



VOLUNTEER APPLICATION

Date: _____

CONTACT INFORMATION

Name		
Address		Suite
City, State		Zip
Home Phone		Cell Phone
Birth Date		Email
Emergency Contact		Phone Number

Skill/Interest/Education

Any lifting restrictions/limitations:

AVAILABILITY

Days: M/T/W/Th/F		Times: (morn/after)
How often would you like to volunteer?		
How many hours would you like to volunteer?		



Release of Liability

I hereby fully and forever waive, release and relinquish all claims, demands, and actions whatsoever and I may have or may accrue to me against Red Rock Center For Independence (RRCI), officers, agents, volunteers and employees arising out of this activity and/or any volunteer activity associated with or connected with this activity. Furthermore, I agree to indemnify and hold harmless and defend RRCI from any and all claims and actions resulting from injuries, damages and losses sustained by me arising out of, connected with or in any way associated with this volunteer position.

I have read this agreement and fully understand its content and sign it of my own free will. I further certify that I am (18) years of age or the parent/legal guardian of a minor participant.

Statement of Confidentiality

As condition of being involved with persons seeking assistance from RRCI, I agree to keep confidential any information shared with me. I understand that no information concerning clients shall be released to other agencies or persons without signed, written consent of those involved. I recognize that the unauthorized release of confidential information may make me subject to civil action. I further understand that violation of this agreement is grounds for termination of my service.

AUDIO/PHOTO/VIDEO MEDIA RELEASE FORM

I grant permission to RRCI and its agents or employees to use photographs and/or video and audio taken of me. These images may be used in educational and documentary materials such as Public Service Announcements, Grant Applications, Video Documentaries and both printed and online newsletters. Furthermore, I authorize the use of my image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by RRCI.

I hereby agree to release, defend, and hold harmless RRCI and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from any claim, damages, or liability arising from or related to the use of the photographs/video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution.

Signature (Parent's Signature, if under 18)

Date

Printed Name



Pursuant to the national Child Protection Act of 1993, as amended, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize Red Rock Center for Independence to submit a set of my fingerprints and this form to the Utah department of public safety Bureau of Criminal Identification, for the purpose of accessing and reviewing Utah and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any State and national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

Signature: _____

Printed Name: _____

Date: _____

VOLUNTEER OPPORTUNITIES

(Please check the volunteer areas your are interested in volunteering)

Volunteer Opportunity	Description	<input checked="" type="checkbox"/>
Accessibility	Assessing accessibility in the community	<input type="checkbox"/>
Activities	Assist our staff with planning and conducting activities for consumers	<input type="checkbox"/>
Administrative Support	Assist our staff by answering phones, greeting visitors, and performing other light administrative and clerical tasks.	<input type="checkbox"/>
Assistive Technology	Assist our staff by installing wheelchair ramps and repairing assistive equipment	<input type="checkbox"/>
Community Outreach	Assist with community outreach and public awareness campaign	<input type="checkbox"/>
Companion	Visiting with consumers who need socialization	<input type="checkbox"/>
Computer Learning	Teach basic computer skills to individuals	<input type="checkbox"/>
Don't Laugh at Me Players Group	Assist performing group with costume changes at practices and performances	<input type="checkbox"/>
Drivers	Drivers need to drive our vehicles to transport consumers to and from activities and events	<input type="checkbox"/>
Fundraising	Annual fundraising luncheon coordination	<input type="checkbox"/>
Legal	Provide legal support to individuals. Must have current license in the State of Utah.	<input type="checkbox"/>
Shopping	Provide support and assistance to consumers on the grocery shopping trips	<input type="checkbox"/>
Support Group	Plan and conduct cross disabilities support group monthly meetings	<input type="checkbox"/>
Recreation	Plan and conduct quarterly recreational activities for consumers	<input type="checkbox"/>
Teacher	Plan and teach independent living classes to consumers	<input type="checkbox"/>
Telephone	Calls to consumers to inform/remind them of upcoming events and activities	<input type="checkbox"/>
Tour Host	Provide semi-monthly tours of our mission	<input type="checkbox"/>
Transportation	Assist staff with maintaining RRCI vehicles	<input type="checkbox"/>
Volunteer Coordinator	Coordinate all volunteers and schedules	<input type="checkbox"/>
Youth Program	Assist staff with planning and conducting youth activities and classes	<input type="checkbox"/>