



Volunteer Confidentiality Agreement

I understand that as a volunteer for Love, Inc. I will become aware of confidential information including but not limited to the names and information about clients of Love, Inc., and information about the staff and volunteers of Love, Inc. It is the policy of Love, Inc. that the information shall remain strictly confidential. I understand that if I break this confidentiality agreement I will immediately be removed from my position as a volunteer with Love, Inc.

Name

Date

Parent

Date

Insurance Waiver

I, the undersigned, hereby acknowledge that Southern Lakes Area Love (Love, Inc.) does not carry Insurance, which would cover my activities as a volunteer for Love, Inc. I hereby release, waive, discharge, indemnify, covenant not to sue and agree to hold Southern Lakes Area Love (Love, Inc.) its employees, insurers, and successors, harmless from any and all claims, demands, and actions of any and every kind that I have, may have, or may hereafter accrue against the released parties, directly or indirectly, arising out of or relating in any respect to my service as a volunteer for Love, Inc. and related activities.

Name

Date

Parent

Date

Photo Release

On occasion we do take pictures and use them for various projects, for example, our bulletin board, newsletter, on our website or in the newspaper. By checking the appropriate box and signing this form you are giving us permission to use your picture at our discretion. If you do not want us to use your picture please note the appropriate box. (Please note if you mark the do not use box it may be possible for you to be in the background of a picture that might be used. We are not intentionally using it without your permission that just might be the picture we need.)

I give permission for Love, Inc. to use my picture.

I do not give permission for Love, Inc. to use my picture.

Name

Date

Parent

Date

Volunteer Information Form

All Volunteers must have an orientation before volunteering

Date: _____

Name: _____

Address: _____

Phone: _____

Birthday: _____

Social Security # _____

Emergency Contact

Name: _____

Phone: _____

Reason you would like to volunteer here:

Fun & Adventure: _____

For School Community Service: _____

Court Ordered: _____

References

Name: _____

Phone: _____

Have you ever been convicted of a felony?

Yes _____ No _____

When are you available to volunteer?

Availability	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Your Interest:

- Cleaning
- Errands for Elderly/Shut in
- Mentoring Adult
- Mentoring Youth

Skilled Trade Work

- Carpentry
- Roofing
- Electrical
- Translators - Spanish

Office Work

- Answering Phones
- Typing
- Data Entry

Program Interest

- Food Pantry
- Adopt a Family
- Tutoring
- Shoes for Kids
- Toys for Kids
- Meal Site
- Special Events
- Provide Budget Counseling
- Transportation
- Drivers - Delivery & Pick up

Store & Warehouse

- Sorting Clothes
- Hanging Clothes in Store
- Maintaining a "Dept" in store
- Signs & Bulletin Boards

Are there any Health Concerns that we should be aware of? _____

Are there any physical limitations that we should be aware of? _____