

Group Volunteer Information Sheet

Company/Organization: _____

Name: _____
First MI Last

DOB: ____/____/____

Address: _____
City State Zip

Phone: (____) ____ - _____ Email: _____

Employer/Job Title: _____

Employer Address: _____
City State Zip

Emergency Contact: _____
Name Phone Relationship

Is your group or corporation a current or past donor, supporter or volunteer? Yes No

If yes, when? _____

Is anyone in your group an Early Head Start parent? Yes No

If yes, who? _____

Has anyone in your group been a CTL Ambassador? Yes No

If yes, who? _____

Preferred area of Service: Child Care Assistant Resale Shop HUD Homeless Point in Time Count
 Remodeling the Arlington Playground Beautify the Polytechnic Childcare Center Supply/Donation Drive

Can your group or corporation make a tax-deductible monetary contribution to offset the costs and oversight of your volunteer activity?
 Yes No

Projected Number of Volunteers _____

Can your group be split into two or more groups at various locations? Yes No

How did you learn about the Center for Transforming Lives? _____

Please submit your volunteer application to:
Ruby Mumtahn

Volunteer and Community Outreach Coordinator
Center for Transforming Lives
512 W. 4th Street
Fort Worth, Texas 76102
development@transforminglives.org
Phone: 817-332-6191

Volunteer Release Form

Liability Release - I hereby release, indemnify and hold harmless Center for Transforming Lives, the organizers, and sponsors and supervisors of all activities, from any and all liability in connection with any injury (including injury caused by negligence) in conjunction with volunteering at the Center for Transforming Lives. I likewise hold harmless from liability any person transporting me to or from this activity.

I also certify that I am in good health and able to participate in the program activities on the assigned day of volunteering. I certify that I am over 18 years of age and am competent to contract my name insofar as the above is concerned. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Signature: _____

Date: _____

Communications Release - I hereby assign the rights to the video and/or photographic recording(s) made of me on the assigned day of volunteering, to the Center for Transforming Lives. I hereby authorize the editing, duplications, reproduction, copyright, exhibition, broadcast and/or non-profit use and distribution of said recording(s) for the purpose deemed suitable by the Center for Transforming Lives.

I hereby waive any right to approve the finished products. I certify that I am over 18 years of age and am competent to contract my name insofar as the above is concerned.

I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Signature: _____

Date: _____

Parental Consent/Release - If the individual is a minor (under 18 years of age) the following should be completed and signed by a parent or legal guardian:

I hereby consent and agree, individually as a parent or legal guardian, to all of the terms and provisions above

Name: _____

Relationship: _____

Signature: _____

Date: _____

Confidentiality Agreement - I recognize that services Center for Transforming Lives provides are confidential. To enable the agency to provide those services, families at time share with the staff confidential information concerning their affairs. While volunteering with the Center for Transforming Lives, I agree that, except as directed by the agency, I will not at any time during or after my volunteer time disclose any such information that I may overhear or be exposed to, to any person whatsoever. Protecting confidentiality is primary to the operations of Center for Transforming Lives. I recognize that the disclosure of such information by me may cause irreparable harm to those served and to Center for Transforming Lives and that accordingly, the family or Center for Transforming Lives may seek any legal remedies against me which may be available.

I have read the above statements, and I understand them.

Signature: _____

Date: _____

Volunteer Code of Ethics

Compliance with this code of ethics is a condition of service with Center for Transforming Lives. I understand that violation of the following standards is regarded as engaging in unethical behavior and is grounds for immediate termination.

1. Center for Transforming Lives is dedicated to helping homeless and impoverished women, children, and families move from poverty to independence. Volunteers agree to support the philosophy of Center for Transforming Lives and behave congruent with our mission.
2. Volunteers should be on time for their scheduled shift and must call assigned department director as soon as possible if they will be late or cannot make a volunteer commitment.
3. Volunteers must not be on Center for Transforming Lives grounds under the influence of drugs or alcohol nor may they participate in the possession, sale or delivery of controlled substances.
4. Volunteers should treat all program participants, other volunteers, and Center for Transforming Lives staff with respect and dignity and should refrain from imposing their own values and beliefs upon program participants, other volunteers, and staff.
5. Volunteers should not solicit donations (in-kind or monetary) on behalf of the Center for Transforming Lives, unless part of a specific sanctioned campaign.
6. Volunteers are prohibited from offering money to any program participant as part of their service. Knowing that there are programs for program participants that provide assistance for medical care, transportation, rent, utilities and food, volunteers are prohibited from duplicating these services with their own personal funds.
7. Volunteers must not discriminate against any person on the basis of age, sex, ethnic or socio-economic background, creed or sexual orientation.
8. Volunteers involved in religious activities must refrain from proselytizing program participants, Center for Transforming Lives staff, or other volunteers.
9. Any abuse (substance or physical) witnessed by a volunteer of a program participant to another program participant or child must be reported immediately to Center for Transforming Lives department director.
10. Center for Transforming Lives does not offer onsite volunteer opportunities for children ages 11 and under. Any child volunteers ages 12 to 17 must be accompanied and supervised by an approved adult volunteer.
11. Volunteers working directly with children must fulfill additional requirements by Texas Department of Family and Protective Services licensing.
12. Center for Transforming Lives does not allow pets on campus. Please do not bring your pet with you to volunteer. (Service animals do not apply.)
13. While there is no formal dress code for volunteers, Center for Transforming Lives asks that volunteers dress appropriately for their assignment and practice good hygiene. Center for Transforming Lives reserves the right to ask a volunteer to leave the volunteer site for inappropriate dress.
14. Volunteers must report, in confidence, any suspected violation of the Code of Ethics to the Chief Development Officer.
15. Purchases made by volunteers on behalf of agency or program participants will not be reimbursed. Exceptions must receive prior, written approval.

Signature _____ Date _____