



## 2019-2020 Volunteer Application

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best way to contact you:  Email  Text  Home Phone  Cell Phone

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Name Phone Relationship

Employer: \_\_\_\_\_  
(If applicable)

If a student, list school and grade: \_\_\_\_\_

### In what capacity do you wish to volunteer?

Parent Involvement Meetings (PIMs): Monthly Tuesday evenings: 5-6:45pm & semi-annual workshops

Set-up, serve & clean up  Childcare  Facilitator  Meal Sponsorship/preparation

Classroom: times: 9:30-12:30pm, After-School Care 3-5pm (times available in 2-hour shifts, up to 4 hours)

Centers  Reading  Playtime  Teacher helper

### Volunteer availability and frequency? (check all that apply)

Monday  Tuesday  Wednesday  Thursday  Friday

Weekly  Bi-weekly  Monthly  Other \_\_\_\_\_

Please list any hobbies, interests, talents/skills (art, photography, education/teaching, music, event coordination, Spanish, etc.) \_\_\_\_\_

### How did you learn about Foundations?

Church  Internet/website  Social media  Friend  Other \_\_\_\_\_

Have you ever been convicted of a crime, either a misdemeanor or felony (including but not limited to drug related charges, child abuse or neglect, other crimes of violence, theft, or motor vehicle violations? If yes, please explain:

Yes  No I hereby certify that the information mentioned above is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2019-2020 Volunteer Consent

I, \_\_\_\_\_, hereby volunteer to participate in the Foundations Early Learning & Family Center volunteer program (the "Program"). In consideration for my participation in the program and the benefits enjoyed by such participation, I agree and acknowledge as follows:

### **Foundations Early Learning & Family Center Policies:**

The following policies reflect our commitment to provide protective care of all children, youth and volunteers who participate in our Foundations Program.

- **Foundations Early Learning & Family Center** was established in 2013 to serve families in the Fairfield, AL area. It is a high-quality preschool program that provides a Christian environment where children develop academically, physically, socially, emotionally and spiritually. Foundations partners with families to equip them to prepare the children for school by combining the best-known practices in early childhood education with the love and grace of Jesus Christ.
- We believe that all children are a blessing. Our primary goal is to provide for their well-being and to give them a secure and caring environment in which to grow and learn. **NO child should ever be touched or spoken to in anger. Foundations has a zero-tolerance policy regarding this issue.**
- A Foundations volunteer must immediately report any behaviors which seem questionable (abusive or inappropriate) to Catherine Pittman Smith, Volunteer Coordinator or Mary Jo Kynerd, Head of School. No retaliation against the reporting volunteer shall occur.
- All Foundations volunteers must submit to and clear a background check before he/she may work or volunteer with Foundations in any capacity.
- Persons who have been convicted of a crime involving sexual or physical abuse or any other felony are prohibited from participating and should not volunteer for service in any Foundations-sponsored activity, event or program.
- Confidentiality: All information about a Foundations student and/or his/her family will remain confidential and will only be discussed with Foundations Staff.

### **Liability Waiver & Hold Harmless Statement:**

I understand that there are certain risks involved with participating in the "Program." I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS FOUNDATIONS EARLY LEARNING & FAMILY CENTER, AND THEIR RESPECTIVE DIRECTORS, OFFICERS ADMINISTRATORS, MANAGERS, EMPLOYEES, AGENTS, VOLUNTEERS and ASSISTANTS, from any and every claim, demand or action of any kind whatsoever arising due to bodily injury, illness, death and/or property demand resulting from an incident which may occur to me as a result of my participation in the Program. This RELEASE, LIABILITY, WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage to property is caused by the gross negligence or reckless conduct of Foundations, its directors, officers, managers, employees, agents, volunteers or assistants.

**Emergency Medical Treatment Authorization**

I AUTHORIZE Foundations or its managers, employees, volunteers or agents to secure necessary emergency medical/dental care for me. I understand that all reasonable efforts will be made to contact my emergency contact prior to seeking emergency medical/dental care for me. If they cannot be reached, Foundations will exercise reasonable judgment in seeking emergency medical/dental care for me. I will be responsible for all costs of such emergency treatment. In giving this authorization in emergency medical/dental care for me, I agree to hold harmless and indemnify Foundations, its directors, officers, managers and employees, volunteers and agents from and against any and all claims, including cost of any kind from such care.

**Photo/Media Release:**

I hereby consent to the use of my name, likeness and speech in any audio tape, video tape, film or photograph made in connection with Program activities for the business or publicity purposes of Foundations and the Program, including social media. I understand that any participation offers no remuneration and that my name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad.

**Foundations Non-Discrimination Policy**

Foundations does not discriminate on the basis of race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, physical or mental ability, veteran status, military obligations, and marital status in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors and provision of services. Foundations is committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors and vendors.

I HAVE READ THE RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT, THE EMERGENCY MEDICAL TREATMENT AUTHORIZATION, PHOTO/MEDIA RELEASE AND NON-DISCRIMINATION POLICY. I FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS REGISTRATION, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I AM AT LEAST 18 YEARS OLD.

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Printed Name of Volunteer

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Signature of Volunteer

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Signature of Parent or Guardian (for individuals under the age of 18)

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Date

\*This box is for office use only:

<input type="checkbox"/> Orientation:	<input type="checkbox"/> Volunteer Type	<input type="checkbox"/> BG Check
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