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**LETTER OF AGREEMENT
BETWEEN
THE STATEWIDE PARENT ADVOCACY NETWORK
AND**

**_____
(SPECIAL EDUCATION VOLUNTEER ADVOCATE - SEVA)**

This agreement between the Statewide Parent Advocacy Network, Inc. and _____, outlines the terms and conditions by which individuals must abide, in order to be designated as a **SEVA** (Special Education Volunteer Advocate).

I. PURPOSE OF SEVA (Special Education Volunteer Advocate)

The **SEVA** Training Program is comprised of trained volunteers. The volunteers, parents of children with disabilities and/or professionals interested in the healthy development of children, support families in exercising their rights and responsibilities under federal and state special education and early intervention laws. They understand the dynamics of the systems that serve children with special needs and those at risk of identification. This comprehensive training series, coupled with ongoing support from SPAN staff and veteran volunteers helps to increase the community's capacity to serve children with special needs, while building upon their knowledge of and experience with state and local resources. The program is designed to facilitate systemic change by enhancing the supports available to families seeking quality inclusion and effective transition to adulthood services.

II. DEVELOPMENT & TRAINING REQUIREMENTS

A. _____ agrees to complete all sessions of the **15-hour SEVA** Training Series. SPAN provides *each SEVA* with a materials and resources binder to supplement and support this training program. The materials used in the **SEVA** training sessions are owned by SPAN or third parties, are copyrighted, and all rights are reserved. Materials may not be reproduced, modified, distributed, displayed, performed, or used in any way without the prior written permissions of SPAN or the third-party owner.

- B. _____ agrees to avail themselves of ongoing training updates and technical assistance provided by SPAN and through participation in the **SEVA** Listserve.

III. VOLUNTEER TO SUPPORT FAMILIES

- A. _____ agrees to volunteer to support at least 2 families (parents/caregivers) of children with special needs in New Jersey during the 12 months following completion of the 15-hour training.
- B. _____ may fulfill the volunteer time requirement in a variety of ways, including, but not limited to:
1. Assist parents in preparation for IFSP or IEP meetings;
 2. Support parents at IFSP or IEP meetings;
 3. Support parents in resolving conflicts with schools, early intervention, and providers/professionals, and/or;
 4. Other activities that may be offered to **SEVAs**.
- C. _____ agrees to provide their volunteer services under the direction of SPAN Staff and to abide by SPAN policies & procedures.
- D. _____ acknowledges they have no authority to act for or to bind SPAN in any manner while performing volunteer services.

IV. CONFIDENTIALITY

_____ shall maintain the confidentiality of all information provided to him/her about any families served, SPAN activities and resources, and agrees not to disclose any identifying information.

V. REPRESENTATION, ADVERTISEMENT AND COMPENSATION

- A. _____ agrees not to represent himself/herself to others or to advertise his/her service as an SRP or **SEVA**.
- B. _____ agrees that he/she is a volunteer and is not considered an employee of SPAN and acknowledges they will not represent themselves as such.
- C. _____ agrees that he/she will not accept any compensation from a family for services rendered as a **SEVA**.

VI. TERM OF AGREEMENT & CONDITIONS FOR MAINTAINING SRP DESIGNATION

In order to receive the designation of **SEVA** (Special Education Volunteer Advocate), all terms and conditions outlined above must be met within 12 months of the date of this agreement. The **SEVA** designation shall be in effect for one year and may be renewed annually upon completion of at least two SPAN workshops or one full day Train-the-Trainer session.

VII. TERMINATION

Either party may terminate this agreement at any time for any reason with written notice to the other party.

Agreed to and accepted by:

Statewide Parent Advocacy Network

Date_____

SEVA

Date_____

Print Name

I am available to volunteer on the following days: (please circle all that apply)

M T W TH F Sat

Address

I am available to volunteer in the following counties: (please check all that apply)

_____ City, State, Zip	<input checked="" type="checkbox"/>	COUNTY		Mercer
		Atlantic		Middlesex
		Bergen		Monmouth
		Burlington		Morris
_____ E-mail Address		Camden		Ocean
		Cape May		Passaic
		Cumberland		Salem
_____ Cell Phone Number		Essex		Somerset
		Gloucester		Sussex
OK to Text? Yes or No		Hudson		Union
		Hunterdon		Warren