

Friends  Association
for Care & Protection of Children

113 West Chestnut Street • West Chester, PA 19380

VOLUNTEER APPLICATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Date of Birth: ____/____/____ Gender: M F

Employer/Spouse's Employer: _____ Student: Yes No

Organization: _____

Two References

Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Due to the nature of Friends Association and the importance of volunteer positions, we require the following:

- ~ Signed confidentiality statement
- ~ Signed guardian clearance, if under 18

AFFIRMATION

I hereby affirm that my answers to questions on the application are true and correct, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application is cause for termination of my volunteer services regardless of when or how discovered; and that my volunteer service is subject to Friends Association review and acceptance.

I understand that allegations or suspicions of child abuse are taken very seriously by Friends Association and will be reported to police and/or state agencies for investigation and that Friends Association will fully cooperate with any related investigations and will pursue the prosecution of child abusers to its full extent screening.

I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my best interest while being considered for a volunteer position. I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this affirmation.

Signature of Applicant Date

Thank you for submitting an application to volunteer with Friends Association. We will review it and contact you as soon as possible to discuss the next steps to be taken. In the meantime, if you have any questions or concerns, please contact:

Emma Koontz, Development & Volunteer Associate

Phone: (610) 431-3598, ext 205

Email: e.koontz@friendsassoc.org

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VOLUNTEER MEDICAL INFORMATION FORM

All information on this form is confidential.

Full Name: _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name: _____

Phone(s): _____ Relation: _____

Address: _____

The following information may be provided to any hospital or medical practitioner not having access to the Volunteer's medical history:

Allergies (medicine, food, etc.): _____

Medications currently taking: _____

Physical impairments: _____

Date of last tetanus shot: _____

Other: _____

Release and Waiver of Liability

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS.

This Release and Waiver of Liability (the "Release") is executed on this _____ day of _____, 201____, by
(DAY) (MONTH)
_____ in favor of Friends Association for the Care and Protection of (THE
"VOLUNTEER")
Children, a Pennsylvania non-profit corporation, its directors, officers, employees, and agents (collectively, "Friends Association.")

The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. **Waiver and Release.** Volunteer does hereby release and forever discharge and hold harmless Friends Association and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for Friends Association.

Volunteer understands and acknowledges that this Release discharges Friends Association from any liability or claim that the Volunteer may have against Friends Association with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work for Friends Association, whether caused by the negligence of Friends Association or its officers, directors, employees, agents, volunteers, or otherwise. Volunteer also understands that, except as otherwise agreed to by Friends Association in writing, Friends Association does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical , health, or disability insurance, in the event of injury or illness.

2. **Medical Treatment.** Except as otherwise agreed to by Friends Association in writing, Volunteer does hereby release and forever discharge and hold harmless Friends Association and its successors and assigns from any and all liability or claims which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer's work for Friends Association.

3. **Assumption of Risk.** The Volunteer understands that the work for Friends Association may include activities that may be hazardous to the volunteer, including, but not limited to, building maintenance, loading and unloading, and lifting. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Friends Association from all liability for injury, illness, and death or property damage resulting from the activities the Volunteer performs on behalf of Friends Association.

4. **Insurance.** The Volunteer understands that, except as otherwise agreed to by Friends Association in writing; Friends Association does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

5. **Our Privacy Commitment To You.** We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices, to follow these practices, and to notify affected individuals following a breach of unsecured protected health information. Only people who have both the need and the legal right may see your information. We may disclose your information without your permission for purposes of treatment or when we are required by law to do so.

• **Treatment.** We may disclose health information about you to coordinate your health care in case of an emergency.

I certify that this information is true and accurate to the best of my knowledge, and I release and hold harmless Friends Association for any inaccuracy or misrepresentation.

Signed _____ **Date** _____

Parent/Guardian Signature (if under 18) _____

CONFIDENTIALITY AGREEMENT

As a volunteer at Friends Association for Care and Protection of Children, I acknowledge the private and sensitive nature of the agency's work. I agree to share the responsibility of maintaining the confidentiality of Friends Association's clients, staff and agency. Further, I will hold in strict confidence any information regarding the shelter and shelter clients that I may learn in the course of my work.

I understand that if I breach this agreement of confidentiality, my volunteer status with Friends Association will be terminated.

Name _____

Signature _____ Date _____

CONSENT TO PHOTOGRAPH / VIDEOTAPE / RECORD

This form allows you, as a volunteer, to choose whether you wish to be in promotional materials used by Friends Association for Care and Protection of Children. By signing this consent form, I understand that still pictures, video and voice recordings of me may be used for promotional purposes, including distribution by print, audio tape, videotape, CDROM, DVD and/or the World Wide Web.

I understand that Friends Association for Care and Protection of Children is a non-profit organization and those pictures, video and voice recordings of me may be used solely for the purposes of promoting its good works. I also understand that I will not receive payment for the pictures, video and voice recordings or allowing them to be taken.

____ Yes, I authorize the taking of still pictures, video and voice recordings of me, to promote the activities of Friends Association for Care and Protection of Children.

____ No, I do not authorize the taking of still pictures, video and voice recordings of me, to promote the activities of Friends Association for Care and Protection of Children.

Volunteer's Name (Please Print): _____

Volunteer's Signature: _____ Date: _____

If volunteer is under the age of 18, permission of the parent or guardian is required.

Parent/Guardian Signature: _____ Date: _____