

VOLUNTEER REGISTRATION FORM

Volunteer Application- Disclosure of Intent

The Association for the Blind and Visually Impaired- Charleston (ABVI) recognizes that some information in the Volunteer Registration Form may be of a secure nature. We request this information to promote the safety of ABVI program participants.

ABVI directs all Volunteers to maintain the confidentiality of any and all information accessed through participation with ABVI programs, and we will endeavor to keep all sensitive information confidential.

Should you have any questions concerning the Volunteer Registration Form or our confidentiality policy, please feel free to contact the Director of Programs at 843.723.6915.

Volunteer code of Conduct

The purpose of the Volunteer Code of Conduct is to ensure that program Volunteers, Clients and Staff have a positive and constructive experience with ABVI.

As an ABVI Volunteer

- I will fulfill the responsibilities of my volunteer assignments to the best of my abilities in accordance with the ABVI vision and mission.
- I will set a good example with a positive attitude.
- I will demonstrate integrity in everything I do.
- I specifically grant ABVI permission to use my likeness, voice and words in media outlets for the purpose of public awareness or communicating the purpose of activities of ABVI.

Volunteer Background Checks

ABVI request background checks for all Volunteer applicants to ensure individuals within our programs do not have criminal records, disciplinary actions or civil adjudications involving crimes against or abuse of minors or others. In applying for a Volunteer position with ABVI you are waving any and all rights to privacy respecting references and background checks.

Volunteer Position: _____

Name: _____
 prefix first middle initial last

Street Address: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone (home): _____ Phone (work): _____

Phone (cell): _____ (Please star primary contact number)

How did you hear about us?: _____

Date of Birth: _____ Driver's License Number/State: _____

Occupation: _____ Employer's Number: _____

Current Employer/School Name: _____

Address of Employer: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Past Employer: _____ Employer's Number: _____

Address of Past Employer: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

1. Do you frequently/habitually use illegal drugs? YES___ NO___
2. Have you ever been convicted of a criminal offense? YES___ NO___
3. Have you ever been charged with neglect, abuse or assault? YES___ NO___
4. Has your driver's license ever been suspended or revoked in any state? YES___ NO___
5. Have you ever been disciplined by an employer for sexual harassment or misconduct? YES___ NO___
6. Do you consent for ABVI to follow up with your employer? YES___ NO___
7. Has your employer completed a criminal background check on you in the past year? YES___ NO___

If "YES" to numbers 1, 2, 3, 4 or 5, or if "NO" to number 6 please explain:

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I understand that:

- The information I provided will be verified, including by a national agency/SLED criminal background check, and I give permission to ABVI to make inquiries of others concerning my suitability to act as an ABVI Volunteer;
- I release ABVI, all persons, organizations or government agencies for any damages of, or resulting from, furnishing such information;
- In the course of volunteering with ABVI I may obtain confidential information of other individuals and I agree to keep said information in the strictest confidence;
- The relationship between ABVI and Volunteers is an 'at will' agreement, and it may be terminated at any time without cause by either ABVI or the Volunteer;
- I grant ABVI permission to use my likeness, voice and works in television, radio, online and film or in any form to promote activities of ABVI;
- A criminal background check may be completed every so often while I am an active Volunteer with ABVI;
- I have read and acknowledged that I understand and will abide by the Volunteer Code of Conduct, and I will abide by all ABVI requirements respecting any ABVI program for which I choose to volunteer.

ABVI – CHARLESTON RELEASE AND WAIVER OF LIABILITY

- In consideration of participating in ABVI programs and activities I represent that I understand the nature of the programs activities and that I am qualified, in good health and in proper physical condition to participate. I fully understand the programs and activities involve risks of seriously bodily injury which may be caused by my own actions or inactions, by the actions of others participating or by conditions in which the programs and activities takes place. I fully accept all such risks and all responsibilities for losses, costs and/or damage I may incur as a result of my participation. I acknowledge if that at any time I feel the conditions are unsafe, I will discontinue participation immediately.
- If during my participation in ABVI programs and activities I should need emergency medical treatment and I am not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorize ABVI to take whatever measures are necessary to protect my health and well-being including, if necessary, hospitalization.
- I release, indemnify, covenant not to sue and hold harmless ABVI, its administrators, directors agents, officers, volunteers, clients, sponsors, advertisers, other participants and, if applicable, any owner or lessor of premise on which the activity takes place(collectively, "Releasees") for all liability, any losses, claims, demands, costs or damages that I may incur as a result of participation in ABVI events, programs and/or activities and further agree that if, despite this "Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement:", I or anyone on my behalf, makes a claim or claims against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may occur as a result of such a claim.
- Permission must be granted by ABVI for a minor to accompany me and participate in any event, activity or program. When accompanied by a minor or minors, I accept all of the above herein Release and Waiver of Liability, Assumption or Risk and Indemnity Agreement on their behalf.

I affirm that I have read the above and that the information I have given is true and complete. Furthermore, I agree to notify ABVI if any information changes.

Applicant Signature _____ Date _____
Guardian Signature _____ Date _____

(required for minors)