



Volunteer Application and Agreement Form

Last Name: First Name: Date:

*Name of Parent or Guardian if under 18 years:

*If volunteer is under 18 years, the parent or guardian must also complete a volunteer application and agreement form.

Address:

Tele:
Cell: Fax:
EMAIL:

Company or Volunteer Group Name:

Date of Birth: Driver's License No.

Emergency Contact:
(Name) (Tele.No.; Indicate Home, Work or Cell) (Relationship)

Do you have any friends/family members who are employed or volunteer here? Yes No

When are you available to volunteer (specify hours of availability)?

Monday Tuesday Wednesday Thursday Friday
Saturday Sunday Holidays only

Types of volunteer work you think you'd be most comfortable with:

- Helping with a group activity Internet Help (see attached form)
 Office Work with Families Teaching Classes Office Paperwork

List Your Past Volunteer Experiences:

Organization: Duties: Mo/Yr. to Mo/Yr.
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Have you ever been adjudged civilly or criminally liable for abuse of an individual with disabilities? No Yes
Have you been convicted of a crime? No Yes If yes, please describe:

BACKGROUND CHECK: Pass It On requires volunteers working with individuals and families to submit to a background check. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working with consumers.

I agree to have a background check.

HEALTH: Pass It On requires that all volunteers with close consumer contact provide proof of a documented negative result on a TB test completed within three years from the date of this volunteer application.

I agree to forward results from my most recent TB test from my physician within two weeks of the date on this application.

REFERENCES: List two people, not related to you who have knowledge of your qualifications.

Name:	<input type="text"/>	Mailing Address:	<input type="text"/>
Tele. No.:	<input type="text"/>		<input type="text"/>
Name:	<input type="text"/>	Mailing Address:	<input type="text"/>
Tele. No.:	<input type="text"/>		<input type="text"/>

I need the following accommodation(s) to work as a volunteer: _____

As a volunteer for Pass It On, Inc., I agree to abide by all applicable rules and regulations of the agency and the Kentucky Division of Developmental Disabilities. I understand that I will receive no monetary benefits in return for my volunteer service and that Pass It On may terminate this agreement at any time without prior notice for any reason. I hereby authorize Pass It On to check my references, and I understand that a criminal background check is required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the a director and on site orientation to perform my volunteer role.

I hereby Release and Waive liability against Pass It On, Inc., a Kentucky non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for Pass It On. Further, I agree that Pass It On, Inc., is not liable for any damage to my property or my dependent's property resulting from volunteer work for Pass It On. I agree that this release is as broad and inclusive as permitted by the laws of the State of Kentucky.

Volunteer Signature: _____ **Date:** _____

INTERNET:

Volunteers of Pass It On, Inc., that provide volunteer service on social media sites and other public interfaces (I.e administrators of Facebook, Twitter, or website) must adhere to the following responsibilities.

- Respect the privacy of others (no addresses, phone numbers, meeting places/times, or email addresses posted publicly)
- Professional language must be used at all times. (no profanity, obscenity, or other language which may be offensive to another user)
- Copying pictures and other materials must not be in violation of copyright law
- Uploads of any materials must be approved by the Board President before public display

I understand that my actions and public posts represent a professional corporation, therefore, I must make sure that my public posts are in the best interest of the company. I further understand that violations may result in loss of access as well as other disciplinary or legal action and I will abide by the terms of Pass It On, Inc.

Volunteer Signature: _____ **Date:** _____

Application Instructions

- 1. Complete the document in full, including all check boxes. If you need more room, please attach a separate sheet.**
- 2. Email the following items to jobs@passitonkentucky.org**
 - the completed application (leave the signature section blank)**
 - any attachments for the application**
 - Resume**
- 3. You will be contacted as soon as possible to set up an interview. You will be required to sign the application during the interview process.**