



Academic & Wellness Center  
Non-profit Organization

## VOLUNTEER APPLICATION

### CONTACT INFORMATION

First Name (Please print)			Last Name (Please print)		
Preferred Pronouns:(Optional)			Ethnicity:		
Address					
City		State		Zip	
Phone			Email Address		
What school do you attend?			Are you bilingual? (Spanish)		
What grade are you in?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			How did you hear about our organization?		

### AVAILABILITY Tutoring Sessions Tuesday 4:30-5:30 pm

Please indicate the days and time you would be available to volunteer.

(Example)

TUE

4:30 - 5:30 pm

Approximately how long (months) are you looking to volunteer? \_\_\_\_\_

### YOUR BACKGROUND/EXPERIENCE

Volunteer Experience:

Special Skills:

Why are you interested in volunteering for Academic & Wellness Center?

Thank you for your interest in volunteering for Academic & Wellness Center! Volunteer opportunities are open to anyone 14 year and over, without regard to race, color, religious belief, sexual orientation, gender, gender identity, medical condition, pregnancy, marital status, political belief, culture, age, national origin, ancestry, citizenship, genetic information, military status, or disability.



## Emergency Contact Information Authorization

Information will be kept **CONFIDENTIAL** and used in emergency situations only.

### Personal Information

Name: \_\_\_\_\_ (include nickname/pronouns)

Student Birthdate: \_\_\_\_\_ Address: \_\_\_\_\_

Health Data / Allergies: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Parent/Guardian Information

(Please complete this section if volunteer is under 18 years of age)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ CellPhone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

### Medical Contact Information

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I have voluntarily provided the above contact information and authorize \_\_\_\_\_ and its representatives to contact any of the above on my behalf in the event of an emergency.

Volunteer Print Name: \_\_\_\_\_

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

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Photo Release Form

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ (minor's name) grant **Academic & Wellness Center** permission to use the photographs described as **pictures/photographs** for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, educational materials, and other media activities including web content.

\_\_\_\_\_ I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof shall remain the property of the **Academic & Wellness Center Nonprofit Organization**.

This consent includes, but is not limited to; (initial where applicable)

\_\_\_\_\_ a) Permission to photograph, tape, or otherwise make a video reproduction

\_\_\_\_\_ b) Permission to use my name

\_\_\_\_\_ c) Permission to use quotes from interview(s) and/or recording(s) of my voice in its publications in print media and electronic media (including the Internet.)

\_\_\_\_\_ d) I **DO NOT** give Permission to use quotes from interview(s) and/or recording(s) of my voice in its publications in print media and electronic media (including the Internet.)

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_



## VOLUNTEER AGREEMENT

I agree to abide and comply with the behavior policies, safety, and health rules and regulations of Academic & Wellness Center, including but not limited to its policy against discrimination and harassment. Additionally, I agree to conduct myself in a professional manner, consistent with the same standards as that established for the Academic & Wellness Center employees.

I understand that in my capacity as an Academic & Wellness Center volunteer i may access confidential patron information, such as names, addresses, and phone numbers. I agree to protect this information to the best of my abilities and not to divulge it during or after my volunteer service has ended.

I understand that I am volunteer, not an employee, agent or contractor of Academic & Wellness Center. I am not covered by Worker’s Compensation, and I am responsible for any expenses incurred as a result of any illness or injury I sustain from volunteering.

Academic & Wellness Center, its employees, volunteers, board members, and supervisors shall not be liable for any death, injury or property damage claims arising from any and all claims or causes of action that may arise out of the performance of my assigned volunteer duties. If any claim arises out of the foregoing, I shall indemnify and hold harmless the Academic & Wellness Center, its employees, volunteers, board members, and supervisors.

If over the the age of 18, I understand that the Academic & Wellness Center will conduct a background check. I hereby authorize the Academic & Wellness Center to perform this background check and investigate public records relating to my criminal history or lack thereof.

Submitting a volunteer application does not guarantee placement or engagement as a volunteer for Academic & Wellness Center.

I hereby submit my application to be a part of the fantastic group of volunteers that supports the Gilroy community. I understand that I will need to attend a mandatory orientation before volunteering, and that I may need to meet a minimum commitment of hours in order to continue volunteering. I certify that all statements on this application are true and complete.

Signature	Date
<b>Parent/Legal Guardian signature is required for volunteers between the ages of 14 to 17 years old and for dependent adults.</b>	
Parent/Legal Guardian Name (Print)	Date
Signature	Date

### FOR STAFF USE ONLY

Date Received	Interview Date
Contacted By	Orientation
Background Check Required <input type="checkbox"/> Y <input type="checkbox"/> N	Background Check Completed <input type="checkbox"/>