

Your actions, whether big or small, impact a child's life



Name: _____
Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Notify in Case of Emergency: _____ Emergency Contact Phone: _____
What volunteer opportunities interest you? (see website for opportunities) _____

What days and times are you available? _____

Education: _____

Work Experience: _____

Volunteer Experience: _____

What motivates you to volunteer with us? _____

Are you or a family member currently receiving or have received services at NCAC? Yes ___ No ___
Do you know someone who has experienced child abuse? Yes ___ No ___
Have you or are you currently, or your family receiving services at the NCAC? Yes ___ No ___
Have you been convicted/arrested of any charges other than minor traffic violations? Yes ___ No ___
If yes, please explain: _____

Please list three references including phone number and relationship

I agree that any information I gain as a result of participating in a National Children's Advocacy Center program or activity will be held in strict confidence and in connection with my volunteer application, I hereby authorize release to the NCAC any and all information concerning my criminal history, personal background and any other information which may be beneficial in determining my qualifications and fitness for the volunteer position for which I am applying.

Signed: _____ Date: _____



Return to:
National Children's Advocacy Center
ATTN: Ashtynn Alford
210 Pratt Avenue NE
Huntsville, AL 35801

Confidentiality Agreement for NCAC Volunteers and Other Associates

It is vital that all representatives of the National Children's Advocacy Center (NCAC), including volunteers, interns, Board members, independent contractors, and other miscellaneous persons affiliated with the NCAC, understand the importance of respecting confidentiality of agency business. While you are free to talk in general about your position and the work of the NCAC, you are not permitted to communicate confidential internal agency business; to discuss contact with clients, vendors and partners; or to identify case details in a way that would make identities known. The very fact that an individual is served by the NCAC may not be disclosed. However, this Agreement is not intended to prevent any disclosure that may be required by law.

Confidential information includes, but is not limited to, the following:

- Any reports, policies, procedures, marketing and financial information, internal or interorganizational planning, research and related information that have not previously been released to the public at large or to the individual in question by a duly authorized representative of the NCAC.
- Client reports or records generated by the NCAC and those sent by other agencies to the NCAC. This excludes reports of a general or statistical nature that do not identify individual clients or families.
- Client information dealing with specific clients including medical, psychological and any other personal information that is disclosed during interviews, assessments, home visits, group activities, surveys or any other interaction.
- Personal data about or pertaining to employees, volunteers and other associates.

By signing this Confidentiality Agreement, I acknowledge that:

- I must comply with Alabama's law regarding mandatory reporting of suspected child abuse and neglect and with any additional related department procedures for any situations that arise while conducting NCAC business.
- I will only seek information that is necessary for my role, and I will take care that unauthorized individuals do not overhear or have access to confidential information.
- I will not discuss with the public any information gained as a result of participating in confidential NCAC business.
- Violation of this policy is grounds for disciplinary action, up to and including immediate termination of my relationship/contact with the NCAC. Violation of this policy may also warrant contact with the agency/organization I represent, if other than the NCAC, in order to report the breach in confidentiality.
- Unauthorized release of confidential information may also result in personal, civil and/or criminal liability and legal penalties.
- This confidentiality obligation shall continue indefinitely even after I leave the NCAC.

Signature (or guardian if under 18)

Print Name (or guardian if under 18)

Date

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD ABUSE / NEGLECT (CA/N) CENTRAL REGISTRY CLEARANCE

PRINT OR TYPE in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form.
**** See instructions for the address to use when submitting this form. ****

Requesting Person or Agency/Organization NATIONAL CHILDREN'S ADVOCACY CENTER	Check All That Apply
Mailing Address 210 PRATT AVE NE HUNTSVILLE, AL 35801 ATTN: ARETHA MORRIS	<input type="checkbox"/> Child Placing Agency <input type="checkbox"/> Residential Child Care Facility <input type="checkbox"/> Child Day / Night Care Center
Telephone Number (256) 533-5437 Email: Amorris@nationalcac.org	<input type="checkbox"/> Family Day / Night Care Home
PRINT Requestor's Name Aretha Morris	<input type="checkbox"/> Exempt Child Day Care Center
Requestor Signature _____ Date _____	<input type="checkbox"/> Medicaid Rehab. Provider DHR Vendor
Witness Signature _____ Date _____	<input checked="" type="checkbox"/> Other (Please Specify) CAC

The person whose name and identifying information, printed or typed below, will provide **unsupervised care and supervision of children** as an employee volunteer other. This person's specific job/role is or will be:

Name _____ Sex Male Female Race _____ DOB ____/____/____
Last First Middle

Current Mailing Address _____

Alias, Maiden & Prior Married Name(s) _____

Name & DOB of Spouse & Former Spouse(s) _____

Name & DOB of Children / Stepchildren _____

Alabama counties where person has lived and/or worked _____

Attach additional pages as needed to provide all information requested above.

