

Thurston County Inclusion Volunteer Application

Thank you for your interest in becoming a volunteer for Thurston County Inclusion. Volunteers at Thurston County Inclusion are people with and without intellectual disabilities. The minimum age to volunteer is 14. We encourage individuals below the age of 14 to participate in our events. We encourage anyone to volunteer regardless of abilities. We will do our best to find a position that will fit your needs. To see volunteer roles and responsibilities, please go to our website: thurstoncountyinclusion.org. If you have any questions about volunteering, please contact Natalie, natalie@thurstoncountyinclusion.org.

Name _____ Date _____

Age _____ Contact Email _____

Home Address _____

Cell Phone _____ Home Phone _____

School/Occupation _____ T-Shirt Size: _____

Emergency Contact 1

Name _____

Relationship to Volunteer _____ Phone _____

Emergency Contact 2

Name _____

Relationship to Volunteer _____ Phone _____

Volunteer Experience:

Give a brief description of your work/volunteer experience:

Why do you want to volunteer with Thurston County Inclusion?

List any other skills, talents or hobbies that you consider useful for Thurston County Inclusion:

Do you have any dietary restrictions/allergies?

List any medical concerns that Thurston County Inclusion should be aware of:

Background Checks:

Thurston County Inclusion runs background checks on all volunteers. Our background checks are conducted through DSHS and will be repeated every 3 years. You must pass this background check prior to volunteering. Disqualifying offenses is defined in Chapter 74.34 RCW.

Do you give Thurston County Inclusion permission to perform a background check?

_____ Yes _____ No

Date of Birth: _____

Full Name: _____

Signature: _____ Date _____

Signature of Parent/Legal Guardian if Volunteer is Under 18:

Signature: _____ Date _____

Medical Release

In the event of a medical emergency, I allow Thurston County Inclusion’s staff to contact needed medical attention, including 911 and transport to a hospital. I give permission to the medical personnel to administer care to me. I will not hold Thurston County Inclusion liable for injuries or illness that may occur during programs.

Signature: _____ Date _____

Full Name: _____

Signature of Parent/Legal Guardian if Volunteer is Under 18:

Signature: _____ Date _____

Release of Liability

Our goal at Thurston County Inclusion is to provide each and every one of our volunteers with a safe experience during all activities offered.

In return for being allowed to participate in Thurston County Inclusion programs and all related activities (“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 the Thurston County Inclusion 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 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. For the safety of all parties participating in activities

at Thurston County Inclusion, please read the terms detailed below, and complete all fields below and provide a signature confirming your understanding and agreement to all terms herein.

1. If I am under the age of 18, I must have a parent or legal guardian complete any required registration documents and this liability release form before I will be allowed to participate in activities.
2. Participation in the use of any of the equipment on the premises is solely at my risk and liability (or parent/legal guardian if under the age of 18).
3. Every effort will be made by Thurston County Inclusion to ensure safe use of all equipment by volunteers, but Thurston County Inclusion will not accept liability for any injury or damages that the participants/volunteers may suffer related to the premises of Thurston County Inclusion, or activities sponsored by Thurston County Inclusion. I understand and agree that the Organization are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.
4. In the case of injury, any cost incurred from the emergency medical treatment or medical transportation to a local hospital will solely be my responsibility (or parent/legal guardian if under the age of 18). 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.
5. 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.
6. Any of my personal belongings that enter the premises of Thurston County Inclusion remain my sole responsibility. Thurston County Inclusion shall not be responsible for lost, stolen, or damaged property or belongings.
7. I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Organization.

Signature: _____ Date _____

Full Name: _____

Signature of Parent/Legal Guardian if Volunteer is Under 18:

Signature: _____ Date _____

Media Release

I, the undersigned, do hereby consent and agree that Thurston County Inclusion and individuals attending Thurston County Inclusion events have the right to take photographs and digital or written recordings of me and my voice and to use these in any and all media, no or hereafter known, and exclusively for the purpose of marketing Thurston County Inclusion. I further consent that my name and identity, including the city and state in which I reside, may be revealed therein or by descriptive text or commentary, and that Thurston County Inclusion may contact me at the address and phone number listed above regarding the photographs or recordings.

I do hereby grant to Thurston County Inclusion all rights to exhibit this work in print, electronic, or other form, publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. Nothing requires Thurston County Inclusion to use my photographs or recordings in any marketing materials.

I understand that there will be no financial or other remuneration for interviewing and/or recording me, either for initial or subsequent transmission, playback, or publication.

I release Thurston County Inclusion for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement and am competent to execute this release.

Name: _____ Date: _____

Signature: _____

Signature of Parent/Legal Guardian if Volunteer is Under 18:

Signature: _____ Date _____

Confidentiality Agreement

Confidentiality is the preservation of privileged information. By necessity personal and private information is disclosed in a professional working relationship. Part of what you learn is necessary to provide services to the applicant or client; other information is shared within the development of a helping, trusting relationship. Disclosure of confidential information could damage your relationship with the client and make it difficult to help the person.

All information concerning clients, former clients, our staff, volunteers, and financial data, and business records of Thurston County Inclusion is confidential. "Confidential" means that you are free to talk about Thurston County Inclusion and about your program and your position, but

you are not permitted to disclose clients' names or talk about them in ways that will make their identity known. No information may be released without appropriate authorization. The board of directors, staff and our clients rely on volunteer staff to conform to this rule of confidentiality.

Thurston County Inclusion expects you to respect the privacy of clients and to maintain their personal and financial information as confidential. All records dealing with specific clients must be treated as confidential. Staff members are responsible for maintaining the confidentiality of information relating to other staff members and volunteers, in addition to clients.

Failure to maintain confidentiality may result in termination of your employment, or other corrective action. This policy is intended to protect you as well as Thurston County Inclusion because in extreme cases, violations of this policy also may result in personal liability.

Certification

I have read Thurston County Inclusion's policy on confidentiality and the Confidentiality Agreement presented above. I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy may lead to disciplinary action, up to and including termination of my service with Thurston County Inclusion.

Name: _____ Date: _____

Signature: _____

Signature of Parent/Legal Guardian if Volunteer is Under 18:

Signature: _____ Date _____

Please email completed forms to register@thurstoncountyinclusion.org.