

SHORT-TERM VOLUNTEER AGREEMENT

(LESS THAN 4 TIMES/YR ANNUALLY)

NAME: _____ DATE: _____

ADDRESS: _____ EMAIL: _____

PHONE: _____ EMERGENCY CONTACT & PHONE: _____

PLANNED VOLUNTEER ACTIVITY: _____ EARLY CHILDHOOD CLASSROOM _____ OFFICE/CLERICAL WORK
_____ KITCHEN/MEAL SERVICE _____ SPECIAL PROJECTS _____ OTHER – PLEASE DESCRIBE: _____

VOLUNTEER RESPONSIBILITIES:

- Arrive on time and report cancellations prior to expected time of arrival to supervisor.
- Perform assigned tasks.
- Respect staff, child and family rights to confidentiality.
- Adhere to Child Focus Program policies and procedures.

VOLUNTEER SCHEDULE: (VOLUNTEERING IN A CLASSROOM MORE THAN 4 TIMES PER YEAR MUST COMPLETE A REGULAR VOLUNTEER FORM)

LOCATION	DAY OF WEEK OR DATE	TIME	# OF HOURS

VOLUNTEER TYPE (Must be completed and approved prior to starting)

<input type="checkbox"/> COMMUNITY VOLUNTEER <ul style="list-style-type: none">• PLACE OF EMPLOYMENT OR CIVIC GROUP NAME: _____
<input type="checkbox"/> PARENT VOLUNTEER
<input type="checkbox"/> OHIO MEANS JOBS PROGRAM VOLUNTEER
<input type="checkbox"/> STUDENT VOLUNTEER (MINIMUM AGE IS 14) <ul style="list-style-type: none">• DO YOU NEED SERVICE HOUR VERIFICATION? Y / N• SCHOOL NAME: _____• GUARDIAN SIGNATURE AND RELEASE IS REQUIRED IF UNDER 18.

VOLUNTEER RESOURCES:

<ul style="list-style-type: none">• ARE YOU OR YOUR COMPANY/SCHOOL ABLE TO PROVIDE FUNDING TO COVER COSTS ASSOCIATED WITH THIS VOLUNTEER EVENT SUCH AS FOOD, ACTIVITIES, STAFFING AND SUPPLIES? Y / N• WOULD YOU BE INTERESTED IN DONATING SCHOOL, ART SUPPLIES, GIFT CARDS OR NEW BASIC-NEED ITEMS FOR AT-RISK FAMILIES OR CHILDREN IN FOSTER CARE? Y / N

SUPERVISOR ASSIGNED TO: _____

Please initial _____ and continue to next page where signature is required

This is to verify that I have attended a Child Focus Volunteer Orientation and received a copy of the Child Focus Volunteer Handbook. I am able to make a commitment to Child Focus to adhere to the above mentioned responsibilities and those listed in the Volunteer Handbook. I understand that Child Focus is a Drug Free Workplace. I understand that my volunteer assignment can be terminated at any time as necessary for program operations.

Conditions of Volunteer Participation LIABILITY RELEASE, WAIVER AND COVENANT NOT TO SUE: I represent and warrant that I am at least eighteen (18) years of age. I am in good physical and mental health and do not suffer from any mental or physical condition or disability which may render my volunteer participation at Child Focus and associated activities (collectively the "Activities"), hazardous to myself or to others or which may impair my ability to participate in the Activities. I further acknowledge and agree that none of the Released Parties (as defined below) has any obligation or responsibility to evaluate my physical condition or any limitations associated with my participation in the Activities.

I UNDERSTAND AND AGREE THAT I AM PARTICIPATING IN THE ACTIVITIES AT MY OWN RISK. I EXPRESSLY ASSUME ALL RISK OF INJURY (INCLUDING PERMANENT DISABILITY AND DEATH) ARISING OUT OF MY PARTICIPATION IN THE ACTIVITIES, HOWSOEVER CAUSED OR ARISING AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES FOLLOWING ANY SUCH INJURY, PERMANENT DISABILITY OR DEATH.

In consideration of my participation in the Activities, I hereby release, hold harmless, and agree to indemnify Child Focus, Inc. and their respective owners, affiliates, subsidiaries, members, directors, officers, employees, volunteers and agents (collectively, the "Released Parties") from and against any and all claims, causes of action, or demands relating to or arising out of my participation in the Activities. IN ADDITION, I HEREBY WAIVE ANY CLAIMS AGAINST THE RELEASED PARTIES THAT I MAY HAVE ARISING FROM MY PARTICIPATION IN THE ACTIVITIES. I FURTHER COVENANT AND AGREE NOT TO SUE THE RELEASED PARTIES FOR ANY CLAIMS OR DAMAGES ARISING FROM MY PARTICIPATION IN THE ACTIVITIES.

