



# Volunteer Application

ALL INFORMATION SUBMITTED TO ANGEL ON MY SHOULDER WILL BE HELD CONFIDENTIAL.

PERSONAL INFORMATION		
Last Name	First & Middle Name	Nickname
Maiden Name (if applicable)	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	City / State/ Zip	
Cell	Home Phone	Shirt Size: Adult Unisex: (not all volunteers get shirts) <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/> Other, specify:
Can you receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Best way to reach you: <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/> Home Phone Best Time: _____	
Email	Describe Your Health: (List any physical/mental limitations)	
Social Security Number		
EMERGENCY CONTACT		
Emergency Contact Name	Relationship	
Emergency Contact Address		
Emergency Contact Phone 1	Emergency Contact Phone 2	Emergency Contact Phone 3
VOLUNTEER HISTORY		
Describe volunteer experiences you have had (camp, church, hospital, etc.):		
List organizations or clubs in which you are currently ACTIVE and the role you have:		
SKILLS/INTERESTS INVENTORY: Please list any special talents, skills or programs in which you have an interest:		
VOLUNTEER POSITIONS <small>Please describe your interest and list the capacity you are available for fulfilling</small>		
There is a separate form for Camp Counselors and Volunteers. Anyone working with children must have a background check. Forms are available on our website.		
<input type="checkbox"/> Uplifting Angels - Pack and/or Deliver Gifts	<input type="checkbox"/> Clerical help / Data entry	
<input type="checkbox"/> Volunteer at fund raisers	<input type="checkbox"/> Photography at events and programs	
<input type="checkbox"/> Writing and/or proofreading articles	<input type="checkbox"/> Presentations	
<input type="checkbox"/> Grant writing	<input type="checkbox"/> Other	
I agree that Angel On My Shoulder shall be the exclusive owner of all rights in any images (defined as all photographs, videos, recordings or other media) taken of me in connection with Angel On My Shoulder. I hereby give Angel On My Shoulder permission to use, alter and/or license the images for any lawful purpose. I grant this release with no expectation of payment and acknowledge that my inclusion in Angel On My Shoulder activities constitutes sufficient consideration. I agree to make no claim against Angel On My Shoulder and to indemnify and hold Angel On My Shoulder harmless from any and all claims that I may have related to the images. I agree that the authorization and release is irrevocable, worldwide and perpetual, and will be governed by the laws of the State of Wisconsin. I represent and warrant that I am at least 18 years of age and have the full legal capacity to execute this release. If this authorization and release pertains to a minor, the parent or guardian signing below represents and warrants that he/she has the full legal authority to enter into this authorization and release on behalf of the minor.		
Signature	Date	
PERSONAL STATEMENT: Please tell us why you would like to take part in Angel On My Shoulder programs. Use back or attached a separate sheet.		



# Volunteer Pledge of Confidentiality

## **VOLUNTEER PLEDGE OF CONFIDENTIALITY** **Angel On My Shoulder, Ltd.**

By signing below, you acknowledge that you have agreed to be a volunteer for Angel On My Shoulder, Ltd. We thank you for your dedication to our mission! In the course of working with the people we serve, we may come across sensitive personal or medical information. Angel On My Shoulder respects confidential information and wants to ensure that all persons working with Angel On My Shoulder understand and agree that certain information regarding the persons we serve should not be shared with others. Therefore, we ask that you read the following carefully, ask us questions if you do not understand any of these points and sign below to show that you agree with the points.

You understand that as a volunteer, you may have access to confidential social or medical information or information about a family. You understand that communication of, or access to such information, is acceptable only in discharge of your duties and responsibilities as a volunteer. Any such discussion shall not take place in public places or in the presence of persons not entitled to such information. By signing below, you agree that you will not:

- Reveal to anyone the name or identity of a person receiving services from Angel On My Shoulder without first speaking with a representative of Angel On My Shoulder to ensure that the disclosure is acceptable.
- Repeat to anyone any statements or communications made by or about a person receiving services relating to social, medical or family information.
- Reveal to anyone any information that you learn about a participant as a result of discussions with others providing care to the participant.
- Write or publish any articles, papers, stories or other written materials that the names or identities of any participant can be discerned.

By signing below, you agree that you have read this statement and understand your obligation to maintain confidentiality. You agree to honor that obligation and understand that any breach of this policy may result in termination from the volunteer program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_