

☐ I am willing to enroll in the Stewards of Children Training, and understand that this is a requirement to fulfill within the first 30 days of a volunteer assignment with children. . There is a \$10 fee for the handbook and training materials. Scholarships may be available upon request and eligibility.

**Release and Waiver of Liability:** By enrolling as a volunteer, I fully release and hold harmless the Volunteer Center, its directors, officers, employees, and agents from any and all liability, claims, or demands of any kind that arise or may arise from the services I provide. I also waive any claims I may have against the Volunteer Center that arise or may arise from the services I provide. I understand and acknowledge that this Release and Waiver discharges the Volunteer Center from any liability or claim I may have concerning bodily injury, illness, death or property damage that may result from the services I am providing.

\_\_\_\_\_ *Please initial here*

**Medical Treatment:** I release and discharge the Volunteer Center from any claim that arises or may arise on account of any first-aid treatment or other medical services rendered to me during my tenure as a volunteer.

\_\_\_\_\_ *Please initial here*

**Automobile Insurance Statement:** I understand that if I use my personal vehicle during my volunteer service, I will arrange to keep in effect automobile insurance equal to the minimum state requirement and will inform The Volunteer Center office of any change in coverage or driver's license status in order to qualify for the excess automobile insurance coverage.

\_\_\_\_\_ *Please initial here*

**Assumption of Risks:** As a volunteer, I hereby expressly assume the risk of injury or harm from volunteer activities and Release The Volunteer Center from all liability for injury, illness, death or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.

\_\_\_\_\_ *Please initial here*

**Information Release Authorization:** I authorize the release of the information on this form to The Volunteer Center's Partner Agencies for the purpose of my volunteer placement. I understand that The Volunteer Center will not release volunteer contact information to any other third parties without my permission.

\_\_\_\_\_ *Please initial here*

**Media/Photographic Release:** I hereby grant and convey unto The Volunteer Center all rights, title, and interest in any and all photographs, images, and video or audio recordings in connection with my providing volunteer services.

\_\_\_\_\_ *Please initial here*

**Confidentiality Statement:** I understand that all information on this form is voluntarily supplied and may be used and disclosed in a professional manner and in good faith for the specific purpose of volunteerism only. I understand it is the policy of The Volunteer Center to regard all information (both written and verbal) pertaining to staff, volunteers and clients served as confidential. Furthermore, I understand and agree to comply with the confidentiality statement as it pertains to information I may learn or be entrusted with as a volunteer in the community.

\_\_\_\_\_ *Please initial here*

**Drug Free Statement:** The Volunteer Center is committed to providing a drug free, healthful, safe and secure work environment for employees and volunteers. Each employee and volunteer is expected and required to report to work in an appropriate mental and physical condition to perform his/her assigned duties. The Volunteer Center prohibits the use, possession or sale of illicit drugs in the workplace or when conducting agency business. The Volunteer Center requires its employees and volunteers to be free from illicit drugs and to be free from the influence of alcohol or the influence of legal drugs where the potential for impairment or unsafe job performance is indicated. I understand this policy and agree to comply with it.

\_\_\_\_\_ *Please initial here*

Please sign and date this application form. This affirms you have read and understand the waiver and release, insurance, confidentiality, insurance and drug free statement on this form and that all above information is true to the best of your knowledge.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date