



# VOLUNTEER INFORMATION & COMMUNITY SERVICE FORM

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ALLENTOWN RESCUE MISSION

Please complete this form and sign all highlighted areas on the back before you begin, Thank you!

## Personal Information:

NAME				MALE	FEMALE
Phone	Home ( )	Cell: ( )	Work: ( )		
Address	Street:	City :	State:	Zip:	
E-mail					

I am under the age of 18 (Photo Release permission required, see pg.2)

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Sign): \_\_\_\_\_

## Employment:

Current Employment Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

## Volunteer Role:

Today I am volunteering for: \_\_\_\_\_

-OR-

### I'm applying to volunteer because:

- I really want to learn something new
- I would like to stay active
- I want to help the homeless
- My Community Service Requirement is:
  - Academic, my school is: \_\_\_\_\_
  - Corporate, I work at: \_\_\_\_\_
  - Legal, I am reporting to: \_\_\_\_\_
- Bring my expertise to your group
- Gain or enhance certain skills
- Maintain skills that I already possess
- I want to be on a volunteer committee

Feel free to tell us more about yourself: \_\_\_\_\_

Previous or present volunteer service? \_\_\_\_\_

My favorite color is: \_\_\_\_\_ My hobbies are: \_\_\_\_\_

Someday I would love to: \_\_\_\_\_

## Skills I can contribute or that want to learn:

- Administrative
- Event Planning
- Computer skills, web site, social media, Microsoft Office
- Board Experience (please list): \_\_\_\_\_
- Other: \_\_\_\_\_
- Project Management
- Outreach, Fundraising

## My Schedule:

 Please specify the days of the week and hours you are available.

- Monday through Friday 8:30am – 5:00pm (indicate other: \_\_\_\_\_ )
- Nights and Weekends

Tell us more about your schedule: \_\_\_\_\_

## Volunteer Policies, Regulations and Waiver

Please **initial and sign where highlighted**. All highlighted areas are required to be signed!

### PRIVACY AND CONFIDENTIALITY RULES:

In protection of this right to privacy, I understand that for the duration of my assignment at ARM I may have access to guest information that is considered legally and ethically confidential. The confidentiality of records maintained by ARM is protected by Federal and State law and regulations which are listed below. I shall hold confidential all information covered by these laws and shall not disclose information in an unauthorized manner with any persons outside of ARM whether verbal, written, or included in audio/visual materials. I understand that Violation of these laws is a crime that is punishable by a fine. ARM has policies and procedures consistent with these laws, which outline authorized and unauthorized disclosure of information, and any questions about compliance with these policies and procedures should be referred to a supervisor or the Client Services department.

- I will not have access to any financial or personal donor information. If my assignment requires access to said information, I agree to complete and pass a criminal background check.
- I understand that all outside inquiries about a guest or donor must be referred to the Program and Development Departments respectively, without any acknowledgment that an individual is or is not a guest.
- I shall respect the legal and moral right to privacy for each guest, donor, volunteer and staff member.
- I will conduct myself in a professional manner consistent with the ARM Mission.
- I will observe ethical relationships with families, other volunteers, Mission staff, and the community. Unfavorable criticism of the Mission will be avoided; however, I will discuss concerns or criticism with a Manager or the Development Associate.

**Initial here stating that you have read and understand the Volunteer Privacy and Confidentiality Rules:** \_\_\_\_\_

### WAIVER:

I acknowledge there are certain inherent risks when serving as a volunteer, including but not limited to physical injury and death. I acknowledge that all risks cannot be prevented and I assume those beyond the control of ARM faculty and staff. I represent that I am physically able, with or without accommodation, to participate in volunteer service, and that I am able to use the equipment and/or supplies I have signed up for. In consideration of being permitted to volunteer at ARM, I voluntarily and knowingly execute this document and expressly waive any and all rights, claims or causes of action, including, without limitation, those involving bodily injury or property damage or loss, while volunteering at the ARM, whether or not caused by the negligence of the ARM, its officers, directors, guests, volunteers or employees.

**Initial here stating that you have read and understand the Volunteer Waiver:** \_\_\_\_\_

### PHOTO RELEASE:

I hereby give permission and release to ARM to use any/all pictures of me without compensation or any obligation to me. I understand that ARM may decide to utilize this material more than once for any printed materials, web content, marketing campaigns, &/or other media.

**Initial here stating that you have read and understand the Photo Release:** \_\_\_\_\_

### MEDICAL CONSENT:

Should I require emergency medical treatment as a result of accident or illness arising during volunteer work, **I consent to such treatment**. I acknowledge that ARM does not provide health and accident insurance for volunteers and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment.

### **CHECK ONE:**

- Medical Conditions in which ARM or other emergency medical personnel may be informed:**

\_\_\_\_\_

- I do not have any medical conditions including allergies, injuries or dietary restrictions**

**Initial here stating that you have read and understand the Medical Waiver/Consent:** \_\_\_\_\_

**BY MY SIGNATURE, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND WAITER, AND I AGREE TO BE BOUND BY IT:**

Volunteer Name (print) \_\_\_\_\_ Date: \_\_\_\_\_

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

**Emergency Contact:** *Please contact the following person in the event of an emergency:*

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_