

VOLUNTEER APPLICATION SUBMISSION INSTRUCTIONS

Please retain Volunteer Handbook for your reference.

Please return the following forms by:

Fax: (719) 447-9482 Attn: Toni Duran

Email: Tduran@sksfcolorado.org

Or

Mail:

Special Kids Special Families
Attn: Volunteer Coordinator
424 W. Pikes Peak Avenue
Colorado Springs, CO 80905

- 1. Volunteer Application**
- 2. Signed & dated Photography/Confidentiality Statement**
- 3. Signed & dated Volunteer Policy**
- 4. Signed Liability Waiver**

If you have any questions, please feel free to contact the Volunteer Coordinator at 719-447-8983 ext. 10 or email Tduran@sksfcolorado.org

VOLUNTEER APPLICATION

Last Name: (PLEASE PRINT)	First Name:	Business/Group Name:																																										
Street Address:		City	State:	Zip:																																								
Email Address:			Would you like to subscribe to our E-Newsletter: <input type="checkbox"/> Yes <input type="checkbox"/> No																																									
Phone #1:	Cell Phone #:	Are you under 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth:																																								
Volunteer Interests: <input type="checkbox"/> Admin/Office duties (filing, scanning, etc.) <input type="checkbox"/> Special Events <input type="checkbox"/> Fundraising <input type="checkbox"/> Zach's Place <input type="checkbox"/> Adult Services <input type="checkbox"/> Board Membership <input type="checkbox"/> Outdoor/Landscaping <input type="checkbox"/> Maintenance (<i>painting, landscaping, gardening, shampoo carpets, cleaning, sweeping, mopping, etc.</i>) <input type="checkbox"/> Whatever is needed Other: _____ _____	Availability: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 15%; text-align: center;"><u>AMs 8-12</u></th> <th style="width: 15%; text-align: center;"><u>PMs 12-5</u></th> <th style="width: 15%; text-align: center;"><u>Evenings 5+</u></th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Monday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Tuesday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Wednesday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Thursday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Friday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Saturday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Sunday</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Specific Date: _____</td><td></td><td></td><td></td></tr> <tr><td><input type="checkbox"/> Specific Time: _____</td><td></td><td></td><td></td></tr> </tbody> </table>				<u>AMs 8-12</u>	<u>PMs 12-5</u>	<u>Evenings 5+</u>	<input type="checkbox"/> Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Specific Date: _____				<input type="checkbox"/> Specific Time: _____				Restrictions/Notes: _____ _____
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<p style="text-align: center;">For Direct Care only: Please answer the questions below – IF ANY ANSWERS ARE MARKED "YES" PLEASE ATTACH EXPLANATION:</p> <ol style="list-style-type: none"> 1. Have you ever been convicted of a felony? <input type="checkbox"/>No <input type="checkbox"/>Yes 2. Have you ever been convicted of a crime against children or other persons? <input type="checkbox"/>No <input type="checkbox"/>Yes 3. Has your Driver's License ever been suspended or revoked within the past 3 years? <input type="checkbox"/>No <input type="checkbox"/>Yes 4. Have you ever been reviewed by other organizations and have been restricted from involvement with children, youth, or adults? <input type="checkbox"/>No <input type="checkbox"/>Yes 5. Are you up to date on your immunizations? <input type="checkbox"/>Yes <input type="checkbox"/>No 																																												
In case of emergency, please contact:		Relationship:	Phone Number:																																									
Name:																																												

Copies of your Driver's License and proof of auto insurance must be on file in order to transport our consumers on field trips.
 All information in this application is accurate to the best of my knowledge. As a condition of being permitted to volunteer for Special Kids Special Families, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from my volunteer experience. I hereby agree to waive any and all claims arising out of any such injuries or damages. I also give permission to administer emergency medical care if needed.

APPLICANT SIGNATURE: _____

VOLUNTEER POLICIES

POLICY & PURPOSE Special Kids Special Families (SKSF) has an organized and structured policy to utilize volunteers within the agency. SKSF is committed to providing quality programs and services to the community, and volunteers provide the necessary assistance to carry out these services. SKSF recruits and enrolls volunteers without regard to race, age, sex, religion, color, national origin, or physical ability. Special accommodations may be made upon need and request. Volunteers under the age of 18 must be accompanied by an adult at all times, and permission from a legal guardian is required (refer to Volunteer Application). The use of volunteers is considered a viable means to introduce individuals to community service and also reduces program costs.

