

SPECIAL EVENT VOLUNTEER RELEASE



BACKGROUND CHECK

Any applicant found to have been convicted of or having charges pending for a felony or misdemeanor involving theft, sex offense, child abuse or neglect, or related acts that would pose risks to participants or SOAR Fox Cities, Inc.'s credibility, or the circumstances of which are otherwise substantially related to the volunteer's duties, is not eligible to be a volunteer. I attest to the fact that I have never been charged or convicted of theft, child abuse including sexual, emotional, or physical; neglect; or any other crime against a child or an individual with developmental disabilities. I attest to the fact that I have been convicted of no other crimes, except as listed.

Further, I hereby authorize SOAR Fox Cities, Inc. and any current or former employer, educational institution, law enforcement organization, state and federal government agency, or other information service bureau that is contacted to investigate my background to determine my fitness as a potential volunteer.

I submit the statements on this application are true, complete, and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

Background checks are conducted on an ongoing basis and can result in dismissal from placement as a SOAR Fox Cities volunteer at any time.

SPECIAL EVENTS

I agree that my participation in single event volunteer projects is not in exchange for any consideration (e.g., pay, benefits, and the promise of future employment).

I acknowledge that, in exchange for my service as a single event volunteer, I have neither been promised any consideration nor do I expect to receive any consideration.

I agree that, as a single event volunteer, I will not be a SOAR employee. I understand and agree that SOAR and I both have the right to end my volunteer relationship with SOAR at any time, for any reason, and without advance notice.

I understand that as a single event volunteer, I will not be entitled to any employee benefits. I understand that SOAR will not provide me with accident or medical insurance. SOAR is not responsible for any accident, injury or medical expenses that are related to my volunteer activities with SOAR. I understand that if I drive a vehicle as part of my duties, I must possess a valid Wisconsin driver's license and SOAR is not responsible for any damages to my vehicle. I also understand that I am not covered by workers' compensation laws in connection with my volunteer affiliation.

I understand that my participation as a volunteer may involve certain risks. I voluntarily accept these risks. I release and hold harmless SOAR, and its officers, board members, agents and employees, from all losses, damages, costs, and expenses, claims, demands, rights and causes of action resulting from any personal injury, death, or damage to property arising out of my volunteer activities. I similarly release and hold SOAR harmless from all issues related to any equipment or tools that are brought to SOAR property by me, another volunteer, or SOAR.

I agree to abide by all applicable rules and regulations of SOAR and any of the departments where I engage in volunteer activities.

I am aware of the sensitive and confidential nature of the official documents, reports and other material I may be exposed to in my capacity as SOAR Fox Cities, Inc. volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of SOAR Fox Cities, Inc.'s programs, and their desire to provide quality services to individuals with developmental disabilities, my services as a SOAR Fox Cities, Inc. volunteer will be terminated.

I also agree not to disclose any confidential information of which I may learn in the course of my volunteer service. I acknowledge and agree that any intellectual property I may create in the course of my activities at SOAR shall be the property of SOAR.

I, as the volunteer (or parent/legal guardian), hereby authorize, without my prior approval, SOAR to seek medical treatment for me in case of an accident, injury or illness and hold SOAR harmless in such an event.

VOLUNTEER EXPECTATIONS

I understand that volunteers are expected to wear appropriate clothing which shall be clean, undamaged, and of good taste, and if necessary, personal protective equipment, at the volunteer's own expense.

As a volunteer, it is expected that I will treat all other volunteers, citizens, and SOAR staff in a professional manner.

Inappropriate behavior (rudeness, profanity, and harassment of any kind) will not be tolerated.

Further, I understand that being under the influence and/or the use of alcohol and controlled substances will not be tolerated.

Finally, I agree that I will not abuse any relationship I may have with any SOAR participant or member of the public through unethical practices.

MEDIA RELEASE

I grant SOAR Fox Cities, its representatives and employees the right to take photographs of me in connection with my volunteer service. I authorize SOAR Fox Cities, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that SOAR Fox Cities may use such photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising and Web content.

SIGNATURE

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document. I hereby certify that all of the information submitted in this form is true, accurate and complete. I further understand that false statements made knowingly and willfully on this form are punishable by fine and/or imprisonment under the provisions of 16 U.S.C. §1857 and 18 U.S.C. §1001.

Printed Name *

Group/Organization (if applicable)

Street Address *

City, State, Zip *

Phone Number *

Email

Signature *

Parent/Guardian's Signature (if under 18 years old)

Date *