



inclusion center for community and justice

Place a current
Picture of you here!

It does not need to be a
professional picture!

Smile!!!

Return Application to: Inclusion Center 1840 South 1300 East, SLC, UT 84105

YOUTH/ADULT VOLUNTEER APPLICATION

PLEASE READ CAREFULLY:

Please complete each section fully and accurately. DO NOT TURN IN APPLICATION UNLESS FULLY COMPLETED.

Please type or print clearly. Don't forget to:

Include all signatures by yourself and/or guardian All information is completely listed

Essay is attached (1 page)

Picture is included

The following information will be kept on file for future possibilities of volunteer work.

PERSONAL INFORMATION:

Name _____	Social Security No. _____
Address _____	Home Telephone _____
City _____ ST _____ Zip _____	Business Telephone _____
E-Mail _____	Cellular Telephone _____
Birth Date ____/____/____	Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>

Is there anything that will prevent you from performing the essential functions of the position for which you are volunteering, with or without reasonable accommodation? Yes No

If yes please explain _____

Race and/or Ethnic Heritage _____ Faith _____

Languages Spoken _____

GENERAL INFORMATION:

Volunteer Position Applied for _____ How were you referred to IC? _____

Have you ever participated in an Inclusion Center event? (Anytown, Unitown, Globaltown, Awareness Training etc.).

Yes No

If YES, what: _____

Have you ever been employed by, or provided volunteer services to Inclusion Center? Yes No

If YES, please specify dates and locations: _____

Have you ever applied to Inclusion Center before? _____ Yes No

If yes, please specify dates and location _____

Have you been convicted of a misdemeanor or felony within the last 7 years? Yes No

If yes, please explain, including date and location and if it has been resolved _____

REFERENCES:

Please give the name, address and telephone number of three references whom you have known for at least 5 years, who are not related to you, and are not previous employers. If you are currently a student, you may use 3 members of a school faculty or administration familiar with your school performance and conduct:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION:

Complete for the highest level attained. If you did not receive a degree / diploma, indicate number of years completed:

School & Location	Degree/ Diploma	Course of Study	Date Earned
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL SKILLS:

Special Skills and Training- Please summarize special skills you think will be valuable to our programs. This may include games, languages spoken, extracurricular activities and opportunities/experiences you have had revolving around human relations work.

EMPLOYMENT HISTORY:

Employment History- Start with your current or most recent employer. Please list the past 2 employment locations:

Employer _____ Dates Employed _____
Address _____ Job Title _____

Supervisor _____ Telephone _____

Duties performed _____

Reason for leaving or are you still employed here? _____

Employer _____ Dates Employed _____
Address _____ Job Title _____

Supervisor _____ Telephone _____

Duties performed _____

Reason for leaving or are you still employed here? _____

PERSONAL ESSAY:

On a separate piece of paper, which you'll attach to this application upon returning it to the IC office, please write a one (1) page essay on why you think the IC can benefit from yourself. Please list all skills you think will benefit our programs, and the youth participating in those programs. If you feel it needs to be longer, you may have up to a two (2) page essay. We prefer it is typed, or written legibly. There is no limit as to how short it may be, however we will read over it carefully, to see what contributions you may give our youth during our programs.

VOLUNTEER RULES AGREEMENT:

- I will not bring or use any illegal drugs or alcohol while participating in a volunteer capacity.
- I will report all counseling concerns to an IC staff person, including suspicion or knowledge of child abuse, attempted suicide or attempts to harm others.
- If I am aware of any participant and/or staff who are not following the IC rules or behavior guidelines (i.e., IC non-negotiable's: drugs, sex, violence, weapons and smoking), I understand that I am required to immediately report this to the IC staff.
- I will treat all participants/volunteers with respect, and will serve as a positive role model.
- I will not engage or become involved in a romantic or intimate relationship with any of the staff or delegates during my time serving as an IC volunteer.
- I will not host any event (e.g. parties, reunions, etc.) for delegates/volunteers in association with IC programming without the consent of IC.
- I will not duplicate/use IC exercises at non-IC events without the consent of IC. I understand that the material used by the IC are trade marked and unauthorized use can result in legal action.
- I understand that all information I become aware of, while serving in a volunteer capacity at IC, is completely confidential. This includes all programs, office projects and IC events.
- I understand that violating any of these rules can result in immediate dismissal from the program.

I have read, and understand the above information regarding the rules. I will obey them as a Volunteer of the Inclusion Center at all times.

