

For office use only

Date of Application:
Department:
Date of Fingerprinting Info:



## VOLUNTEER INFORMATION

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

## IN CASE OF EMERGENCY

PERSON TO NOTIFY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Medical conditions I have which emergency personnel should know about:

\_\_\_\_\_

\_\_\_\_\_

Allergies to medications \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

# VOLUNTEER POLICIES

## CONFIDENTIALITY AGREEMENT

During the course of your work you may come into the possession of trade secrets or confidential information including client names and addresses, client files, financial information, agreements, business plans and proprietary information. All of this information is strictly confidential whether about INTERFAITH, its clients, suppliers, donors, volunteers or employees. This information must not be disclosed to anyone, including family members, persons outside of INTERFAITH, or to any INTERFAITH staff who is not entitled to the information. **If you have any doubts about the confidentiality of information, you should keep such information confidential and to yourself.**

## WAIVER OF LIABILITY

- I hereby waive any right or cause of action arising as a result of my participation as a volunteer from which any liability may or could accrue against Interfaith Community Services or the staff and directors collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of connection with my activities as a volunteer.
- I hold Interfaith Community Services and its event sponsors blameless and harmless in case of injury or death.
- I agree to never be alone with any client of Interfaith Community Services, male, female, adult or child.
- I grant Interfaith Community Services full right to use name and/or likeness for media related promotional purposes.
- I state that I have not been convicted of a felony and am not a convicted sex offender.
- I agree to work under the full direction of an Interfaith Community Services employee.
- I also hereby authorize and consent that Interfaith Community Services has the right to copyright, publish, use, sell, or assign any and all photographic pictures, videotapes and/or sound recordings taken or made of me or in which I may be included in whole or part. I grant permission to allow these images and/or recordings to be put to legitimate use at the discretion of Interfaith. I relinquish all rights, title or interest to any furnished products, reproductions or facsimiles.

## ANTI-FRATERNIZATION POLICY

It is important to remember that although we all desire to help those we serve, it is important that our well-meaning actions not be a hindrance and that boundaries be maintained between volunteers and Interfaith's clients

### **All volunteers must observe the following Anti-Fraternization policy:**

- Transporting a client in a vehicle is prohibited without notifying your supervisor and obtaining written permission.\*
- No volunteer is allowed to take a client into their personal dwelling for housing or care.\*
- No volunteer is allowed to give his or her personal information to a client (i.e., telephone number, address, etc.).\*

**I have read, understand and agree to all of Interfaith Community Services volunteer policies, waivers and confidentiality agreements.**

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**Volunteer Signature**

**Date**

**Witness Signature**

**Date**

\* Exceptions to this with supervisor's permission.