



Industries for the Blind Volunteer Information and Release Form

This form is valid for one year from date of signing



All information is required. Please print clearly.

Last Name	First Name	DOB (m/d/yyyy)
Home Address	City, State, Zip	
Home Phone #	Cell Phone #	Email
Emergency Contact Information		
Name	Relationship	Phone #
Please list any relevant medical information, in the event that you need medical attention (allergies, medications, etc.)		

Release and Waiver of Liability

1. I agree to abide by all relevant IFB policies, administrative guidelines, and directives of staff while serving as a volunteer for Industries for the Blind or its related programs (including, but not limited to, A Brighter Path, the Community Low Vision Center, and the Student Enrichment Experience). I understand that, as a volunteer, I am not in any way considered an employee of IFB or entitled to any wages or benefits associated with my services.
2. I understand that I am not covered by IFB's health insurance policy, nor am I eligible for worker's compensation. I agree that, should I become ill or suffer an accident while doing volunteer work for IFB, I shall be responsible for any and all hospital and medical charges that may arise.
3. I understand that this Release discharges IFB from any liability or claim that I may have against IFB or its employees and agents with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my activities with IFB.
4. I hereby grant IFB all right, title, and interest in any and all photographic images and video or audio recordings made by IFB during my time working as a volunteer.
5. I understand that my status as an IFB volunteer is contingent upon satisfactory results from a thorough background check. IFB reserves the right to deny my eligibility as a volunteer if I have a history of, but not limited to, the following: criminal sexual conduct in any degree; felonious assault; child abuse in any degree, cruelty, torture, or indecent exposure involving a child; any violation contributing to the delinquency of a child, or a felony involving moral turpitude.

Date	Printed Name	Signature

If the volunteer is under the age of eighteen (18) years, this form must also be signed by the minor's parent or legal guardian

Date	Parent/Legal Guardian Name	Parent/Legal Guardian Signature

A Brighter Path Foundation Volunteer Form

Name: _____

_____ I am interested in a regularly scheduled volunteer time slot

_____ Once a week

_____ Twice a month

_____ Once a month

_____ Other (please list): _____

_____ I am interested in volunteering on an as-needed basis

Please place a check mark next to any volunteer activity you might be interested in.
As opportunities arise, we will contact you to see if you are available.

_____ Office work

_____ Help at events

_____ Help at vendor booths

_____ Marketing/Publicity

_____ Reading service

_____ Driving assistance

_____ Student Enrichment Experience planning/programming

_____ Student Enrichment Experience chaperone

_____ Making phone calls

_____ Lending library (organizing)

_____ Lending library (staffing for patron checkout)

_____ Art classes assistance

_____ Wellness program

_____ Other

All information is required. Please print clearly.

Last Name

First Name

DOB (m/d/yyyy)

Are you currently certified in CPR/First Aid? yes no

If yes, are you certified in Adult, Infant/Child, or Both? _____

SEE volunteers may work one-on-one with students. Therefore, A Brighter Path has additional requirements for volunteers wishing to be a part of the SEE program. Please carefully read the following statements and sign at the bottom of this form.

1. I agree to undergo an interview with IFB/SEE staff to determine comfort level and competency in a variety of situations. I understand that parents of SEE students may also be a part of the interview.
2. I agree to participate in a one-day orientation session, which will be scheduled by May 1st, 2009 and will occur before June 15, 2009. Orientation will include training in sensitivity to blindness and instruction on camp policies and procedures.
3. I understand that I may be asked to submit to drug testing and will be required to report immediately when the request is made.
4. I understand that volunteering with the SEE program can involve tasks other than working directly with students, and I agree to perform tasks assigned to me during my preassigned volunteer time slot.
5. I understand that signing up for a particular volunteer time slot obligates me to be there and to arrive on time. Tardiness or unexplained absences could result in my being removed from the volunteer roster.
6. I understand that IFB and/or A Brighter Path have the right to refuse my volunteer services at any time, if my actions or behavior are deemed unsatisfactory by staff.
7. If you are over the age of 25, volunteers who choose to may be asked to drive as part of duties. I understand that to be able to drive, I must submit my current driver's license and proof of insurance.

Date

Printed Name

Signature

If the volunteer is under the age of 18, this form must also be signed by the minor's parent or legal guardian.

Date

Parent/Legal Guardian Name

Signature
