



Volunteer Handbook

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VOLUNTEER RESPONSIBILITIES

- Arrive on time to review your assigned child's medical information and feedback forms.
- You are responsible for the child you are assigned. Their safety and well-being should be your main priority.
- Follow all established safety and security guidelines for Rays of Light programs.
- ***NO CHILD SHOULD EVER BE LEFT UNATTENDED!***
- ***NO VOLUNTEER SHOULD EVER BE ALONE WITH A CHILD!***
- All information pertaining to your child is confidential.
- Report all accidents to the Program Director, Outreach Coordinator and/or the nurses.
- Complete a feedback form and postcard after your child leaves.
- Help with cleanup after your child has left.
- Clothing/shoes should be casual, safe, comfortable and appropriate.
- Abusive language will not be tolerated.
- Cell phones are prohibited during the programs.
- If you have any suggestions for improvement or concerns about the programs, please let the Program Director or Outreach Coordinator know. Your feedback is important!

ASSIGNMENTS

- Each volunteer is assigned a child for the evening.
- Assignments will be made based on the individual needs of the child and the experience of the volunteer.
- Pertinent information is available in the child's confidential folder, which includes medical needs, dietary needs, physical limitations and feedback from previous volunteers.
- After file review, ask the Program Director or Outreach Coordinator any questions you might have.

CARING FOR YOUR CHILD

- Be on time to review your child's medical information and feedback forms from previous volunteers.
- Discuss with the parents any concerns or questions pertaining to the child. Remember to ask parents if they have any special instructions.
- When your child needs to use the restroom, find one of the nurses to accompany you. If the nurses are unavailable, ask the Program Director, Outreach Coordinator or another volunteer.
- ***NO CHILD SHOULD EVER BE LEFT UNATTENDED!***
- ***NO VOLUNTEER SHOULD EVER BE ALONE WITH A CHILD!***
- Use extra patience with your child.
- Be firm with limits, which are set to provide safety to your child and others.
- Stay calm even if child is having severe behavioral issues.
- Do not hesitate to ask the nurses, Program Director or Outreach Coordinator for assistance.
- Nurses will handle all medical emergencies. They will also handle special feedings, diaper changes, injuries and dispensing of all medications.
- An off-duty Dallas Police Officer is onsite for all events for the safety of all participants and volunteers.
- In case of emergency, immediately notify the Program Director, Outreach Coordinator, nurses or off-duty Dallas Police Officer.

DEVELOPMENTAL DELAYS

Definition

Any physical or mental condition in which an infant or child develops more slowly in the areas of language development, thought processing, personal, social and/or movement skills. The delay may be mild or severe and may be in one area or several. Specific examples in each area include delays in movement skills (interacting with other people), and/or caring for self (brushing teeth, dressing, etc.)

Common Characteristics

It is usual for the child to have challenges in feeding and eating, toilet training, language development, behavior, hearing, vision, muscle strength or coordination, and socialization.

Suggested Helps

1. Ignore temper tantrums (anticipate and avoid situations which may cause frustration)
2. Praise good behavior (“Good job, Susie, I am proud of how well you waited for your turn.”)
3. Teach skills through playing with toys and games (practice sharing, learning to use the toys appropriately, taking turns, learning social skills by playing tea party, house, or non-contact sports, etc.)
4. Provide opportunities to use all 5 senses and to use more than one sense at a time (such as toys that make sounds, are brightly colored and have interesting textures)
5. Provide play that involves the higher functioning senses of the individual child (read with the child who enjoys reading, etc.)

OBJ

SENSORY INTEGRATION DISORDER

Definition

Sensory integration describes the brain's ability to process information received from the senses (touch, smell, taste, vision, hearing and movement). In the condition known as Sensory Integration Disorder, the brain and the senses cannot connect in the normal manner. It may be compared to a traffic jam in the brain, where some of the sensory information gets stuck in traffic, and the brain does not get the information it needs to respond correctly.