Volunteer Name _____ (Print Please) Date _____

Signature _____

VOLUNTEER TRANSPORTATION AGREEMENT:

I am aware that at any given time, I may be transporting / or may be transported by another volunteer or IC staff member. I release IC, it's officers, Board members, volunteers, agents, employees, licensees and assigns from all claims that I or my child(ren) may have, or might have, for any cause of an accident resulting in damages while myself (as a volunteer) or my child(ren) are being transported.

I have read the above statement, and release those mentioned above, if there is any minor or major accident that may occur.

Parent/Guardian Signature (if under 18) _____ Date _____

Volunteer Signature (if over 18) _____ Date _____

BACKGROUND CHECK CONSENT

In order to participate in any youth workshops, including but not limited to Anytown , Global Leaders, Global Friends, and Building Bridges, volunteers must receive a criminal background check.

This consent and release shall continue in effect, without a limitation of time.

- I DO consent and agree to the Inclusion Center performing a criminal background check.
- I DO NOT consent or agree to the Inclusion Center performing a criminal background check.

Volunteer Signature (if over 18) _____ Date _____

(A background check is not necessary if the volunteer is under 18)

MEDIA RELEASE:

I am the Applicant / Parent or legal Guardian (Circle one) of _____ ("my child (ren)"), who will be participating in activities and/or programs sponsored by Inclusion Center for Community and Justice (IC) and follow-up activities.

I understand that I or my child(ren), along or with other participants and/or IC staff, volunteers or representative, may be interviewed, may provide written or oral statements, and/or may be photographed, recorded on film, audio tape, videocassette, or other visual and sound, computerized, telephonic, voice-mail or tape media ("photographs and/or sound/image recordings") by IC and/or others approved by IC.

I hereby consent to the foregoing and grant permission, without reservation, to IC and/or those approved by IC to generate, prepare, advertise, describe and/or publicize IC and its work, good will, public education and/or fundraising activities, disseminate, otherwise use and comment upon the photographs and/or sound/image recordings as they may determine, without review by me or my child (ren) and without financial or other obligation of any nature to me or my child (ren).

I consent that I or my child(ren) may be identified by name, age and place of residence or otherwise, as IC and/or those approved by IC may determine.

I release IC, its officers, Board members, volunteers, agents, employees, licensees and assigns from all claims that I or my child (ren) may have, or might have, for any cause of action arising out of the taking and/or use of photographs and/or sound/image recording as set forth herein.

This consent and release shall continue in effect, without a limitation of time.

- I DO consent and agree to the media release terms mentioned above.
- I DO NOT consent or agree to any of the media release terms mentioned above.

Signature of Volunteer (IF OVER 18): _____

Name of Parent / Guardian (print): _____

Signature of Parent (if under 18): _____

Relationship if Signing for a Minor: _____ Date: _____

Signature of Child: _____

VOLUNTEER APPLICATION AGREEMENT

I certify that the information provided in this application is true and complete. I authorize Inclusion Center for Community and Justice to investigate all statements in this application and to secure any necessary information from all employers, references, academic institutions, and other organizations. I also agree to execute any additional written authorizations necessary for IC to obtain access to and copies of records pertaining to this information. I agree to release any person, company, or other institution from any and all cause of action that otherwise might arise from supplying IC with the information it may request pursuant to this release.

I understand that any acceptance of my offer to volunteer my services to IC is contingent upon receipt of satisfactory responses to any or all investigations conducted by IC. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application, or for my immediate discharge if discovered after I begin providing volunteer services.

I agree to comply with all policies, procedures and rules applicable to volunteers of IC, and I understand that any violation may result in my dismissal as a volunteer. I understand that nothing in this application, or in acceptance of my offer to volunteer my services, is intended to create an employment contract between IC and me. I hereby acknowledge that I have read and understand the preceding statement.

Volunteer Signature (if over 18): _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____

CONSENT AND ACKNOWLEDGEMENT

I understand that my or my child(ren)'s participation in an Inclusion Center for Community and Justice's (hereinafter "Inclusion Center") events or programs (hereinafter "Events") exposes me or my child(ren) to risks inherent in retreats and wilderness events. I hereby acknowledge that I or my child(ren) am/are voluntarily participating in this Event and agree to assume any such risks. I understand the Events are intensive human relations programs that deal with mature subject matters. I understand that workshop topics may include values clarification, stereotypes, prejudice, interpersonal communication, racial identity, racism, sexism, sexual orientation, classism, family issues, institutional and personal power, and more. Throughout the Events, participants may experience confusion, anger, joy, sadness, frustration, hope and more as they learn. I assure that I am capable of handling the subject matter and emotional nature of this program.