To be completed by person being cleared

I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department of Human Resources, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature _____ Date _____ Signature of Witness _____ Date _____

To be completed by DHR

A search of the Alabama Child Abuse / Neglect Central Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect in Alabama. DHR releases only that information which is necessary to discover or prevent child abuse / neglect.

Substantiated report (i.e., indicated) located. See attached information.

Type Report: Physical Abuse Neglect Sexual Abuse Mental Abuse / Neglect

No report located.

Request Denied _____

Other _____

Office of Child Protective Services

Date Completed _____

Volunteer Policies

Volunteers are a valuable resource who help the National Children's Advocacy Center (NCAC) fulfill its mission. Within the boundaries defined by the confidential nature of much of the work at NCAC, volunteers are engaged on multiple levels in short-term, periodic and long-term projects, according to individual interest/skills and the daily needs of the agency. The time and talents volunteers contribute enhance community awareness of child abuse issues, increase both the quality and quantity of services to families, and allow the agency to more efficiently utilize staff and financial resources.

Volunteers are expected to uphold a high level of professionalism and the moral standards contained in the NCAC Code of Ethics. Just as it is a privilege for NCAC to work with individuals who volunteer their time and energies to the organization, a volunteer's involvement with NCAC is a privilege and a responsibility, not a right. Volunteers must function within the guidelines in the NCAC Volunteer Policies and the individual NCAC department or program within which they are working.

Intake and Screening Process

Potential volunteers will complete a personal interview with the Volunteer Coordinator at the NCAC. If needed, a supervisor from another department or program may also conduct a separate interview if the volunteer will specifically be working with that department or program. NCAC recruits and assigns volunteers on a non-discriminatory basis.

All volunteers are required to complete a volunteer application and a confidentiality agreement. The application will include three references from the potential volunteer. Any of these three people may be contacted by the volunteer coordinator to disclose any needed information. Volunteers are also required to disclose any criminal convictions on the application.

The application requires that all volunteers give NCAC permission to run a background check. ALL volunteers are screened through the Alabama Department of Human Resources Child Abuse and Neglect Registry. Volunteers who handle legal documents, work directly with children, have any access to clients, or other enhanced responsibilities may be subject to more rigorous standards. These may include more comprehensive background checks, additional trainings, increased supervision, additional information requirements, and other measures. All volunteers with direct or indirect access to children and/or other clients (including but not limited to those working in the Children's Building) will be subject to a comprehensive criminal background check.

Failure to satisfactorily complete ANY of these steps may disqualify an individual from volunteering with the NCAC, without requiring a specific explanation to the potential volunteer. Individuals with a record of committing crimes against children or other recent crimes which indicate a lack of maturity and/or trustworthiness are not eligible to volunteer at NCAC.

Responsibilities and Rights for Volunteers

Conflicts of Interest: No person who has a conflict of interest with any activity or program of NCAC—whether financial, personal, or philosophical—shall serve as a volunteer for the agency.

Volunteers as Representatives: Before making any action or statement that might affect or obligate NCAC, volunteers should seek prior consultation and approval from appropriate staff. Volunteers are authorized to act as representatives of the NCAC only as specifically indicated within their job/assignment descriptions and only to the extent indicated.

Confidentiality: Volunteers are responsible for maintaining the confidentiality of all privileged information to which they are exposed while serving the NCAC. This may involve information about NCAC staff, operations, clients, or partners. Failure to maintain confidentiality will result in loss of volunteer privileges.

Professional Conduct: All volunteers are expected to perform given assignments to the best of their abilities, and to be on time to work, scheduled events, trainings, etc. If a volunteer must miss or be tardy for an assignment, he/she should make confirmed contact with either the Volunteer Coordinator, his/her supervisor or the front desk with as much advance notice as possible. Repeated unreliability may result in loss of volunteer privileges. Volunteers will dress and conduct themselves appropriately for the conditions and performance of their duties, requesting clarification from NCAC staff if necessary.

