

## Volunteer Application

Name (First, Last): \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred method of contact (Circle one): E-mail / Phone DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Race (Mark all that apply):  White/Non-Hispanic  Native/American Indian/Alaska Native  Hispanic  
 Asian  Black/African American  Hawaiian or Other Pacific Islander  Prefer not to answer.

Language(s) spoken other than English \_\_\_\_\_

Employment Status (Circle one): Part-Time Full Time Retired Student

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Personal Reference Name (First, Last): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Physical Limitations: Do you require any accommodations to volunteer? (Circle one) Yes / No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime? Yes / No

If so, please explain the nature of the crime, date of conviction and disposition. \*Note that a conviction is not an automatic disqualification for volunteer service: \_\_\_\_\_

Do you have a valid CA Driver's License?: Yes / No

License Number: \_\_\_\_\_ Vehicle License Plate Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize the United Way of Nevada County, to investigate any statement contained in this application. If I volunteer at United Way of Nevada County, I understand that I must abide by all rules, regulations, and policies that pertain to volunteering at United Way of Nevada County.*

Signature: \_\_\_\_\_

*United Way of Nevada County is committed to the principles of equal opportunities and compliance with all federal, state, and local laws concerning discrimination, including the Americans with Disabilities Act. To this end, we ensure equal opportunity to all regardless of race, color, religion, gender, sexual orientation, gender identity or gender expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws.*

**Volunteer Experience** (Organization Name & Work Performed):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Preference & Availability**

**Type of volunteer work preferred:**

<b>Circle all that apply:</b>		
Administrative/Clerical	Accounting/Finance	Board Member
Committee Member	Creative Writing	Bulk Mailing
Day of Action	Community Building	Communication/Marketing
Data Entry	Event Coordination	Fundraising/Campaign
Graphic Design	Grant Development	Information Technology
Investment Volunteer	Manual/Heavy Labor	Pledge Drive Support
Office Volunteer	Special Event Host	Speaking in the Community
Transportation/delivery	Food Access Saturday	High School Food Pantry
Health Clinic	Other: _____	

**What is your availability?**

<b>Circle all that apply:</b>					
One-time	Ongoing				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday/Sunday
Mornings	Afternoons	Evenings			
Number of hours available _____					

## **Volunteers are the Heart of United Way!**

Without an incredible network of dedicated volunteers, we would not be able to meaningfully impact our community. We have a wide variety of opportunities for community members who wish to volunteer.

### **Food Access Saturday**

Through this program, bags of food are distributed every second Saturday of the month. This program serves members of the community who cannot access food distribution opportunities on weekdays.

### **High School Food Pantry**

The Pantry Program offers supplemental groceries to students and their families on a weekly basis. The food is distributed on designated high school campuses. Volunteers are needed to fill the bags and to distribute the bags at designated times and locations.

### **Fundraising Events**

Volunteers are always needed to assist with UWNC's special events such as our wine events and annual gatherings such as Grills & Grilles. Whether volunteers participate in the planning of the events or assist before, during, and after the events, the help is needed and appreciated.

### **Day of Action**

During this annual day of community action, volunteers are organized to help nonprofits with projects needed to help them do their important work in our community.

### **Committee Membership**

For those volunteers who would like to work with our committees, we have opportunities in the Marketing, Fundraising, and Community Impact Committees.

### **Free Health Clinic**

United Way collaborates with California CareForce to bring a free health clinic to Grass Valley every two years. We need volunteers to help with a variety of tasks during the clinic weekend. The next clinic is planned for 2022.

### **Office Volunteers**

On occasion, we need volunteers to fold and prepare our mailings and to assist with a variety of office tasks.

## **Code of Ethics and Confidentiality Policy**

The Board, Staff, and Volunteers of United Way of Nevada County are committed to the highest ethical standards. Based on the unique trust placed in United Way of Nevada County to serve Nevada County residents well, we have an obligation to act ethically.

The success of the United Way system and our reputation depend upon the ethical conduct of everyone affiliated with United Way of Nevada County (UWNC). Volunteers, staff, and representatives set an example for each other and for United Way of Nevada County member agencies by pursuing excellence in performance, professionalism, and ethical conduct.

The UWNC Code of Ethics is based on our mission and guided by our fundamental values of integrity, impact, and volunteerism. We are aware that these values must be clearly stated, communicated, and continuously reinforced. We are also aware that more detailed policies, guidelines, explanations, definitions, and examples are required to put these values into practice.

While no document can anticipate all the challenges that may arise, this Code of Ethics provides essential guidelines and assists UNWC volunteers, staff, and representatives in making sound, ethical decisions. United Way of Nevada County is a dynamic organization, and this document will need further development in the years ahead.