In consideration for being permitted to participate in Inclusion Center Events, I hereby agree that I shall hold harmless the Inclusion Center and/or its board members, employees, agents, licensees, or volunteers, from any and all claims, demands, actions, or suits arising out of or in connection with my or my child(ren)'s participation in Event, including those claims which may arise from the negligence of the Inclusion Center, its board of trustees; and/or its employees, agents, licensees or volunteers. The health history is correct and complete as far as I know, and the person herein described is capable of engaging in program activities, except as noted. If the medical information should change prior to the program, I will notify the Inclusion Center of any new conditions, medications, limitations, etc.

DO NOT SIGN UNLESS READ AND FULLY UNDERSTOOD!

Volunteer Signature (if over 18): _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____

Medical Information Form (1 of 2)

GENERAL INFORMATION:

Name: _____
School: _____ Sex: Male Female
Home Address: _____
City: _____ State: _____ Zip: _____

In case of an emergency:

Name of parent/guardian: _____

Phone Number: Work (____) _____ Home (____) _____

Cell (____) _____

Name of personal physician (optional): _____

Two other names, relation and phone number other than the one listed above:

NAME	RELATION	PHONE NUMBER
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_____	_____	_____
_____	_____	_____

Does the applicant have physical limitations that will restrict participation in activities?

Yes No

Has the applicant been injured and needed medical treatment within the last year? Yes No If Yes, what:

DIETARY ACCOMMODATIONS:

Please list any accommodations that we should be aware of: _____

ALLERGIES:

Allergies to Medication? Yes No If Yes, list all known _____

Describe reaction and management to the reaction: _____

Allergies to Food? Yes No If Yes, list all known _____

Describe the reaction and management to the reaction: _____

Any Other Allergies? Yes No If yes, list all known (stings, hay fever, asthma, animals etc.):

Describe the reaction and management to the reaction: _____

MEDICATIONS:

Please list any **over-the-counter** or **prescription** medication that you may be taking while attending the program. _____

Medical Information Form (2 of 2)

PLEASE CHECK ALL THOSE THAT APPLY:

Convulsive Disorder Diabetes Asthma Depression
Neurologic Disorder Hepatitis Heart Problem ADD/ADHD
Social Anxiety Allergies Skin Infection HIV Positive
Pulmonary Disorder Epilepsy Otitis Media

Other issues or conditions the medical staff should be aware of? (Please elaborate)

PARENT/GUARDIAN AUTHORIZATION (if under 18 years of age):

This health history is correct and complete as far as I know, and the person herein described has permission to engage in program activities excepted as noted.

Parent/Guardian Signature (if under 18) _____ Date: _____

Volunteer Signature (if over 18): _____ Date: _____

INSURANCE INFORMATION:

In an effort to keep our volunteers' safety and security while at camp, please help us with the below information. We want to make sure every one of our volunteers is taken care of. While attending any IC program, you as a volunteer, are covered by Inclusion Center's Accidental Secondary Insurance. In the event of an accident, IC's secondary insurance will provide supplementary coverage to your primary insurance.

Is the participant covered by family medical/hospital insurance? Yes No

If YES, indicate the insurance carrier/plan name: _____

Group #: _____

Insurance company address: _____

Name of Policy Holder (if other than applicant): _____

Relationship to participant: _____

Social Security number of policy holder or insurance ID number: _____

EMERGENCY RELEASE AGREEMENT

Parent / Guardian must sign the emergency release agreement, unless the volunteer applicant is over 18. If for religious reasons you cannot sign this, contact the Program Director for a legal waiver, which must be signed for attendance.

In the event of an accident or illness which requires emergency medical care, I hereby give my permission to the attending (licensed) nurse/medical technician and/or physician to order such medical attention as may be deemed necessary for the health and safety of my child (or the person of whom I am legal guardian). In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director to secure and administer treatment, including hospitalization, for the person named above.

I have provided phone number and other pertinent information on this form so that Inclusion Center staff may notify me in case of emergency. The medical information provided above is complete and accurate to the best of my knowledge.

Parent/Guardian Signature (if volunteer is under 18)

Date

Volunteer Signature (if over 18)

Date: