



# Volunteer Application

Please type or print clearly.

<b>Name:</b>				
<b>Street Address:</b>				
<b>City, State and Zip</b>				
<b>Home Phone:</b>				<b>Cell Phone:</b>
<b>Work Phone:</b>				<b>Fax:</b>
<b>e-mail:</b>				<b>Drivers Lic. # or CA ID #:</b>
<b>Are you 18 years old or older? Circle one:</b>		Yes	No	<b>If no, please list your birth date:</b>

<b>Occupation, or, if student, school attending:</b>	
<b>Tell us about any previous work or volunteer experience with people with disabilities. Please attach another page if needed.</b>	
<b>Tell us about any language spoken other than English or other special skills. Please attach another page if needed.</b>	

Please check all areas of volunteer interest and/or experience

<b>Arts &amp; Crafts</b>		<b>Public Speaking</b>		<b>Drama</b>	
<b>Bookkeeping</b>		<b>Story Telling</b>		<b>Typing</b>	
<b>Camping</b>		<b>Photography</b>		<b>Swimming</b>	
<b>Dance</b>		<b>Cooking</b>		<b>Music</b>	
<b>Maintenance</b>		<b>Computers</b>		<b>Games</b>	
<b>Other: Please attach another page if needed.</b>					

**AbilityFirst Volunteer Application** (page 2)

<b>Do you have any applicable license(s) or certificate(s)?</b>	<b>Yes</b>	<b>No</b>	<b>If Yes, tell us about the license(s) or certificate(s). Please attach another page if needed.</b>	
<b>Days and hours available to volunteer:</b>				
<b>Have you ever been convicted of any crime other than a minor traffic violation? (Please exclude convictions for possession of Marijuana that are more than 2 years old)</b>	<b>Yes</b>	<b>No</b>	<b>If Yes, please explain in detail:</b>	

**Confidentiality/Volunteer Agreement**

I understand that anything regarding names, condition, behavior, diagnosis and/or program history may NOT be discussed outside of AbilityFirst to protect the confidentiality of the participants and/or family.

I further understand that I will be expected to actively participate as a volunteer, will need to comply with any and all established AbilityFirst policies and procedures and that this placement is an at-will situation and can be reviewed or changed at any time.

I affirm that I am currently in good health and know of no medical condition that will jeopardize the health of individuals in the programs, volunteers or staff. I acknowledge that I will need to obtain a Tuberculosis test before I can work with the program participants.

\_\_\_\_\_  
Name of Volunteer (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature (Parent or Guardian must sign if volunteer is under 18 years of age)

**For AbilityFirst Use Only**

<b>Application completed, ID verified</b>	<b>Date:</b>	
<b>EEO/Sexual Harassment Form completed</b>	<b>Date:</b>	
<b>Consent &amp; Agreement form completed if under 18 years of age</b>	<b>Date:</b>	
<b>Publicity Release and Consent</b>	<b>Date:</b>	
<b>TB test results received</b>	<b>Date:</b>	
<b>Job Description given to volunteer</b>	<b>Date:</b>	
<b>Orientation completed by(enter staff member's name:</b>	<b>Date:</b>	
<b>Other comments or notes:</b>		

# AbilityFirst Volunteer Consent and Agreement Form

**To be used in the event and need for emergency medical care:**

I, the undersigned volunteer, or parent/guardian of a volunteer under 18 years of age, do hereby authorize AbilityFirst, a non-profit charitable corporation, or its representatives to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered under general or special supervision and upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act, and to consent to any x-ray examination, anesthetic, dental, surgical diagnosis or treatment and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnostic treatment or hospital care being required. This authorization is given pursuant to the provisions of Section 25.8 and Section 34.6 of the Civil Code of California.

In an emergency, please notify:

1. \_\_\_\_\_  
Name Phone Relationship  
\_\_\_\_\_  
Address/City/Zip

2. \_\_\_\_\_  
Name Phone Relationship  
\_\_\_\_\_  
Address/City/Zip

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Please list any allergies, medications, special needs:


\_\_\_\_\_  
Name of Volunteer (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature (Parent/Guardian must  
Sign if volunteer is under 18 years of age)

**ABILITYFIRST**

**VOLUNTEER CONSENT TO TRAVEL**

**I hereby give consent to be taken in a vehicle arranged for or provided by AbilityFirst and understand that drivers will be staff members or qualified adult volunteers.**

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Name of Volunteer (please print)

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Date

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Volunteer Signature (Parent or Guardian must sign if volunteer is under 18 years of age)



