



Volunteer Information & Signup Sheet

Volunteer Personal Information

Full Name:

Emergency Contact

Contact Information

○ Phone Number:

○ Name:

○ Email Address:

○ Phone Number:

○ Mailing Address:

○ Relationship:

Date of Birth:

Gender (circle one):

Male / Female / wish not to disclose

Motivation for Volunteering

Please take a moment to reflect on and share your motivations for volunteering with our foundation. Your response will help us understand your commitment and passion for our cause.

How did you hear about us?:

What inspired you to apply for a volunteer position with us?:

How do you see volunteering with our organization aligning with your personal values and goals?:

Volunteer Engagement and Service

Availability: Days & Times Available (check all that apply):

☐ **Monday:** ☐ Morning / ☐ Afternoon / ☐ Evening

☐ **Friday:** ☐ Morning / ☐ Afternoon / ☐ Evening

☐ **Tuesday:** ☐ Morning / ☐ Afternoon / ☐ Evening

☐ **Saturday:** ☐ Morning / ☐ Afternoon / ☐ Evening

☐ **Wednesday:** ☐ Morning / ☐ Afternoon / ☐ Evening

☐ **Sunday:** ☐ Morning / ☐ Afternoon / ☐ Evening

☐ **Thursday:** ☐ Morning / ☐ Afternoon / ☐ Evening



Volunteer Roles and Responsibilities

Skills and Interests

- Relevant Skills & Experience:

- Language(s) Spoken:

- Computer Skills (circle one): novice / moderate / professional / expert

- Volunteer Experience:

- Hobbies/Interests:

Background Information

- Have you ever been convicted of a crime? (Yes/No)
 - If yes, please explain:

- Do you have any physical limitations or medical conditions we should be aware of? (Yes/No)
 - If yes, please explain:

Volunteer Preferences - Types of Projects Interested In (check all that apply):

NOTE: **means this may require background check / references
 ***means this may require confirmation and proof of credentials + possibly a local background check

- | | |
|--|---|
| <input type="checkbox"/> **Administration | <input type="checkbox"/> Driving / Travel / Delivery (<i>up to date drivers license, vehicle insurance and registration is required for this</i>) |
| <input type="checkbox"/> **Socializing / Games | <input type="checkbox"/> **Fundraising |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> **Cooking | <input type="checkbox"/> **Community Outreach |
| <input type="checkbox"/> Cleaning / Organizing | <input type="checkbox"/> ***Education/Tutoring |
| <input type="checkbox"/> Physical Labor | <input type="checkbox"/> Environmental Projects |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> ***Healthcare Services |
| <input type="checkbox"/> Think Tank | <input type="checkbox"/> Other (please specify): |



Are you willing to Take a Leadership Role, if yes, what experience(s) do you have with leadership? (Yes/No):

Are you able and willing to Travel without compensation on fuel (circle one): YES / NO

- if yes, what is the maximum distance from your address available for travel?
- If yes, do you have a valid and up to date drivers license, auto insurance and registration? (circle one) YES / NO

Are there any specific times of year/month that you're not available, if so please indicate those time frames (school, work, travel, etc.):

Performance and Feedback

Performance Evaluations

- Regular evaluations and feedback from supervisors can be made available if necessary, please indicate if you think you may want this.

- Feedback from volunteers about their experience and suggestions for improvement are graciously accepted. After every event, all volunteers will be presented with the opportunity to fill out an anonymous (if desired) feedback form.

Volunteer Feedback

Awards and Recognition

Awards Received

- Our Award Program will be instituted annually

Certificates of Appreciation

- Special certificates will be awarded to the volunteers who show amazing teamwork, leadership, humility and initiative.

Promise of Efficiently Protected Volunteer Data

Data Storage: We have implemented a digital platform to manage volunteer information, schedules, and communication for data protection

Regular Data Updates: If any of your information changes, please let us know at your convenience, in order to ensure accurate information

Secured Data Storage: we utilize secured, cloud-based storage solutions to protect volunteer information.

Confidentiality: we ensure that volunteer data is kept confidential and only accessible to authorized personnel including government compliance officers.

Admin & Leadership Confidentiality Training: We provide training for all office based and Leadership members/volunteers on the best practices for managing and protecting volunteer records.