PROCEDURE:

1. The use of volunteers are based on two levels:

LEVEL 1: A volunteer that performs functions at an SKSF facility that does not work directly with the facility's clients and tends to be focused on projects or events that aid in the well-being of SKSF. Examples of volunteer work in this level would include repairing a swing set, assisting in a fundraising activity or facility event.

LEVEL 2: A volunteer that has an ongoing direct involvement with a particular individual or group of individuals that includes a level of supervision. An example of volunteer work in this level would include someone who comes in consistently every Monday to work on gross motor skills with an individual or group of individuals OR an individual who works consistently in the office. The second level of volunteerism, having more opportunity for direct involvement with an individual, *may require* a background check that includes ABSP and/or State Central Registry, Police, CBI, and three references. SKSF will incur the cost of these background checks. SKSF will notify the volunteer if these checks are required.

2. For both levels of volunteerism, a Volunteer Sign in sheet is required to track the volunteers hours and dates of work. A Volunteer Application is also required along with a signed Volunteer Policy and Confidentiality/Photo Release Policy.

I acknowledge receiving the SKSF Volunteer Policy and understanding its contents.

Volunteer Signature

Date

Parent/Legal Guardian (if under 18)

Date

Volunteer Name – PRINT

PHOTOGRAPHS/VIDEOTAPING

I _____ Give my permission
 (PRINT NAME) Do not give my permission

to be photographed or videotaped while volunteering at various SKSF programs in the course of my duties, at program functions and fundraising events; to have the photographs displayed or shared with donors, grantors, other non-profit organizations, in the agency scrapbook and other community officials. I understand that the Agency's staff, news media, volunteers or other parents, may take photographs. Photos taken of myself during time spent working for the Agency may be used for publicity and marketing purposes (newspaper, newsletters, websites, brochures, flyers, and other marketing related materials).

I acknowledge receiving the SKSF Photographs/Videotaping Policy and understanding its contents.

Volunteer Signature Date Parent/Legal Guardian (if under 18) Date

Volunteer Name - PRINT

CONFIDENTIALITY STATEMENT

I agree to keep confidential and abide by **HIPPA** law and policy all information I learn about clients served in my course of business and while volunteering with SKSF. I agree not to provide any information to others without the expressed written consent of the client and/or client's guardian. I agree not to disclose personal information specific to co-volunteer and SKSF staff without the expressed written permission of the co-volunteer or SKSF staff. I agree not to disclose agency policy, procedures, forms, or any materials developed by the agency without the approval of the Director or Board of Directors.

I acknowledge receiving the SKSF Confidentiality Statement and understanding its contents.

Volunteer Signature Date Parent/Legal Guardian (if under 18) Date

Volunteer Name - PRINT

Volunteer Waiver and Release Form: (For Use if Volunteer is Under 18 Years of Age)

Volunteer Name: _____

Is Volunteer under the age of 18? __Yes __No

Contact Email: _____ Phone: _____

Parent or Legal Guardian (Required if Volunteer is under age 18): _____

Address: _____

Is this person a member of a volunteer group? __Yes __No

If yes, what is the name of the group: _____

Leader's name: _____ Phone: _____

Address of organization: _____

Emergency Contact Information (at least 1 required):

Name: _____ Relationship to Volunteer: _____

Phone number (Required): _____

Name: _____ Relationship to Volunteer: _____

Phone number (Required): _____

Name: _____ Relationship to Volunteer: _____

Phone number (Required): _____

Program Involvement: Internal Use Only

Name of SKSF Program/Event: _____

Volunteer Activity Director: _____

Phone number: _____

WAIVER AND RELEASE FORM**RELEASE OF LIABILITY**

(Initial Next to Each Statement)

___ In return for being allowed to participate in Special Kids Special Families volunteer activities and all related activities, including any activities incidental to such participation (“Volunteer Activities”), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using “I”, “me”, or “my”) releases and agrees not to sue Special Kids Special Families or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates (“the organization”) from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

___ I understand and agree that the organization is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

___ I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

___ I also agree to indemnify and hold harmless the organization for all claims arising out of my participation in the Volunteer Activities.

___ I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

___ I also acknowledge that the organization has not arranged and does not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

___ I also understand that this document is a contract which grants certain rights to and eliminates the liability of the organization.

(Signature of Volunteer)**(Date)**

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

(Signature of Parent/Legal Guardian if Volunteer is Under 18)**(Date)**

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.