

# Volunteer Application



## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Long term       Special event  
 Weekday afternoons       Short term

## Interests

Tell us in which areas you are interested in volunteering

- Senior Companion       Office       Gardening  
 Events       Pet Therapy       Kitchen  
 Music       Cooking  
 Field Trips       Crafts

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Agreement and Signature

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless Just Friends, Inc., Bartholomew County, IN from all liability for any and all risk of damage bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer efforts in which I participate. I likewise hold harmless from liability any person transporting me to or from any activity.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Indiana, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I further agree to abide by the Policies and Procedures of Just Friends, Inc. I give my consent to the Just Friends & AmeriCorps Program to use my name and likeness to promote Just Friends, Inc. & AmeriCorps Program, its fiscal agent, and/or their activities.

### Confidentiality Policy

All information regarding individual participants shall be kept confidential. Each participant's file shall be kept in a locked cabinet and only Just Friends Staff shall have access to these files. Information regarding a participant may only be released from Just Friends after obtaining the informed written consent of the participant or responsible party. Volunteers within Just Friends will only be given as much information on individual participants as they need to know in order to work successfully with the participant.

The nature of confidentiality and the policy concerning its implementation within the Just Friends, Inc will be discussed during orientation of both staff and volunteers. Staff members as well as volunteers will be asked to sign a Confidentiality Agreement.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me. I have read the Confidentiality Policy of Just Friends, Inc. I understand the content of this policy, and agree to abide by it in all my work with participants and families.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Office Notes:

<b>Date</b>	<b>Comments</b>	<b>Staff Name</b>