



Adult Volunteer Information

Date: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): Home: _____ Cell: _____

Birthday Month/Day: _____ Email: _____

Are you 18 years of age or older? Yes___ No___

Are you currently a client of Tri-Lakes Cares? Yes___ No___

Current or Most Recent Employer: _____

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Do you have any medical conditions/restrictions we should be aware of for emergency purposes? **Y / N**
(Please provide short description)

How did you hear about Tri-Lakes Cares and/or this volunteer opportunity?

Why do you want to volunteer at Tri-Lakes Cares?

I am available:

Monday Tuesday Wednesday Thursday Friday Saturday

I prefer a shift in the morning, afternoon, evening or anytime.

Physical activities that you are willing and able to perform safely:

Sitting for long periods Reaching / Stretching Grasping / Holding
 Standing for long periods Bending Pushing
 Walking Lifting

I am willing to drive and provide the use of my vehicle on a regular basis / occasional basis for Tri-Lakes Cares business. Volunteer drivers are required to provide a copy of a valid Driver's License and proof of insurance prior to driving. For insurance purposes, the volunteer's insurance shall serve as primary coverage for any claim.

Signature: _____

Date: _____

To help us match your skills and interests with Tri-Lakes Cares' needs, please indicate the skills and interests you would like to share with us:

Skills and Characteristics

- Detail-oriented
- Organized
- Multi-tasking
- Write legibly
- Use a personal computer
- Spreadsheets / Excel / database management
- Data entry
- Email
- Internet Research
- Social media
- Graphic design
- Merchandising
- Color, design, pattern awareness
- People person
- Talking on the phone
- Caring for children
- Working with youth
- Group leadership
- Teaching / coaching / explaining
- Compassionate
- Patience
- Enthusiastic
- Staying busy
- Creativity / Originality
- Awareness of current fashion trends
- Ability to visualize space and object placement

Interests

- Group activities
- Individual work
- Caring for children
- Working with youth
- Working with seniors
- Working with adults
- Teaching / coaching
- Learning new things
- Social media
- Graphic design
- Photography
- Fashion
- Home decor
- Fixing things / working with my hands
- Multi-tasking
- Keeping things clean and tidy
- Working indoors
- Working outdoors
- Gardening / Landscaping
- Special events
- Antiques
- Shopping
- Fine jewelry
- Literature
- Coin collecting
- Collectibles

Other skills or interests you would like to share:

Office Use Only

Orientation Date: _____ Follow up by: _____ Date: _____

Program(s) Placed: 1) _____ 2) _____
 3) _____ 4) _____

Entered into Bloomerang Date: _____ Bloomerang Number: _____

Given to Admin Asst. to Enter into Constant Contact Date: _____

Entered into W2H Date: _____ Deleted from W2H Date: _____

Notes: _____



Confidentiality Agreement

Due to the nature of services at Tri-Lakes Cares, it is imperative that staff and volunteers protect clients' right to privacy. All individual circumstances and names are always private and must be so treated.

When a file is created during our intake procedure, clients sign a "Release of Information" statement. This allows us to obtain, share and verify all client information in order to provide service directly or through other service agencies.

We, at Tri-Lakes Cares, treat access and dissemination of restricted information on a 'need-to-know' basis. An employee/volunteer has a 'need-to-know' if disclosure of information assists in the performing of his or her duties. 'Need-to-know' should be used to protect and not obscure information for a legitimate organization with valid interest and requirements for such information. The Executive Director will have the ultimate responsibility for determining need-to-know.

Staff, volunteers and donors also have the right to privacy. We will always protect the privacy of staff, volunteers and donors by never giving personal information to clients without the express permission of the individual in question. This includes but is not limited to: last name, telephone number, address, car identity or in the case of a donor, his or her donation. All of this information is traceable and could cause a disturbance to personal privacy or safety.

I, agree to abide by this confidentiality agreement pertaining to clients, staff, volunteers and donors.

Signature _____ Date _____

Printed Name _____





TLC Photo Release

I hereby grant Tri-Lakes Cares permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of Tri-Lakes Cares and will not be returned.

I hereby irrevocably authorize Tri-Lakes Cares to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Tri-Lakes Cares' programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Tri-Lakes Cares from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Volunteer

Signature _____ Date _____

Printed Name _____

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian

Signature _____ Date _____

Printed Name _____

