



VOLUNTEER APPLICATION

PERSONAL INFORMATION

Full Name: _____ Mr., Mrs., Ms., Dr. _____

Primary Address: _____ City: _____ State: _____ Zip: _____

Alt/Seasonal Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Birthdate: ___/___/___ I am over 18. Under 18? Parent/Guardian signature required _____

Volunteer Position: _____ Starting Date: _____

Interested Volunteer Events: Donation Drive Bowl-a-thon Ritz Carlton Other _____

Are you available to work: Full-Time Part-Time On-Call

List your volunteer availability or desired day and time below. *If you have decided on a schedule for volunteering with the Donor Development Manager/Volunteer Coordinator, please list your schedule below.*

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times:							

EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

HISTORY

Have you ever volunteered for UCPIE before? Yes No When? _____

Do you have any limitations that may prohibit you from the volunteer description's duties? Yes No

Please state any required accommodation needed. _____

EMPLOYMENT HISTORY

Are you: Employed Retired Looking for work Other _____

Current/Previous Employer: _____ Phone: _____

Job Title: _____ Supervisor Name: _____

Address: _____ Date Started: _____ Date Left: _____

May we contact this employer for a reference? Yes No

Reason for leaving: _____

AUTHORIZATION

- I defend, indemnify, and hold harmless United Cerebral Palsy of the Inland Empire from all liability, personal injury, loss, or damage whatsoever from any cause which may arise from activities in and about the facilities of United Cerebral Palsy of the Inland Empire and/or on behalf of United Cerebral Palsy of the Inland Empire. _____
- I verify that I meet the minimum age requirement for the program and position I wish to volunteer in. _____
- I agree to have a TB Test and/or Criminal Background Check if required by the position in which I am interested, and I further agree to wait until the results are back before I begin to volunteer in that position _____
- I have read, understand and agree to the Volunteer Services Policies, Procedures, and Rules of Conduct including the Dress Code Guidelines. _____
- I understand that the information given above is true and will be held confidential.

Signature: _____ Date: _____



DRESS CODE GUIDELINES

Volunteers are requested to arrive dressed appropriately for the work that they will be performing. This dress code has been developed with the safety of volunteers in mind, following workplace safety standards designed to respect our clients. Please adhere to this code to ensure that you will be able to fully take part during your day of service. Volunteers arriving dressed inappropriately will not be allowed to take part unless suitable accommodations can be made.

- Volunteers must wear flat, closed-toed shoes. Please do not wear shoes with heels more than half an inch.
- Volunteers may not wear revealing or tight-fitting clothing like see-through fabrics or yoga pants. Do not wear tank tops, sleeveless or low-cut shirts, and short shorts or cut-up pants that are revealing.
- Acceptable clothing includes shirts covering the stomach, upper arms, and chest, shorts that come within three inches of the knees, and long pants.
- A hat or hairnet is required for volunteers handling food. (One will be provided for you)
- Disposable gloves and an apron are required for volunteers handling food and will be provided.
- No one with fingernails that extend more than one inch beyond their fingertip can handle or serve food.
- All food handlers will be asked to remove bracelets, watches, rings, etc. unless they must be worn for special circumstances.

Printed Name: _____

Volunteer Signature: _____ Date: _____



CALIFNORNIA RACE/ETHNICITY QUESTIONNAIRE

OPTIONAL

Demographic information helps UCPIE in receiving grants, funding and developing collaborations; your anonymity is strictly protected. Information about your interests, skills and past volunteers experience helps Volunteer Services more effectively match your interests and talents to the right volunteer position.

Volunteers are also requested to voluntarily self-identify their race/ethnicity and gender in order to monitor and evaluate the provision of equal employment opportunity and non-discriminatory employment practices within the state civil service. Note: If you choose not to identify, the department is required to visually identify under federal law.

Volunteer Name: _____

Race and Ethnicity | Please check one or more boxes that describe your race or ethnicity.

<input type="checkbox"/> BLACK or AFRICAN AMERICAN (F) <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE (H) <input type="checkbox"/> HISPANIC or LATINO (D) <input type="checkbox"/> WHITE (E)	<p>ASIAN</p> <input type="checkbox"/> Cambodian (U) <input type="checkbox"/> Chinese (J) <input type="checkbox"/> Filipino (G) <input type="checkbox"/> Indian (M) <input type="checkbox"/> Japanese (I) <input type="checkbox"/> Korean (K) <input type="checkbox"/> Laotian (V) <input type="checkbox"/> Vietnamese (L) <input type="checkbox"/> Other Asian (S)	<p>PACIFIC ISLANDER</p> <input type="checkbox"/> Guamanian (R) <input type="checkbox"/> Native Hawaiian (P) <input type="checkbox"/> Samoan (Q) <input type="checkbox"/> Other Pacific Islander (T)
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How do you choose to identify? _____ for example: she/her, he/him, they/them

Languages spoken other than English: _____

Other volunteer organizations, affiliations, clubs or hobbies: _____

I choose not to identify. I understand that I must be visually identified under Federal law.