Common Characteristics

Sensory Integration Disorder involves very complicated parts of the brain that control coordination, attention, emotions, memory and higher level functions. Any or all of these areas may be affected, making it difficult to form a list of symptoms. The more common problems include: distractibility, hyperactivity, uninhibited behavior, sensitivity to light or sound, playing repetitively, clumsy behavior, asking about sounds that most people ignore (refrigerator hum, fan, distant airplane, etc.), difficulty with sleeping patterns, inability to calm or control themselves when agitated, mood swings, an abnormal response to sound or touch, and movement difficulty (not wanting to climb up steps or stand on uneven ground).

Suggested Helps

1. Remember the child can be awkward – try to keep him from falling (no rugs or toys laying on the ground)
2. Don't touch the child if he dislikes being touched, or learn the method of touch that is comfortable to the child
3. Remember that the child might not respond to his name or to simple requests (be patient)
4. Help the child to regain control if he starts to lose control of his behavior (suggest a time away from the action, talk to him calmly, remove him from the situation)
5. Try to keep the environment free of excess noise and odors; turn down the lights if they are too bright
6. Expect mood swings and irritability (again, be patient)

OBJ:OBJ:

DOWN SYNDROME

Definition

A genetic disease also called Trisomy 21 that is caused by having one extra chromosome (group of genes).

Common Characteristics

- low muscle tone (muscles are relaxed and 'floppy')
- eyes may slant upwards and have small skin folds on the inner corners
- may have problems with vision
- tongue may protrude from the mouth
- flattened nose
- only 1 creased-line on the palm
- soft, fine, sparse hair
- medical problems with the heart and bowels are common
- some degree of developmental delay may be present
- a social and friendly nature

Suggested Helps

1. Focus on the child's strengths and not weaknesses
2. Find tasks and activities in which the child will be able to succeed thereby reducing frustration
3. Help other children to accept the child with Down Syndrome
4. Help the child's development of physical abilities by engaging him or her in games that practice running, skipping, jumping or arts and crafts with painting, drawing, and cutting (with blunt scissors)
5. Encourage play opportunities with other children

AUTISM

Definition

A specific type of developmental disorder that causes various languages, social and behavioral problems for affected infants and children. It is often described as a tendency of the child to withdraw into oneself, ignoring much of what goes on in the environment.

Common Characteristics

- moderate to severe speech problems (unusual speech volume, rate or pitch, speaking in monotone, repetitions)
- engages in little if any imaginative play (pretending, etc.)
- may have problems making friends or interacting with others
- makes unusual repeated movements (spinning, head banging, rocking, etc.)
- becomes attached to a specific object
- may have some degree of developmental delay, from mild to severe; others have average or above average intelligence but have distortions of thinking

Suggested Helps

1. If physical contact upsets the child, avoid touching him
2. Allow child to have favorite object and help him keep it with him
3. Encourage good behavior by providing a reward such as a favorite treat, special attention or a desired privilege
4. Don't force child to play with others but encourage awareness of and interaction with others as he is able
5. Don't expect the child to participate when imagination is required
6. Social interactions are difficult; don't take it personally if there is a lack of "connection" or warmth

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CEREBRAL PALSY

Definition

A group of various disorders that all cause problems for children in the areas of posture and movement, especially with abnormal muscle tone (either too relaxed and floppy or too tight and tense) and poor coordination.

Common Characteristics

- poor posture and movement (trouble with walking, running, sitting up)
- trouble with eating, speaking, and control of saliva
- vision and hearing problems
- there may be some challenges with cognitive and intellectual abilities
- problems with daily activities and self-care (bathing, dressing, toileting, hygiene, etc.)