Harassment Policy: NCAC is committed to providing a work environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment. Actions, words, jokes, or comments based on an individual's sex, race, color, national origin, age, religion, disability, or any other legally protected characteristic will not be tolerated. If a volunteer should experience, or witness, sexual or other unlawful harassment at NCAC, he/she should report it immediately to the supervisor or the Volunteer Coordinator. Failure to comply with this policy may result in loss of volunteer privileges.

Supervision: Each volunteer will have a clearly identified supervisor who is responsible for direct management of that volunteer during an assignment. This supervisor shall be responsible for day-to-day management and guidance of the work of the volunteer and shall be available to the volunteer for consultation and assistance. If the designated supervisor is not available during the time a volunteer is at NCAC, another designated staff member must provide adequate supervision. Volunteers should not be at NCAC during unscheduled times, or without appropriate, designated supervision.

Volunteer Files: Volunteer applications and completed clearance forms are kept on file in the Volunteer Coordinator's office. Copies of these applications may be shared with other staff in order to facilitate placement of a volunteer. To ensure files are up-to-date and correct, volunteers should submit updates when the need arises, including change of address or availability status. Volunteers who would like a record of their hours are asked to keep a personal log of their activities and have the supervisor initial their hours at the completion of each project.

Volunteer/Employee Relations: Volunteers and NCAC employees are partners in implementing the mission and programs of the NCAC. Volunteers shall be extended the right to be given meaningful assignments, to be treated as equal coworkers, to be provided effective supervision, and shall agree to actively perform their duties to the best of their abilities and remain loyal to the goals and procedures of the NCAC. NCAC volunteers shall not harass, openly criticize, threaten, or otherwise undermine NCAC employees, and shall not be harassed, openly criticized, threatened, or otherwise undermined by NCAC employees. Breaches of this policy should be immediately reported to a supervisor and/or the Volunteer Coordinator.

Evaluation, Discipline, and Dismissal: Volunteers and staff members are encouraged to give

timely feedback to the Volunteer Coordinator regarding specific experiences, including suggestions on ways to improve volunteer involvement. Verbal feedback is permissible for minor complaints. Isolated or minor complaints will be taken into context, and generally do not result in a written record in the volunteer's file. However, repeated complaints (3 or more in a short period of time) or complaints regarding substantive issues (confidentiality, inappropriate behavior, failure to show, etc.) will result in a written note in the volunteer's file. This information will be used for decisions concerning future placement, as well as the appropriateness of corrective actions. These may include the requirement of additional training, reassignment to a new position, suspension, or dismissal from service. A record of inappropriate conduct and corrective actions taken will be kept in the volunteer's file. Volunteers are also afforded the opportunity to give feedback and express grievances to the Volunteer Coordinator and/or the task supervisor. Informal or verbal complaints are permissible for minor grievances and may be used to help NCAC staff improve future volunteer interaction. Volunteers will be asked to complete a written Grievance Form on substantive issues (such as harassment.) These grievances may result in changes to volunteer management practices and/or disciplinary action toward the offending staff member, which may be added to their record.

Intellectual Property: Creative or intellectual products developed during service to NCAC are the property of the agency. If a volunteer leaves the agency, the products they created, or played a role in creating, remain the property of NCAC.

Search and Seizure of Private Property: Offices, desks, lockers, cubicles, and other storage spaces (including storage provided on the NCAC computer network) may be provided for the convenience of volunteers but remain the sole property of the NCAC. Accordingly, they, as well as any articles found within them may be inspected at any time. Though such measures must be available in order to ensure the safety and security of the NCAC and its resources, they are not used frivolously. The search and/or seizure of property will occur only under the authority of the Executive Director. Although advance notice will not be provided, the affected individual will be provided with a written notice stating the reason for the search/seizure upon its commencement. To ensure that the volunteer's rights are not violated, there will be at least one witness present.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT HE/SHE HAS READ THE VOLUNTEER POLICIES.

VOLUNTEER'S SIGNATURE _____ DATE _____
PRINT NAME _____



DISCLOSURE OF PROCUREMENT OF CONSUMER REPORT

PLEASE BE ADVISED that **National Children's Advocacy Center** (the “Company”) may obtain information about you from a third-party consumer reporting agency to evaluate your eligibility for the purpose of utilizing your volunteer services. Thus, you may be the subject of a consumer report which may include information about your character, general reputation, personal characteristics, or mode of living.

~ End of Document ~

Note to Company:

Leave a copy of this disclosure with the applicant/volunteer.



