



MICHIGAN

Volunteer Application

Please print in blue or black ink only.

PERSONAL INFORMATION

Last Name	First Name	M.I.
Address		City, State Zip
Email	Primary Phone	Alternate Phone
Emergency Contact Name		Phone
Relationship		

BACKGROUND INFORMATION

Are you volunteering to satisfy an academic requirement? No Yes

Are you volunteering to satisfy a court requirement? No Yes

If yes, please list your probation officer's name, phone number and Court _____

Have you ever been convicted of a crime? No Yes

If yes, please give all dates, charges, and current status _____

AVAILABILITY (Please circle all that apply)

Weekdays: Monday Tuesday Wednesday Thursday Friday No preference

Weekends: Saturday Sunday

Frequency: Weekly Monthly Occasionally

Time Morning Afternoon Evening

VOLUNTEER INTEREST (Please check any that may be of interest)

<input type="checkbox"/> Office Support (Southfield)	<input type="checkbox"/> Community Kitchen (Lansing)	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Thrift Stores	<input type="checkbox"/> Homeless Shelter (Lansing)	<input type="checkbox"/> Painting
<input type="checkbox"/> Youth Services	<input type="checkbox"/> Christmas Meal Delivery (Lansing)	<input type="checkbox"/> Construction
<input type="checkbox"/> Veterans Services	<input type="checkbox"/> Office Support (Lansing)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Veterans Kitchen (Detroit)	<input type="checkbox"/> Assist at Special Events	

SKILLS (List your skills and indicate proficiency level - Skilled, Can Teach, Amateur)

- _____
- _____
- _____

CONSIDERATIONS

Are there any special considerations that we should know in placing you in a volunteer position?

Comments: _____

**RELEASE OF CLAIMS, INDEMNIFICATION
AND TERMS AND CONDITIONS**

Release of Claims and Indemnification –

In consideration of the opportunity to volunteer with Volunteers of America Michigan or any of its entities, I, on behalf of myself and my heirs, executors, administrators and assigns, hereby release Volunteers of America, its separate entities, agents, employees and officers from any injury and any and all liability, claims, and demands of whatever nature or kind, at any time, whether known or unknown, caused by or related to my volunteer work.

I further agree to indemnify Volunteers of America Michigan and/or any of its separate entities, against all claims, demands, judgments and executions that Volunteers of America and/or its separate entities may sustain as a result of, or arising from my actions as a volunteer, whether or not such claims, demands, actions, judgments and executions are discovered during the period of my volunteer work.

Assumption of Risk –

I understand that my volunteer activities may include work which may be hazardous as a result of the population which is serviced by Volunteers of America Michigan or physical labor which may result in injury due to strenuous activity.

Photographic Release –

I hereby grant and convey unto Volunteers of America Michigan all right, title, and interest in any and all photographic images or audio recordings made by Volunteers of America Michigan during my volunteer activities including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Confidentiality Agreement –

My services are being offered on a voluntary basis, without compensation or future employment. During the term of my volunteer position with Volunteers of America Michigan and thereafter I shall maintain the confidentiality of all information disclosed to me including all client information, financial and medical records; personnel files of staff, board members and volunteers; family information; personal observations of the clients or their family members; financial or business records of Volunteers of America Michigan; and any information obtained from vendors or outside entities. I understand and agree that while performing volunteer services for Volunteers of America Michigan, I am bound by laws and policies that protect the privacy of clients and employees.

Background Investigation Consent –

I hereby authorize Volunteers of America Michigan and/or its agents, now and at any time which I am a volunteer, to conduct independent background investigations; including but not limited to, employment, criminal and police investigations for the purpose of protecting clients, confirming information contained in my application and such other reasons which may be material to my qualifications for volunteer positions.