Suggested Helps

1. Assist the child with movement and keep him safe from falling or injury (no rugs or toys or other objects left on the ground, use caution with steps or uneven ground, etc.)
2. Help the child with eating as needed
3. Find out the child's self-care limitations (example, using bathroom) and help him with these activities as needed
4. Encourage the child to participate in activities he is capable of doing
5. Help the child to 'fit in' and to be accepted by other children
6. Speak clearly and allow him to see your face if he has hearing problems
7. Use soft cloth to wipe drool if needed

EMERGENCY PROCEDURES

EMERGENCY NUMBERS

Fire/Police/Ambulance	911
Poison Control	1-800-222-1222
Child Abuse Hotline	1-800-252-5400
Rays of Light Offices	214-706-9535 214-706-9579
Robin Wilson Executive Director	469-939-3848
Debbie Solomon Program Director	214-673-3356
Adriana Campos Outreach Coordinator	972-815-3217
Rusty George LLUMC Director of Facilities	214-384-6912

MISSING CHILD

A ***missing child*** is one who has arrived for the program and has been signed in, but cannot be located.

What to do:

1. A volunteer or staff member should report any missing child to the Rays of Light Off-Duty Dallas Police Officer, Program Director, Outreach Coordinator or Nurse.
2. Once they are notified, the Program Director or Outreach Coordinator will confirm whether or not the child has been signed out for the evening and no longer on campus.
3. If the child has not been signed out, the ROL staff will initiate a search for the child.
4. If the child has not been found after searching for no longer than 20 minutes, the Program Director or Outreach Coordinator will notify the parents and update other personnel about the nature of the crisis.
5. The ROL staff and parents of the missing child will decide when to call the police.
6. If the ROL staff are unable to reach the parents or those to be notified within a reasonable amount of time, the ROL staff will then notify the police.

FIRE

What to do:

1. If the Fire Alarm sounds, go immediately toward the closest exit with your child. All exits are clearly marked with red signs.
2. If you are upstairs with a child who needs assistance to get down the stairs, DO NOT USE THE ELEVATORS. ROL staff and volunteers will help children in need of assistance get downstairs manually.
3. Once you have exited the building roll call will be taken.
4. If you are already outside on the playground when the alarm sounds, stay there. DO NOT TRY TO RE-ENTER THE BUILDING!
5. ROL staff will check all rooms and bathrooms before exiting the building and will take sign-in sheets with parent contact information with them.
6. No one should re-enter the building until told by ROL staff.

TORNADO

A **tornado watch** means the weather conditions are appropriate for a tornado.

A **tornado warning** means that a tornado has been spotted in the area.

What to do:

1. If there is a possibility of inclement weather, ROL staff will move the emergency backpack(s) to the nurses' station and a weather radio will be placed on the counter to monitor the situation. *(each backpack contains flashlights, first aid kits, batteries, weather radio and walkie talkies)*
2. If the Civil Defense Siren (tornado alarm) sounds, the ROL staff will evacuate each of the rooms.
3. Everyone is to proceed to the restrooms on the first floor at Lovers Lane and White Rock. At Christ Foundry, everyone will proceed to the middle of the building.
4. ROL staff will then check all rooms and upstairs restroom for any remaining children and volunteers and will take sign-in sheets with parent contact information with them to the restrooms.
5. Once everyone is safe in the restrooms, ROL staff will conduct roll call.
6. No one is to leave unless given the all-clear by ROL staff.

HAZARDOUS MATERIAL INCIDENT

A ***hazardous material incident*** is one in which a spill, leak or release of a hazardous material has occurred.

What to do:

1. ROL staff will call 911 for the Fire Department and will include information on location and type of material released.
2. All spills, leaks or releases of hazardous material will be reported to the Director of Facilities at LLUMC, at White Rock UMC report to the Director of Operations and at Christ Foundry UMM report to the Executive Administrator.
3. If indicated, all children, volunteers and staff will be evacuated by using the fire evacuation plan.
4. No one should return inside unless given the okay by the people listed in #2 above.

CHILD ABUSE AND NEGLECT

If you believe a child has been or may be abused or neglected or is the victim of indecency, you are required by law to report these suspicions within 48 hours.

What to do:

1. Notify the Executive Director or if the Executive Director is not available, the Program Director or Outreach Coordinator.
2. If the Program Director or Outreach Coordinator is notified first, she will then contact the Executive Director.
3. The Executive Director will notify Child Protective Services.
4. Only Police and CPS personnel will interview the victim.