Volunteer Signature: _____ Date: _____

Privacy Notice on Information Collection The California Department of Human Resources (CalHR) is committed to maintaining the privacy of your personal information. All information we collect is governed by the State of California Information Practices Act of 1977 (Civ. Code, §§ 1798-1798.78), Government Code section 11015.5, Government Code section 11019.9, and the California Public Records Act (Gov. Code, §§ 6250-6270.5).



CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT FOR VOLUNTEERS

Our agency's information systems contain confidential records about our business operations, residents/clients, business associates, healthcare professionals, volunteers, and employees. Because this information is vital to the operation of our agency in providing quality care and services to our clients, it must be protected. As such, in accordance with current HIPAA & California regulations and agency policies governing the access, use, and disclosure of protected health or agency information, you are responsible for protecting such data.

As a Volunteer of this agency, you may have access to protected information. This agreement aims to provide you with information to assist you in understanding your duty and obligations relative to confidential information. Your signature on this document indicates that the information contained herein has been explained to you and that you understand the rules set forth.

YOU AGREE:

1. To respect the privacy and confidentiality of any information you may have access to and that you will access or use only that information necessary to perform your job.
2. To refrain from communicating information about a client in a manner that would allow others to overhear such information in accordance with the agency's established policies or the client's wishes (e.g., friends, relatives, visitors, family members of the client, etc.)
3. Not to access or request any protected information that is not necessary to perform your assigned job function.
4. To abide by the HIPAA policies and procedures set forth by the agency as well as current regulations governing privacy issues.

I further understand that the duties and obligations set forth in this document will continue after the termination, expiration, and cancellation of this agreement including my termination of volunteerism.

Printed Name: _____

Volunteer Signature: _____ Date: _____



PHOTOGRAPH AND PERSONAL INFORMATION RELEASE FORM

Please read this Photograph and Personal Information Release Form carefully before signing. By signing this form, you are giving United Cerebral Palsy of the Inland Empire permission to broadcast, print or otherwise use your image and/or interview and that of any children you have designated below for promotional, educational, and other purposes.

1. CONSENT TO PHOTOGRAPH: AUTHORIZATION FOR USE AND DISCLOSURE: I, the undersigned, the Releaser, being of lawful age, personally and on behalf of any children listed below, hereby consent and authorize United Cerebral Palsy of the Inland Empire, licensees, agents, successors and assigns to use or disclose name, likeness, biographic and/or other information concerning the Releaser and/or any children listed below in print video or still photography, in digital or any other format, and any other means of recording.

2. PURPOSE: I hereby authorize the use or disclosure of the personal information and/or photographs or video for the following uses or purposes: The images may be used in print, including social media, newspapers, magazines and books, television, radio broadcasts, the Web site (www), Newsletters, to inform the general public of the services provided by the organizations indicated above and the needs of the homeless and needy. Also, the images may be used in fundraising, public relations, and promotional media for United Cerebral Palsy of the Inland Empire. Releaser hereby waives any right to compensation for such uses by reason of the foregoing authorization. Releaser, personally and on behalf of any children listed below, hereby expressly releases United Cerebral Palsy of the Inland Empire and/or its affiliates, licensees, agents, successors, and assigns from all liability for any claims, demands, damages, losses, or expenses of any sort arising out of this agreement or of any use of name, likeness, biographic, and/or other information of Releaser and/or any children listed below and further acknowledges that there were no promises of any compensation for such use by United Cerebral Palsy of the Inland Empire, its affiliates or anyone associated with the latter. United Cerebral Palsy of the Inland Empire and its affiliates own all rights to the photographs, articles, advertising, and promotion media irrespective of the form in which they are produced and used.

3. MY RIGHTS: I, the Releaser, may revoke this authorization at any time. I must do so in writing and submit it to the **Community Relations Coordinator**, or in the event that he or she is unavailable then to the **volunteer advisor** on duty. My revocation will take effect immediately.

I may refuse to sign this Authorization. My refusal will not affect my ability to volunteer at United Cerebral Palsy of the Inland Empire

I have a right to receive a copy of this Authorization.

I, the undersigned and Releaser represent and warrant that I have read and understand this consent and authorization, and that I have the right and authority to execute this release. I, the Releaser, further represent and warrant that he or she is the parent or legal guardian of any children listed below.

Print name: _____ Date: _____

Signature of Releaser/Parent/Legal Guardian: _____

Children's name(s), if applicable: _____



VOLUNTEER RIGHTS AND RESPONSIBILITIES

It is Your Right

- To receive the information and supervision necessary to do the task.
- To feel that your efforts have a real purpose and contribute to the organization's name.
- To provide input on ways your tasks might be better performed.
- To be treated with respect
- To expect that your time will not be wasted by poor planning or coordination of the organization.
- To provide input and information on your experience with the organization.

It is your Responsibility

- To respect those confidences entrusted to you.
- Not to take on more than you can handle.
- To meet time commitments or to provide appropriate notice so alternate arrangements can be made.
- To perform the tasks assigned to you to the best of your ability.
- To remain flexible when being assigned your task(s).
- To follow organizational policies and procedures.
- To be open-minded and respectful towards opinions shared with you.
- To notify the organization in advance of any absences or schedule changes that may affect them.