

Personal Information:

First Name: _____ Last Name: _____

Street Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ H C W

Secondary Phone Number: _____ H C W

E-Mail Address: _____

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Emergency Contact Information:

First Name: _____ Last Name: _____

Primary Phone Number: _____ H C W

Secondary Phone Number: _____ H C W

E-Mail Address: _____ Relationship to you: _____

Employment Information:

Have you ever been employed by or volunteered with WLI before? Yes No

If yes, please describe dates and position(s): _____

Current Employer: _____

Current Position: _____ Time w/current employer(years): _____

Have you ever worked with individuals with Autism/DD? Yes No

If yes, please explain: _____

Volunteer Information:

Have you ever worked with individuals with Autism/DD? Yes No If yes, please explain:

Please check the frequency with which you would like to volunteer:

One Time

Monthly

Weekly

Other: _____

How many hours per visit would you like to volunteer? _____

What days and times are you available for volunteer work? Please fill in all times that apply.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Education and Skills:

Middle/High School: _____

Highest grade level completed: 7 8 9 10 11 12 (Graduated) College/University: _____

Concentration: _____

Highest level completed: Freshman Sophomore Junior Senior (Graduated) Masters Doctorate

Please list any special skills, qualifications, trainings, certificates, etc.

Additional Requirements:

Are you fulfilling a school/court/diversion program requirement? Yes No

If yes, please complete the following information:

Name of School/Court/Diversion Program: _____

Number of hours required: _____ To be completed by (date): _____

Contact information for School/Court/Diversion Program:

Name: _____

Phone: _____ E-Mail: _____

Description of requirements: _____

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Background Information:

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime (felony or misdemeanor)?

Please select one: Yes No

Do you have any criminal charges pending? Please select one: Yes No

SERVICES:

As a volunteer I can provide the following services as well as take account of other needs the organization may have:

I understand the services provided will be a donation and under **no** circumstances will expect wages, salary, or benefits from the organization for the services provided within this volunteer agreement. I understand as a volunteer I will receive no employee benefits including disability, pay, workman's comp, or severance pay.

- Additionally, the Organization shall hold the Volunteer harmless against any damages related to the Volunteer's service.
- The Volunteer agrees that in the instance of legal proceedings they will cooperate with the Organization as well as the Organization's agents.
- The Volunteer agrees to provide written notification to the Organization in the event that an incident takes place while the Volunteer is providing services.

TERMINATION:

Because the Volunteer is not an active employee, they may terminate this volunteer agreement at any time for any reason they deem necessary. **wli** may decline to accept the Volunteers time and may terminate this agreement without prior notification.

Signature of Volunteer Applicant

Date

Volunteer Agreement:

I agree to submit and authorize Work Leads to Independence to conduct verification checks of my criminal background, personal and professional references, and searches of other public and private records as **wli** deems necessary to secure information regarding me as a volunteer for the capacity I am seeking.

I agree and understand that as a volunteer, **wli** is not obligated to provide me any payment or benefit for my services. I also agree to release **wli**, its Board of Directors, employees and agents (collectively **wli**) from any liability in the event I am injured or suffer damage as a result of the negligence of **wli** I agree not to pursue any claim or initiate any action against **wli** in the event that I am injured or suffer damage as a result of the negligence of **wli**.

I agree not to disclose or discuss any program participant/resident, human resources, and/or management information with those who are not directly involved with the participants' care. This includes but is not limited to verbal and written discussion as well as electronic media.

I agree not to access any information or utilize any equipment other than that which is required.

I understand that accessing data must not occur simply to satisfy a curiosity, and it is unacceptable to look up data other than that required to perform my assigned role.

I agree not to make inquiries for other personnel who do not have proper authority.

I agree to advise **wli** in writing of any physical limitations which could affect or be affected by any volunteer activities I assume. I understand it is my responsibility to provide this information and I release **wli** from any liability for injuries or illnesses which result from my failure to advise **wli** in writing of any such limitations.

I understand that **wli** may require alcohol, drug and substance abuse screening, and I consent to such an examination and authorize the release of the results of such an examination to **wli**

I hereby authorize investigation of all statements in this application and request any company, institution, or persons contacted as part of this investigation to provide any and all pertinent information. To assure their cooperation, I hereby release them from all liability for any damage that may result from furnishing same to **wli**

Signature of Volunteer Applicant

Date

ONSENT FOR USE OF PHOTOGRAPHS

I [give do not give] permission for the use of photographs and/or videos taken of...

Printed Name of Volunteer Applicant

...while volunteering for **wli**.

I also [give do not give] permission for the first name only of the individual listed above to be used by **wli**

I understand that the photographs, videos, and/or names may be used for educational and/or promotional/social media purposes. These photographs and videos may also be used on the **wli** Website, **wli** Facebook Page, media articles, and other social media sites.

This permission is granted indefinitely or until **wli** receives written notification from the parent/ guardian/participant indicating otherwise.

Signature of Volunteer Applicant

Date