LOCKDOWN

If you hear “**LOCKDOWN**,” “**GUN**,” or “**SHOOTER**” ...

What to do:

1. RUN, HIDE & FIGHT!!!
2. Close and lock the door behind you.
3. Turn off all lights and maintain silence.
4. When and if possible, call 911. Stay on the phone, if it is safe, to give as much detail about the situation as possible.
5. **ROL Staff and Volunteers:** Quickly glance out the room to direct anyone in the hall into your location. Lock doors, close blinds, stay away from the door and place children along the walls so they cannot be seen.
6. If you are in the computer lab, **turn off monitors** in addition to the lights.
7. **Turn all cellphones to vibrate.**
8. Keep children quiet.
9. If you are outside the building when a lockdown occurs, remain outside until ROL staff alerts you it is safe to return to the building. Move to the closest location that provides decent cover to not be seen from the building.
10. If you are in the bathroom when a lockdown occurs and you cannot move to a safer location, move to a stall, lock the door and stand on the toilet if possible.
11. If you have to run, run in a zig-zag.
12. Remember: **RUN, HIDE & FIGHT!!**
13. Never open doors, even if the fire alarm sounds, unless told to do so by law enforcement.
14. Law Enforcement Officers will signal when it is all clear.

FIRST AID GUIDELINES

Stings, Bites, and Allergies

- **Stinging Insects**
Remove the stinger as soon as possible with a scraping motion using a firm item (such as the edge of a credit card). Put a cold compress on the bite to relieve the pain. If trouble breathing; fainting; swelling of lips, face, or throat; or hives over the entire body occurs, call 911 or an emergency number right away. For hives in a small area, nausea, or vomiting, call the pediatrician. For spider bites, call the pediatrician or Poison Help (1-800-222-1222). Have the pediatrician check any bites that become red, warm, swollen, or painful.
- **Animal or Human Bites**
Wash wound well with soap and water. Call the pediatrician. The child may need a tetanus or rabies shot or antibiotics.
- **Ticks**
Use tweezers or your fingers to grasp as close as possible to the head of the tick and briskly pull the tick away from where it is attached. Call the pediatrician if the child develops symptoms such as a rash or fever.
- **Snake Bites**
Take the child to an emergency department if you are unsure of the type of snake or if you are concerned that the snake may be poisonous. Keep the child at rest. Do not apply ice. Loosely splint the injured area and keep it at rest, positioned at or slightly below the level of the heart. Identify the snake, if you can do so safely. If you are not able to identify the snake but are able to kill it safely, take it with you to the emergency department for identification.
- **Allergy**
Swelling, problems breathing, and paleness may be signs of severe allergy. Call 911 or an emergency number right away. Some people may have emergency medicine for these times. If possible, ask about emergency medicine they may have and help them administer it if necessary.

Fever

- Fever in children is usually caused by infection. It also can be caused by chemicals, poisons, medicines, an environment that is too hot, or an extreme level of over activity. Take the child's temperature to see if he has a fever. Most pediatricians consider any thermometer reading above 100.4°F (38°C) as a fever. However, the way the child looks and acts is more important than how high the child's temperature is.
 1. Call the pediatrician right away if the child has a fever and:
 2. Appears very ill, is unusually drowsy, or is very fussy

3. Has other symptoms such as a stiff neck, a severe headache, severe sore throat, severe ear pain, an unexplained rash, repeated vomiting or diarrhea, or difficulty breathing
 4. Has a condition causing immune suppression (such as sickle cell disease, cancer, or chronic steroid use)
 5. Has had a first seizure but is no longer seizing
 6. Is younger than 2 months and has a temperature of 100.4°F (38°C) or higher
 7. Has been in a very hot place, such as an overheated car
- To make the child more comfortable, dress him in light clothing, give him cool liquids to drink, and keep him calm. The pediatrician may recommend fever medicines. Do NOT use aspirin to treat a child's fever. Aspirin has been linked with Reye syndrome, a serious disease that affects the liver and brain.