### **Personal and Professional Integrity**

A personal commitment to integrity in all circumstances benefits each individual as well as the organization. We therefore:

- Strive to meet the highest standards of performance, quality, service, and achievement in working toward the UWNC mission.
- Communicate honestly and openly to avoid misrepresentation.
- Promote a working environment where honesty, open communication, and minority opinions are valued; and
- Exhibit respect and fairness toward all those with whom we come into contact.

### **Accountability**

United Way of Nevada County is responsible to its stakeholders, including UWNC partner agencies, donors, volunteers, vendors, and others in the community who have placed their faith in UWNC. To uphold this trust, we:

- Promote good stewardship of UWNC resources, including membership fees, grants, and other contributions that are used to pay operating expenses, salaries, and employee benefits.
- Refrain from using organizational resources for non-UWNC purposes; and
- Observe and comply with all laws and regulations affecting UWNC.

### **Solicitations and Voluntary Giving**

The most responsive contributors are those who can become informed and involved. We therefore:

- Promote voluntary giving in dealing with donors and vendors; and
- Refrain from any use of coercion or intimidation in fundraising activities. Equal Access UWNC encourages the participation of all Nevada County residents in all its activities. Therefore, UWNC takes the necessary steps to conduct all its activities to assure accessibility to and inclusion of persons with disabilities.
- UWNC will focus first on accessibility to and within its own offices, its program, and events, and the programs and events of its partner agencies.
- As part of an accessibility focus, UWNC will maintain equal physical access within its offices and equal access to communications by making written materials available in alternative formats. UWNC's website and campaign materials are part of this planning.
- Event planning will include equal access assurances, including sign language interpreters, assistive listening devices, and equal physical access to all event facilities.
- FREED and other information sources will be utilized during the planning of campaigns, communications, and events.
- Partner agencies will be included in UWNC's efforts to increase awareness about and best practices in equal access. Equal access issues will become part of the UWNC agency accountability process.

### Diversity and Equal Opportunity

United Way of Nevada County is an equal opportunity employer and is committed to the principle of diversity. We therefore:

- Value, champion, and embrace diversity in all aspects of UWNC activities and respect others without regard to race, color, religion, creed, age, sex, sexual orientation, disability or handicap status, national origin or ancestry, marital status, or veteran status.
- Refuse to engage in or tolerate any other form of discrimination or harassment.

### Confidentiality Policy

As a United Way volunteer and representative, you must consider and protect the privacy of our stakeholders in the acquisition and dissemination of information. We therefore:

- Respect the privacy and confidentiality of individual information at all times in the performance of your duties and responsibilities.
- Utilize individual information strictly in the performance of your duties and responsibilities.
- Do not discuss, access, or display confidential information in the presence of unauthorized individuals.
- Ensure that all confidential information is handled, stored, and disposed of as required by United Way policy.
- Do not disclose confidential information to anyone who does not have a need-to-know unless prior written consent has been obtained or is required by law.
- Do not use intrusive methods to gather private information.

### Examples of Privacy/Confidentiality:

Situation: You are a United Way volunteer. A reporter from a local newspaper calls and asks you for your comments concerning United Way's new fundraising strategy towards its largest donors.

Solution: Although you want to be helpful, you mustn't give out potentially proprietary or confidential information. For your protection and that of the organization, you must refer the call to the United Way office.

By signing below, I acknowledge that I have received and read this Code of Ethics and Confidentiality Policy. I understand that each United Way of Nevada County Volunteer is responsible for adhering to the principles and standards of this policy. I confirm that I have and will continue to conduct myself following these policies.

*Anyone affiliated with UWNC is encouraged to discuss any questions or concerns he/she has with the UWNC Executive Committee.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### FIRST AID AND EMERGENCY MEDICAL TREATMENT CONSENT

I recognize that there may be occasions where I may need first aid or emergency medical treatment due to an accident, illness, or other health condition or injury while volunteering for United Way of Nevada County.

I, the undersigned, do hereby consent to United Way of Nevada County and its designated representatives to seek and secure any needed medical attention or treatment for me, including emergency transport and/or hospitalization if, in the representative's opinion, such need arises.

I give Consent to attending physician(s) and other medical personnel to administer any needed medical treatment. This Consent will only be invoked if the person below is unable to be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**\*\*\*If you do not consent please see below.\*\*\***

### EMERGENCY CONTACTS

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### HEALTH INSURANCE INFORMATION

Carrier: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**I DO NOT GIVE MY CONSENT FOR FIRST AID OR EMERGENCY MEDICAL TREATMENT AS A RESULT OF AN ACCIDENT, ILLNESS, OR OTHER HEALTH CONDITION OR INJURY WHILE VOLUNTEERING FOR UNITED WAY OF NEVADA COUNTY.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.



I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby act for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: **United Way of Nevada County** and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that UNITED WAY OF NEVADA COUNTY and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_