**DISCLOSURE OF PROCUREMENT OF
INVESTIGATIVE CONSUMER REPORT**

PLEASE BE ADVISED that **National Children's Advocacy Center** (the “Company”) may obtain an investigative consumer report about you from a third-party consumer reporting agency for the purpose of utilizing your volunteer services. This report may include information about your character, general reputation, personal characteristics, and mode of living, and it may involve personal interviews with sources such as your neighbors, friends, and associates, as well as past and present employers, coworkers, references or others. You have the right, upon written request to the Company made within a reasonable period of time after receipt of this notice, to request a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request a summary of your rights under the federal Fair Credit Reporting Act.

~ End of Document ~

Note to Company:

Leave a copy of this disclosure with the applicant/volunteer.



AUTHORIZATION

I HEREBY AUTHORIZE **National Children's Advocacy Center** (“the Company”) to obtain consumer reports and investigative consumer reports about me at any time after receipt of this Authorization and, if my services are utilized, throughout my volunteer services. To this end, I hereby authorize, without reservation, any person or entity, law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information to Global HR Research, LLC (“GHRR”) at 9530 Marketplace Road, Suite 301, Fort Myers, FL 33912, www.ghrr.com.

The term background information includes, but is not limited to, employment history, reference checks, criminal and civil history information, motor vehicle records, moving violation reports, sex offender status information, credit reports, education verification, professional licensure verification, drug testing, and information related to my Social Security Number.

I acknowledge receipt of three separate documents entitled Disclosure of Procurement of Consumer Report, Disclosure of Procurement of Investigative Consumer Report, and a Summary of Your Rights under the Fair Credit Reporting Act, and I certify that I have read and understood all of those documents. I understand I can view GHRR’s Privacy Policy on its website at www.ghrr.com. I agree that a facsimile, electronic or photographic copy of this Authorization shall be as valid as the original.

Signature of Applicant/Volunteer

Date

Print Name of Applicant/Volunteer

Note to Company:

Maintain original authorization in personnel file.



CONSUMER INFORMATION SHEET

NOTE TO CLIENT: This is needed for manual orders only. Clients using our electronic consent process do not need to use this page. Clients using our screening platform to place orders do not use this page.

NOTE TO CONSUMER: The following is used only for the purpose of performing a background check. To view GHRR's privacy policy, please go to www.ghrr.com/privacy-policy/.

Please type or print using black ink. Illegible writing will cause delays.			
<u>Last Name:</u>	<u>First Name:</u>	<u>Middle Name:</u>	
<u>Date of Birth:</u>	<u>Social Security Number:</u>	<u>Driver's License Number and State:</u>	
<u>Current Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Previous Address (Past 7 Years):</u>	<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Previous Address (Past 7 Years):</u>	<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Previous Address (Past 7 Years):</u>	<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Degree obtained:</u>	<u>Year Graduated:</u>	<u>Name of School:</u>	<u>City and State of School:</u>
<u>Last Name Used at Time of Graduation:</u>	<u>Other Aliases (Other Names I Have Been Known By):</u>		
<u>Phone:</u>	<u>E-mail:</u>		

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Custom Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>



A Member of the Tokio Marine Group

Volunteer Agreement and Release from Liability

In signing this form, I understand and agree to the following terms and conditions related to volunteering my services to _____

(Please keep a copy of this form within each volunteers file for future reference)

Volunteers Name: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<p>I recognize that, as a volunteer I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.</p> <p>I will not participate in and will report any and all instances of any sort of harassment, exploitation, and or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers, clients and visitors).</p> <p>I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information. Please initial here: _____.</p> <p>I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as is possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur. Please initial here: _____.</p> <p>I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. Please initial here: _____.</p> <p>I agree that my assignees, heirs, distributees, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release _____ from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer. Please initial here: _____.</p> <p>If my volunteer service includes driving an automobile, I acknowledge that I have both a valid drivers license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances. Please initial here: _____.</p> <p>I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.</p>			
_____	Date: _____	_____	
Volunteer Signature		Witness Signature	
Volunteer's Phone Number: (Home): _____	(Work): _____		
	Street	City	State
Volunteer's Address: _____			Zip

The information and suggestions presented by Philadelphia Indemnity Insurance Companies in this loss control technical resource form are for your consideration in your loss prevention and risk control efforts. They are not intended to be complete in identifying or reporting on every possible or significant hazard at your premises, preventing possible workplace accidents, or complying with all of the local, state or federal health & safety related laws or regulations. The material enclosed within this loss control reference source is intended and encouraged to be altered or redesigned by you to specifically address your hazards.