Skin Wounds

- Make sure the child is up to date for tetanus vaccination. Any open wound may need a tetanus booster even when the child is currently immunized. If the child has an open wound, ask the pediatrician if the child needs a tetanus booster.

Bruises

- Apply cool compresses. Call the pediatrician if the child has a crush injury, large bruises, continued pain, or swelling. The pediatrician may recommend acetaminophen for pain.

Cuts

- Rinse small cuts with water until clean. Use direct pressure with a clean cloth to stop bleeding and hold in place for 1 to 2 minutes. If the cut is not deep, apply an antibiotic ointment, then cover the cut with a clean bandage. Call the pediatrician or seek emergency care for large or deep cuts, or if the wound is wide open. For major bleeding, call for help (911 or an emergency number). Continue direct pressure with a clean cloth until help arrives.

Scrapes

- Rinse with clean, running tap water for at least 5 minutes to remove dirt and germs. Do not use detergents, alcohol, or peroxide. Apply an antibiotic ointment and a bandage that will not stick to the wound.

Splinters

- Remove small splinters with tweezers, then wash until clean. If you cannot remove the splinter completely, call the pediatrician.

Puncture Wounds

- Do not remove large objects (such as a knife or stick) from a wound. Call for help (911 or an emergency number). Such objects must be removed by a doctor. Call the pediatrician for all puncture wounds. The child may need a tetanus booster.

Bleeding

- Apply pressure with gauze over the bleeding area for 1 to 2 minutes. If still bleeding, add more gauze and apply pressure for another 5 minutes. You can also wrap an elastic bandage firmly over gauze and apply pressure. If bleeding continues, call for help (911 or an emergency number).

Eye Injuries

- If anything is splashed in the eye, flush gently with water for at least 15 minutes. Call Poison Help (1-800-222-1222) or the pediatrician for further advice. Any injured or painful eye should be seen by a doctor. Do NOT touch or rub an injured eye. Do NOT apply medicine. Do NOT remove objects stuck in the eye. Cover the painful or injured eye with a paper cup or eye shield until you can get medical help.

Fractures and Sprains

- If an injured area is painful, swollen, or deformed, or if motion causes pain, wrap it in a towel or soft cloth and make a splint with cardboard or other firm material to hold the arm or leg in place. Do not try to straighten. Apply ice or a cool compress wrapped in thin cloth for not more than 20 minutes. Call the pediatrician or seek emergency care.
- If there is a break in the skin near the fracture or if you can see the bone, cover the area with a clean bandage, make a splint as described above, and seek emergency care. If the foot or hand below the injured part is cold or discolored (blue or pale), seek emergency care right away.

Burns and Scalds

General Treatment

- First, stop the burning process by removing the child from contact with hot water or a hot object (for example, hot iron). If clothing is burning, smother flames. Remove clothing unless it is firmly stuck to the skin. Run cool water over burned skin until the pain stops. Do not apply ice, butter, grease, medicine, or ointment.

Burns With Blisters

- Do not break the blisters. Ask the pediatrician how to cover the burn. For burns on the face, hands, feet, or genitals, seek emergency care.

Large or Deep Burns

- Call 911 or an emergency number. After stopping and cooling the burn, keep the child warm with a clean sheet covered with a blanket until help arrives.

Electrical Burns

- Disconnect electrical power. If the child is still in contact with an electrical source, do NOT touch the child with bare hands. Pull the child away from the power source with an object that does not conduct electricity (such as a wooden broom handle), only after the power is turned off. ALL electrical burns need to be seen by a doctor.

Nosebleeds

- Keep the child in a sitting position with the head tilted slightly forward. Apply firm, steady pressure to both nostrils by squeezing them between your thumb and index finger for 5 minutes. If bleeding continues or is very heavy, call the pediatrician or seek emergency care.

