

## VOLUNTEER APPLICATION

ALL INFORMATION IN THIS DOCUMENT IS CONFIDENTIAL | PLEASE WRITE LEGIBLY | SECOND PAGE **MUST** BE SIGNED

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

LEGAL NAME IF DIFFERENT THAN ABOVE \_\_\_\_\_ PREFERRED PRONOUNS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ PREFERRED EMAIL ADDRESS \_\_\_\_\_

BIRTHDATE (MM/DD/YYYY) \_\_\_\_\_ LANGUAGES SPOKEN (OTHER THAN ENGLISH) \_\_\_\_\_

ARE YOU CPR CERTIFIED? YES NO HAVE YOU ALREADY INTERVIEWED WITH THE VOLUNTEER COORDINATOR? YES NO

HAVE YOU VOLUNTEERED WITH HOME START BEFORE? YES NO IF YES, PLEASE LIST MOST RECENT DATE & PROJECT

TELL US BRIEFLY WHY YOU WANT TO VOLUNTEER WITH HOME START \_\_\_\_\_

IS YOUR VOLUNTEER SERVICE COURT ORDERED? YES NO IF YES, PLEASE LIST CASE NUMBER: \_\_\_\_\_

DO YOU WANT TO VOLUNTEER REGULARLY (E.G. WEEKLY / MONTHLY SCHEDULE) OR OCCASIONALLY? REGULAR OCCASIONAL

**IN CASE OF EMERGENCY PLEASE CONTACT**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**PREFERRED VOLUNTEER PROJECTS (CHECK ALL THAT APPLY)**

ADMIN	BEAUTIFICATION	DISTRIBUTIONS	EVENTS	FISCAL	GRANT WRITING
MAILINGS	MENTORSHIP	MARKETING	TAX ASSISTANCE	THRIFT BOUTIQUE	ON CALL / OTHER

**PHOTO RELEASE / MEDIA POLICY**

I hereby grant and convey to Home Start, Inc. all right, title, and interests in any and all photographs, images, video, or audio recordings of my likeness or voice made by Home Start, Inc. in connection with my providing volunteer services to Home Start, Inc. I grant permission to allow these images and/or all recordings to be put to legitimate use at the discretion of Home Start Inc. I relinquish all rights, title, or interest to any furnished products, reproductions, or facsimiles. YES NO

**RELEASE AND WAIVER OF LIABILITY**

Volunteer understands that the scope of all Volunteer’s relationship with Home Start, Inc., during any and all projects, is limited to a volunteer position and that no compensation is expected in return for services provided by any Volunteer; that Home Start, Inc. will not provide any benefits traditionally associated with employment to any Volunteer; and that all Volunteers are responsible for their own expenses or insurance coverage in the event of personal injury or illness as a result of a Volunteer’s service to Home Start, Inc.

1. Assumption of Risk: Volunteer represents that, to their knowledge, Volunteer is in good health and suffers no physical impairment that would or should prevent participation in volunteer activities. Volunteer agrees to comply with all stated and customary instructions and safety precautions during participation in volunteer activities. All Volunteers understand that the services they provide to Home Start, Inc. may include activities that may be hazardous including, but not limited to risks associated with traveling to and from volunteer activities, lifting and carrying heavy objects, walking on natural uneven outdoor surfaces, and cleaning, that may result in physical or psychological injury, pain, illness, temporary or permanent disability and/or death, emotional loss, economic loss and property damage. As a Volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Home Start, Inc. from all liability.
2. Confidentiality Policy: Home Start, Inc. is a social services agency where a high level of confidentiality is maintained at all times and in all places, even after my tenure with Home Start, Inc. has ended. All Volunteers are agents of Home Start, Inc. and are required by law to abide by the same strict confidentiality policies regarding clients and/or donors as Home Start, Inc. staff. Confidential information includes: the fact that a person is or has been a client receiving services from Home Start, Inc., any personally identifying information about any client and/or donor, such as his/her name, photograph, address, phone number, place of work or school, lifestyle, medical or mental health information such as condition, diagnosis or treatment, and any other information provided by or about the client and/or donor with the expectation of privacy. Volunteers are strictly prohibited from communicating confidential client and/or donor information to anyone outside of Home Start, Inc. except as required by law.

**ACKNOWLEDGEMENT**

I acknowledge that I have read this Volunteer Waiver and Release in its entirety, is signing it freely, including electronic signing, and that no other representations, statements or inducements apart from the foregoing written agreement have been made by Home Start, Inc. I further agree that the foregoing Release and Waiver of Liability and Confidentiality Policy are intended to be as broad and inclusive as is permitted by the laws of the State of California, and that if any portion thereof is deemed invalid, the remainder will continue in full legal force and effect.

SIGNATURE OF VOLUNTEER \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF VOLUNTEER \_\_\_\_\_

**PARENTAL CONSENT (IF APPLICABLE)**

I give consent for my child, named on page 1 of this application, to provide volunteer services to Home Start, Inc. and acknowledge in full force and effect all Releases and Waivers of Liabilities as stated above. I also give Home Start my consent to obtain any emergency medical treatment necessary for the safety of my child while in their volunteer service.

SIGNATURE OF PARENT / GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF PARENT / GUARDIAN \_\_\_\_\_

**PRINTED ELECTRONIC SIGNATURES ARE LEGALLY ACCEPTABLE**

Home Start acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, gender identity or gender expression, medical condition, genetic information, military or veteran status or marital status.