## PUBLICITY RELEASE AND CONSENT

I, \_\_\_\_\_, an employee or volunteer of **AbilityFirst**, do hereby give my consent to **AbilityFirst** to photograph and/or make video or audio recordings of me without limitation and to use such photographs, videotapes or audiotapes and my name, likeness and voice and/or any related stories ("**Likeness**") in connection with any of the work, programs, projects fundraising or other endeavors of **AbilityFirst** in any and all media, including and without limitation, electronic or digital media, whether known or unknown at this time, forever worldwide and without restriction, without consideration or compensation of any kind. I release, discharge and hold harmless **AbilityFirst** and its affiliates, including without limitation, its officers, directors, shareholders, employees, agents and contractors ("**Released Parties**") from any and all claims and demands arising out of or in connection with the use of my "Likeness", including slander, libel, invasion of privacy or publicity, and/or copyright infringement ("**Release**"). This "Release" applies to me and my heirs, legal representatives and assigns, and I do hereby release, discharge and hold harmless the "Released Parties" from any claim or demand whatsoever arising out of or in connection with such use.

\_\_\_\_\_  
**Name:**

\_\_\_\_\_  
**Date:**

**Revised 10/06**

**ABILITYFIRST  
EQUAL EMPLOYMENT OPPORTUNITY  
AND SEXUAL HARASSMENT**

It is the policy of AbilityFirst to practice equal employment opportunity without regard to an individual's race, color, religion, national origin, ancestry, marital status, sex, physical disability, medical condition, age or any legally protected leave of absence, in application of any policy, practice, rule or regulation.

Any form of harassment, including sexual harassment, is absolutely prohibited. Any incident of possible harassment, including sexual harassment, should be brought immediately to the attention of the Director or Human Resources Manager who will thoroughly investigate the matter. After reviewing all the evidence, AbilityFirst will make a determination concerning whether reasonable grounds exist to believe that harassment has occurred. Disciplinary action, up to and including discharge, will be taken against any individual who is found to have engaged in harassment.

Sexual harassment includes:

1. Unwanted sexual advances
2. Offering employment benefits in exchange for sexual favors
3. Making or threatening reprisals after a negative response to sexual advances
4. Offensive visual conduct, including leering, making sexual gestures, displaying sexually suggestive objects or picture, cartoons or posters
5. Offensive verbal conduct such as making or using derogatory comments, epithets, slurs and jokes
6. Verbal sexual advances or propositions
7. Verbal abuse of a sexual nature, graphic verbal commentary about an individual's body, sexually degrading words used to describe an individual, and suggestive or obscene letters, notes or invitations
8. Offensive physical conduct such as touching, assault and impeding or blocking movement.

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Name of Volunteer (Please print)

Date \_\_\_\_\_

Signature of Volunteer or parent/guardian  
if volunteer is under 18 years of age.

Date \_\_\_\_\_

Signature of Volunteer Coordinator

## **ABILITYFIRST VOLUNTEER SAFETY**

The safety and well being of participant, volunteers and staff are high priorities at AbilityFirst. You will receive a safety orientation regarding the location of emergency exits, fire extinguishers etc. In case of an emergency, volunteers will be given instruction by a supervisor. It is essential, however, that volunteers follow common sense to keep themselves and others safe on a daily basis. If, at any time, you have a question about safety procedures or issues, please ask your supervisor or the Volunteer Coordinator.

Volunteer must observe safety and fire regulation; must not be under the influence of or in possession of alcoholic beverages or illegal drugs on AbilityFirst premises or while on AbilityFirst business; or make unauthorized entrance into AbilityFirst facilities. AbilityFirst is a no-smoking facility.

### **Universal Precautions**

It is the policy of AbilityFirst to provide appropriate safeguards against exposure to infection and to assure safe and healthful working and living conditions for both staff and participant. All AbilityFirst staff, volunteers and participant will be encouraged to practice Universal Precautions - the safe handling of blood and body fluids through practices that include:

1. Maintaining a state of personal and environmental cleanliness
  2. Using disposable gloves – when needed
  3. Regular and thorough hand washing
  4. Proper cleaning and/or disposal of any item or any area that may have come into contact with blood or body fluids.
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I have read and understand the policy and procedures on communicable diseases and the Universal Precautions.

I understand that in the course of my volunteer service with AbilityFirst, I may at time be exposed to an individual with a communicable disease without my knowledge.

I understand under the law of the State of California that confidentiality regarding HIV positivity is protected under anti-discrimination laws.

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Name of Volunteer (Please Print)

Date

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Signature of Volunteer or Parent/Guardian  
if volunteer is under 18 years of age

Date