car when used for home visits to clients.
- I will attend scheduled orientation and training sessions and in-service meetings.
- It is understood that my term of volunteer service will be for one year, renewable by mutual consent, and that I will inform the agency at least 30 days in advance when I will be away from town and unable to maintain my monthly contact with my client(s), or give 60 days' notice when I plan to terminate my volunteer activity.
- I agree to cease immediately my role managing the client's money and shall cooperate in transferring financial information if directed to do so by the client or local agency.

CONFLICT OF INTEREST

- I agree to never use my knowledge of a client's personal financial situation for my own benefit or financial gain or that of my employer, associates, family, friends or acquaintances
- I will not require the payment of any money or property, regardless of its nature, in exchange for providing Money Management Program services.
- I will not accept loans or gifts of money or property *from* a client, except non-cash personal gifts, the value of which shall not exceed \$25 in any calendar year.
- I will make no loans or gifts of money or property *to* a client, except personal gifts, the value of which shall not exceed \$100 in any calendar year.
- I will not make suggestions or recommendations to any clients from which I, my employer, associates, family, friends or acquaintances may profit or benefit in any way.

- I will refrain from giving a client any financial advice or advice on matters of health care or real property.
- I will never use a client's ATM card, debit card or online banking and will notify the Program Coordinator if the client reveals to me their PIN or online username/password.
- I will never accept Power of Attorney from my client or be named as joint owner on any client account.
- I will avoid any activity which would place me in a position of actual conflict of interest or the appearance of conflict of interest.

THE PROGRAM COORDINATOR

- I assume the responsibility to ensure that volunteers have the support needed to do their work.
- I will respect the volunteer's contribution of time and skills by providing meaningful work assignments and by giving serious attention to any problem cases which the volunteer identifies.
- I will provide initial and ongoing training to the volunteer.
- I will provide assistance and supervision to the volunteer by maintaining regular communication through in-person contact, periodic meetings, phone calls and email.
- I will be available to answer questions and assist with resolutions of specific cases.
- I will respect the schedule of the volunteers and will be available during the times we have arranged. If I need to change the schedule, I will contact the volunteer involved.
- I will encourage volunteers to offer suggestions for improving the program.

I accept that the requirements and prohibitions of this agreement shall survive the expiration of my service and tenure as a Money Management volunteer.

Print Volunteer Name: _____ Date: _____

Volunteer Signature: _____

Accepted and agreed to:

By Program Coordinator: _____ Date: _____