CONFIDENTIALITY: Child Focus is committed to adhering to confidentiality policies in accordance with specific program privacy standards. The following requirements apply to volunteers working in the program. Elements of confidentiality include: Volunteers are not permitted to access client records. All information concerning participating children and information shared by families is confidential. Information will not be given without written consent from the parent or legal guardian. It is the policy of this program not to disclose the names of children who may have caused injuries to other children while at the program. This is a safeguard for each family's privacy. Under no circumstance is a volunteer to discuss families or children that they come in contact with anyone other than the staff working with the child(ren):

Information gained as a result of volunteering: Any information about program participants (children and families) or employees that a volunteer gains as a result of his/her participation with Child Focus, Inc. is considered to be confidential information.

Sharing of information: Information concerning a child, family, program participant, staff member or volunteer is to be shared with others only to the extent that such information is necessary for the volunteer to effectively perform his/her job or volunteer duties.

Consent: Written parental consent must be obtained before any personally identifiable data or information concerning any program participant can be released, disclosed or shared with any third party. Volunteers are not to disclose any information about children, families or staff of the program.

Access to files: Volunteers shall not have access to the files of program participants, staff or other volunteers.

I verify that I have read the Confidentiality Policy and will abide by it. If I have questions concerning this policy I will ask my assigned supervisor.

I have read fully and fully understand this release form. Before approval of this volunteer opportunity is valid, this release form must be signed by the volunteer.

VOLUNTEER SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

LEGAL GUARDIAN SIGNATURE: _____

PRINTED NAME: _____

ASSIGNED SUPERVISOR: _____ **DATE:** _____

USE OF LIKENESS: I authorize Child Focus, Inc. to use my voice and likeness in any media now known or hereafter created, worldwide in perpetuity without further compensation. The aforementioned parties are not obligated to use any of the above mentioned materials, but may do so and may edit such information of materials in respective their sole discretion, without further obligation or compensation. ___ Approve ___ Deny

REGULAR VOLUNTEER AGREEMENT

(MORE THAN 4 TIMES/YR ANNUALLY)

NAME: _____ DATE: _____

ADDRESS: _____ EMAIL: _____

PHONE: _____ EMERGENCY CONTACT & PHONE: _____

PLANNED VOLUNTEER ACTIVITY: _____ EARLY CHILDHOOD CLASSROOM _____ OFFICE/CLERICAL WORK
_____ KITCHEN/MEAL SERVICE _____ SPECIAL PROJECTS _____ OTHER – PLEASE DESCRIBE: _____

VOLUNTEER RESPONSIBILITIES:

- Arrive on time and report cancellations prior to expected time of arrival to supervisor.
- Perform assigned tasks.
- Respect staff, child and family rights to confidentiality.
- Adhere to Child Focus Program policies and procedures.

VOLUNTEER SCHEDULE:

LOCATION	DAYS OF WEEK OR DATE	TIME	DATE ENDING

VOLUNTEER REQUIREMENTS: (Must be completed and approved prior to starting)

<input type="checkbox"/> COMMUNITY VOLUNTEER (Volunteering in classroom 4 or more times per calendar year) <input type="checkbox"/> BCII & FBI <input type="checkbox"/> Employee Policy Statement <input type="checkbox"/> 3 References <input type="checkbox"/> Physical <input type="checkbox"/> Nonconviction Statement <input type="checkbox"/> Confidentiality Policy
<input type="checkbox"/> PARENT VOLUNTEER (Volunteering in classroom 4 or more times per month) <input type="checkbox"/> BCII & FBI <input type="checkbox"/> Nonconviction Statement <input type="checkbox"/> Confidentiality Policy
<input type="checkbox"/> OHIO MEANS JOBS PROGRAM VOLUNTEER VOLUNTEER (Volunteering in classroom 4 or more times per calendar year) <input type="checkbox"/> BCII & FBI <input type="checkbox"/> Employee Policy Statement <input type="checkbox"/> 3 References <input type="checkbox"/> Physical <input type="checkbox"/> Nonconviction Statement <input type="checkbox"/> Confidentiality Policy

VOLUNTEER RESOURCES:

<ul style="list-style-type: none">• ARE YOU OR YOUR COMPANY/SCHOOL ABLE TO PROVIDE FUNDING TO COVER COSTS ASSOCIATED WITH THIS VOLUNTEER EVENT SUCH AS BACKGROUND CHECK, FOOD, ACTIVITIES, STAFFING AND SUPPLY COSTS? Y / N• WOULD YOU BE INTERESTED IN DONATING SCHOOL, ART SUPPLIES, GIFT CARDS OR NEW BASIC-NEED ITEMS FOR AT-RISK FAMILIES OR CHILDREN IN FOSTER CARE? Y / N

SUPERVISOR ASSIGNED TO: _____

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CONFIDENTIALITY: Child Focus is committed to adhering to confidentiality policies in accordance with Head Start performance standards. The following requirements apply to volunteers working in the program. Elements of confidentiality include: Volunteers are not permitted to access client records. All information concerning participating children and information shared by families is confidential. Information will not be given without written consent from the parent or legal guardian. It is the policy of this program not to disclose the names of children who may have caused injuries to other children while at the program. This is a safeguard for each family's privacy. Under no circumstance is a volunteer to discuss families or children that they come in contact with anyone other than the staff working with the child(ren):

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