

113 West Chestnut Street • West Chester, PA 19380

VOLUNTEER APPLICATION

Last Name:	First Name:	
Address:		
City:		
Home Phone:	Cell Phone:	
E-Mail:	Date of Birth://	Gender: O M O I
Employer/Spouse's Employer:		_Student: O Yes O 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
- ~ Criminal Record Check, FBI Criminal History Report or Disclosure and a Pennsylvania Child Abuse History Clearance (if 18 or over)
 - ~ Participation in a group Orientation Session and training specific to the position

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 EMERGENO Name:	CY, PLEASE CONTACT:
	Relation:
Address:	
The following information may having access to the Volunteer's	be provided to any hospital or medical practitioner no medical history:
Allergies (medicine, food, etc.):	
Medications currently taking:	
Physical impairments:	
Date of last tetanus shot:	
Personal Physician: Name:	
Health Insurance Coverage:	
Company:	Policy Number:

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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
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 mathereafter 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)

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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.

Signature	Date	
CONSENT TO P	PHOTOGRAPH / VIDEOTAPE / RECORI)
Friends Association for Care and Protec pictures, video and voice recordings of r print, audio tape, videotape, CDROM, E I understand that Friends Association for pictures, video and voice recordings of r also understand that I will not receive passe taken.	or Care and Protection of Children is a non-profit orga- me may be used solely for the purposes of promoting ayment for the pictures, video and voice recordings of pictures, video and voice recordings of me, to promoting	distribution by anization and those its good works. I r allowing them to
No, I do not authorize the taking activities of Friends Association for Car	of still pictures, video and voice recordings of me, to re and Protection of Children.	promote the
Volunteer's Name (Please Print):		
Volunteer's Signature:	Date:	
If volunteer is under the age of 18, perm	nission of the parent or guardian is required.	
Parent/Guardian Signature:	Date:	

Please indicate your availability below. Check all that apply

How Often	How many hours?
Weekly	
Bi-Weekly	
Randomly	
One-time event	
School year	
School breaks	
Weekdays	
Weekends	
Other	

Check the box next to the types of tasks you would like to do. Add others at the bottom if necessary.

Administration
Board Member
Child Care
Committee
Family Night
Group Activities
Holiday Events
Individual
Internship
Job Readiness
Maintenance
Marketing Assistance
Mentoring
MLK Day of Service
Nutrition
Office Work
Physical Labor
Program Support

Resume Writing
Seasonal Programs
Shelter Cleaning
Social Media
Sorting Donations
Teen
Transport clients
Transport Furniture
Tutoring
Yard Clean Up
Resume Writing
Seasonal Programs
Shelter Cleaning

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS Required by the Child Protective Service Law 23 Pa. C.S. Section 6344.2

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a clearance through the Federal Bureau of Investigation, as:

- The position I am applying for is unpaid; and
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statues or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25 (relating to criminal homicide)

Section 2702 (relating to aggravated assault)

Section 2709 (relating to stalking)

Section 2901 (relating to kidnapping)

Section 2902 (relating to unlawful restraint)

Section 3121 (relating to rape)

Section 3122.1 (relating to statutory sexual assault)

Section 3123 (relating to involuntary deviate sexual intercourse)

Section 3124.1 (relating to sexual assault)

Section 3125 (relating to aggravated indecent assault)

Section 3126 (relating to indecent assault)

Section 3127 (relating to indecent exposure)

Section 4302 (relating to incest)

Section 4303 (relating to concealing death of child)

Section 4304 (relating to endangering welfare of children)

Section 4305 (relating to dealing in infant children)

Section 5902(b) (relating to prostitution and related offenses)

Section 5903(c) (d) (relating to obscene and other sexual material and performances)

Section 6301 (relating to corruption of minors)

Section 6312 (relating to sexual abuse of children), or an equivalent crime under

Federal law or the law of another state.

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name:	Signature:
Witness:	_Signature:
Date:	