A close up of a logo

Description automatically generated

Group Coordinator Contact Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Group Information

Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Members: \_\_\_\_\_\_\_\_\_\_\_\_ Age Range of Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Volunteer Opportunities

Mark areas where you’d like to volunteer

qOffice Help qCorporate Packing qFundraising qMarketing qFood Kits and Fun

Availability

We are interested in helping: qOne-time qSpecial Events qWeekly qMonthly

Is this qongoing or for a qspecific date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate other information relevant to your availability:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Terms and Conditions of Volunteering

All volunteers should have their own medical insurance. If a volunteer requires medical/hospital attention due to an incident that occurs while volunteering for Filling in the Blanks, whether it was a direct result of the work they were instructed to do or not, that volunteer’s own medical carrier will be responsible for all medical coverage. The volunteer is expected to report any injury while volunteering immediately to their supervising staff person.

I have read and understand the Terms and Conditions of Volunteering. \_\_\_\_\_ (initial)

Photography, Publicity and Release Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission to FITB to use my, or my group including minor children’s, name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recording, audiotapes, digital images, and the like, taken by or made on behalf of FITB. I agree that FITB has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation for the use of such pictures, etc. Further, I, for myself and on behalf of any minor child, hereby release FITB and any related entities, whether separately incorporated or not, including but not limited to FITB and related entities’ members, directors, officers, executives, administrators, employees, agents, representatives, volunteers, insurers, re-insurers and/or self-insurance administrators and/or representatives and assignees (collectively referred to as the “Releases”) from any and all claims and/or damages which may arise out of or are in any way connected with such use.

I have read and understood the Photography, Publicity and Release

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)

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

I give my consent to FITB to use my, or my minor groups, name and likeness to promote the program, its fiscal agent, and/or their activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initial)

I do not give consent to FITB to use my, or my minor groups, name and likeness to promote the program, its fiscal agent, and/or their activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initial)

Release of Liability

In consideration for being allowed to participate as a volunteer for Filling in the Blanks, I do hereby release and discharge Filling in the Blanks, its assignees, officers, agents, employees, and officials and their successors from any and all liability that may be received by me (or by minor child) from all claims and demands of any personal injury to me, damage to my personal property, automobile, or any other personal items, as a result of my willful participation. I further affix my signature to acknowledge that I have reviewed such “Terms and Conditions of Volunteering”, and I do willfully elect to participate as a Filling in the Blanks volunteer at my own risk.

I have read and understand the Release of Liability. \_\_\_\_\_\_\_ (initial)

Confidentiality Guidelines

Respect for confidentiality is an important ethical principle that guides all Filling in the Blanks activities and provisions of service to clients. The agency strives to protect the privacy of the relationships established with clients, employees, volunteers and other related groups. This means that the identity and records of clients recognized at Filling in the Blanks are to be protected. If you encounter someone known, it is preferable to let that person greet you first, as he/she may not wish to acknowledge knowing you. Encounters with persons who are clients and identifying information about clients should not be discussed except, when the work requires it, with Filling in the Blanks staff members or other volunteers.

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I have read and understand the Confidentiality Guidelines. \_\_\_\_\_\_ (initial)

Agreement

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I have read and understand Filling in the Blanks Terms and Conditions, Release of Liability, and Confidentiality Guidelines stated above and agree to abide by them.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_