Convulsions, Seizures

- If the child is breathing, lay her on her side to prevent choking. Call 911 or an emergency number for a prolonged seizure (more than 5 minutes).
- Make sure the child is safe from objects that could injure her. Be sure to protect her head. Do not put anything in the child's mouth. Loosen any tight clothing. Start rescue breathing if the child is blue or not breathing.

Head Injuries

- DO NOT MOVE A CHILD WHO MAY HAVE A SERIOUS HEAD, NECK, OR BACK INJURY. This may cause further harm.
- Call 911 or an emergency number right away if the child:
 1. Loses consciousness
 2. Has a seizure (convulsion)
 3. Experiences clumsiness or inability to move any body part
 4. Has oozing of blood or watery fluid from ears or nose
 5. Has abnormal speech or behavior
- Call the pediatrician for a child with a head injury and any of the following:
 1. Drowsiness
 2. Difficulty being awakened
 3. Persistent headache or vomiting

Poisons

- If the child has been exposed to or ingested a poison, call Poison Help at 1-800-222-1222. A poison expert is available 24 hours a day, 7 days a week.

Swallowed Poisons

- Any nonfood substance is a potential poison. Do not give anything by mouth or induce vomiting. Call Poison Help right away. Do not delay calling, but try to have the substance label or name available when you call.

Fumes, Gases, or Smoke

- Get the child into fresh air and call 911, the fire department, or an emergency number. If the child is not breathing, start CPR and continue until help arrives. (Please see other side.)

Skin Exposure

- If acids, lye, pesticides, chemicals, poisonous plants, or any potentially poisonous substance comes in contact with a child's skin, eyes, or hair, brush off any residual material while wearing rubber gloves, if possible. Remove contaminated clothing. Wash skin, eyes, or hair with large amount of water or mild soap and water. Do not scrub. Call Poison Help for further advice.
- If a child is unconscious, becoming drowsy, having convulsions, or having trouble breathing, call 911 or an emergency number. Bring the poisonous substance (safely contained) with you to the hospital.

Fainting

- Check the child's airway and breathing. If necessary, call 911 and begin rescue breathing and CPR. If vomiting has occurred, turn the child onto one side to prevent choking. Elevate the feet above the level of the heart (about 12 inches).

CONTACT INFORMATION

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CONFIDENTIALITY AGREEMENT

I, the undersigned, in consideration of my participation at Rays of Light, Inc. hereby agree to the following Confidentiality Agreement.

I understand that I may be given access to confidential information to the extent necessary in order to perform my duties as a volunteer or employee with Rays of Light, Inc. I shall not, at any time either during or subsequent to this participation with Rays of Light, Inc., make unauthorized disclosures or unauthorized use of any information that is considered to be proprietary or confidential by Rays of Light, Inc. Proprietary information includes, but is not limited to, all information, data, reports, analyses, processes, know-how, designs, plans, marketing data, business plans and strategies, negotiations and contracts, research, and volunteer, donor or vendor lists, compilations, trade secrets, and confidential information, whether in written, oral or electronic form. Confidential information includes, but is not limited to, any personal information of any Rays of Light, Inc. employee, volunteer, agency partner, program participant, or donor, whether in written, oral or electronic form.

All employer records and information relating to Rays of Light, Inc. or its volunteers, agency partners, and donors are confidential and I will treat all matters accordingly. This includes any information protected under any applicable state or federal privacy law.

I will not disclose any confidential information, purposefully or inadvertently (through casual conversation), to any unauthorized person inside or outside Rays of Light, Inc. If I am unsure about the confidential nature of specific information, or whether specific information may be protected under state or federal law, I will ask the Rays of Light, Inc. staff member supervising my actions as a project for clarification before disclosing the information.

When I cease my participation as a volunteer or employee with Rays of Light, Inc., I will return all Rays of Light, Inc. -related information and property that I have in my possession, including without limitation documents, files, records, manuals, information stored on a personal computer, personal data assistant or computer disk, supplies, and equipment or office supplies.