Diversity –

Volunteers of America Michigan is a diverse organization, which values the uniqueness that each person brings to fulfilling its mission. Our differences are physical, such as race, gender and age. But they also include less visible differences such as cultural, heritage, personal background, functional expertise and certain strengths and skills, which are inherited and learned. Many of those with limited motor and sensory skills are especially valued contributors because of the unique perspectives they bring to our mission. We not only welcome diversity in the workplace, but rather, encourage it. We are as diverse as the society we seek to serve.

Crime-Free Policy –

The commission of any unlawful activity including; but not limited to, the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Volunteers of America Michigan locations.

I agree that this release of claims, indemnification and assumption of risk is intended to be as broad and inclusive as permitted by the laws of the State of Michigan. I agree that in the event that any clause or provision of this document shall be held invalid by any court, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this document which shall continue in full force and effect.

I have read and understand the above provisions. I voluntarily sign this document and understand that my signature indicates my *unconditional agreement* to the terms and conditions contained herein. I understand that both myself and Volunteers of America Michigan may terminate the volunteer arrangement at any time and for any reason.

Signature _____ Date _____

Printed Name _____ *Date of Birth _____

Maiden Name/Other Names Used _____ *Gender _____

*Required for background check and identification purposes only and is in no manner used as qualification for volunteer positions.

Volunteers of America is a national, nonprofit, spiritually based organization providing local human service programs, and the opportunity for individual and community involvement.



Volunteers of America®

MICHIGAN

<i>Do</i>	<i>Don't</i>
✓ Show respect for all residents, clients, staff and volunteers.	✓ Use profanity or physical violence in interactions with residents, clients, staff and volunteers
✓ Dress modestly to protect yourself and others. Avoid wearing tight-fitting clothes or expensive jewelry	✓ Abuse any substances on the premises or arrive under the influence of drugs or alcohol
✓ Be punctual. If you cannot make it please call the office at which you are working.	✓ Be insensitive to the feelings of residents and clients
✓ Be honest with the staff	✓ Get intimate with residents or clients
✓ Remember your personal cleanliness and neatness	✓ Lend money to residents or clients
✓ Keep the confidentiality code, disclosing protected health information to no one	✓ Give rides to residents or clients without staff permission
✓ Report to staff member in charge any problem that arises	✓ Go anywhere outside of the supervision of staff unless given permission to do so
✓ Wear your identification badge on your outermost layer of clothing at all times	✓ Bring any personal belongings on site, only what you can keep on your person
✓ Fill out a timesheet each time you volunteer	✓ Solicit services to or from residents or clients
✓ Report any issues to the Volunteer Coordinator at (248) 945-0101, ext. 6036	✓ Steal any personal items belonging to other volunteers, residents, clients, staff or the organization.

Failure to adhere to the regulations as outlined on this page may result in immediate termination of service and further action taken. Both the volunteer and Volunteers of America Michigan reserve the right to terminate the volunteer arrangement at any time and for any reason.

Signature: _____ Date: _____

Photo/Audio/Informational Assignment and Release Form

Volunteers of America Michigan
21415 Civic Center Drive, Suite 306
Southfield, MI 48076

Authorization to Use Photograph, Video, Audio, and Client Information

Subject: _____

In consideration for the opportunity to volunteer with Volunteers of America Michigan or any of its entities, I grant to Volunteers of America Michigan, its representatives and employees the right to take photographs of me and my property and audio recordings in connection with the above-identified subject. I grant and convey to Volunteers of America Michigan all right, title, and interest in any and all photographic images and audio/video recordings made by Volunteers of America Michigan. This right includes, but is not limited to, any royalties, proceeds or other benefits derived from such photographs and recordings.

I agree that Volunteers of America Michigan may use such photographic images and audio and video recordings with or without the disclosure of my name. I further agree that Volunteers of America Michigan may disclose information about me related to the photographs and recordings with or without my name and for any lawful purpose. Any lawful purpose shall include, but not be limited to, program promotion, publicity, illustration, advertising and website content.

I agree that in the event that any clause or provision of this document shall be held invalid by any court, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this document which shall continue in full force and effect.

I have read and understand the above.

Signature _____

Printed Name _____

Staff Member/Case Worker _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)