Important Information and Non-Liability Agreement for Volunteers

- **Transportation Liability:** If I (*print name*)_____, am required to travel to or from any volunteer location, I agree that L.A.A.F. is not responsible for any accidents, injuries, or issues that may arise during transportation.
- **Property Damage:** I (*print name*)_____, understand that they are responsible for my own personal belongings and that L.A.A.F. is not liable for any lost, stolen, or damaged items.
- **Behavior and Conduct:** I (*print name*)_____, agree to adhere to the organization's code of conduct and understand that any inappropriate behavior or attire may result in my dismissal from the volunteer program, without liability on the part of L.A.A.F.
- **Photographic and Media Consent:** By participating as a volunteer with [Organization Name], I (*print name*)_____, hereby grant permission to L.A.A.F. and its representatives to photograph, videotape, and/or record me during my volunteer activities. I understand that these images and recordings may be used for documentation, marketing, and promotional purposes, including but not limited to social media, websites, printed materials, and presentations. I acknowledge that L.A.A.F. owns all rights to the images and recordings and that I will not receive any compensation for their use. I waive any right to inspect or approve the final products or the specific uses to which they may be applied.
- **Indemnification:** I (*print name*)_____, release and hold harmless L.A.A.F., its, and any individuals or entities involved in the volunteer work. I agree to indemnify and hold harmless L.A.A.F. from any and all claims, liabilities, or damages that may arise from my actions or omissions while volunteering.

If you agree with everything within this application, please sign and date below. We appreciate and value your decision to become a part of our volunteer team. Thank you for your dedication and support.

Printed Name:_____ **Signature:**_____

Date:_____



Non-Liability for Physical Safety

Even if I am not volunteering for physical work, I understand that as a non-profit organization, the LaPlante Apothecarial Art Foundation Inc. (L.A.A.F.) and any company or location that has accepted my volunteer work, hold no liability for my physical safety. I understand the importance of ensuring volunteers are fully aware of this before committing their time and energy.

Personal Responsibility: I (*print name*)_____, solely responsible for your own physical health and well-being while volunteering with L.A.A.F. I will not overextend or over-exert myself and know my own physical limits.

Communication of Limitations: It is my (*print name*)_____, responsibility to inform the leadership team of any known physical / health limitations, health conditions, or concerns that may affect my ability to perform volunteer tasks, especially those involving physical work.

Assumption of Risk: I (*print name*)_____, understand that volunteering may involve certain inherent risks, including but not limited to physical exertion, lifting, carrying, and other activities that

may result in injury. I voluntarily assume all risks associated with these activities.

Release of Liability: L.A.A.F., its employees, officers, directors, and agents are not liable for any injury, illness, or accident that may occur while I (*print name*)_____, am willingly volunteering. I agree to release and hold harmless L.A.A.F. from any and all claims, liabilities, or damages arising from my participation in volunteer activities.

Medical Attention: In the event of an injury or medical emergency, I (*print name*)_____, consent to receive appropriate medical treatment and understand that I am responsible for any costs associated with such treatment.

By signing below, I acknowledge that I have read, understood, and agree to the terms of this non-liability statement.

Printed Name:_____ **Signature:**_____

Date:_____



Non-Liability for **Minors**

As a parent or guardian, I acknowledge and agree to the following terms for bringing my under 18-year-old child/children to volunteer with the LaPlante Apothecarial Art Foundation Inc. (L.A.A.F.) and any associated organizations or locations:

Parental Responsibility: I (*print name*) _____, responsible for supervising my child at all times while volunteering. I must ensure that my child does not overextend or over-exert themselves and understands their own physical limits.

Communication of Limitations: It is my (*print name*) _____, responsibility to inform the leadership team of any physical limitations, health conditions, or concerns that may affect my child's ability to perform volunteer tasks, especially those involving physical work.

Assumption of Risk: I (*print name*) _____, understand that volunteering may involve certain inherent risks, including but not limited to physical exertion, lifting, carrying, and other activities that

By signing below, I acknowledge that I have read, understood, and agree to the terms of this non-liability statement for my child/children.

may result in injury. I voluntarily assume all risks associated with these activities on behalf of my child.

Release of Liability: L.A.A.F., its employees, officers, directors, and agents are not liable for any injury, illness, or accident that may occur to my (*print name*) _____, child while volunteering. I agree to release and hold harmless L.A.A.F. from any and all claims, liabilities, or damages arising from my child's participation in volunteer activities.

Medical Attention: In the event of an injury or medical emergency, I (*print name*) _____, consent to my child receiving appropriate medical treatment and understand that I am responsible for any costs associated with such treatment.

Parent/Guardian Name: _____ **Signature:** _____

Date: _____

Child's Name: _____

Child's Age: _____

Child's Name: _____

Child's Age: _____

Child's Name: _____

Child's Age: _____

Child's Name: _____

Child's Age: _____