

VOLUNTEER APPLICATION

www.SKSFcolorado.org

Last Name: (PLEASE PRINT)		First Name:		Business/Group Name:	
Street Address:			City		State: Zip:

Email Address:			Would you like to subscribe to our E-Newsletter: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone #1:		Cell Phone #:		Are you under 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Date of Birth:	

Interested in volunteering at the following programs: <i>Program descriptions can be found in the Volunteer Handbook</i>	<input type="checkbox"/> Administration Main Office	<input type="checkbox"/> Zach's Place Respite/Child Care	<input type="checkbox"/> Adult Services
	<i>(Check all that apply)</i>		

Interested in the following volunteer work: <i>Check all that apply</i>	<input type="checkbox"/> Special Events <input type="checkbox"/> Fundraising Events <input type="checkbox"/> Fundraising Committee <input type="checkbox"/> Care & Share <i>(must be able to lift 50lbs)</i> <input type="checkbox"/> Activities <i>(art, music, games, etc.)</i> <input type="checkbox"/> Whatever is needed	<input type="checkbox"/> Office Work (filing, paperwork) <input type="checkbox"/> Inside Maintenance <i>(shampoo carpets, painting, cleaning, sweeping, mopping, etc.)</i> <input type="checkbox"/> Outdoor Maintenance <i>(painting, landscaping, gardening, etc.)</i> <input type="checkbox"/> Kitchen Helper <input type="checkbox"/> Work from Home
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Available during the following times:	<input type="checkbox"/> Mornings (8am-11am) <input type="checkbox"/> Afternoons (12pm-4pm) <input type="checkbox"/> Evenings (5pm-8pm)	Weekdays: <input type="checkbox"/> Mon <input type="checkbox"/> Thurs <input type="checkbox"/> Sat <input type="checkbox"/> Tues <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Wed	Weekend:
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For Direct Care only: Please answer the questions below – IF ANY ANSWERS ARE MARKED “YES” PLEASE ATTACH EXPLANATION:

- Have you ever been convicted of a felony? No Yes
- Have you ever been convicted of a crime against children or other persons? No Yes
- Has your Driver's License ever been suspended or revoked within the past 3 years? No Yes
- Have you ever been reviewed by other organizations and have been restricted from involvement with children, youth, or adults? No Yes
- Are you up to date on your immunizations? No Yes

In case of emergency, please contact: Name:	Relationship:	Phone Number:
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Copies of your Driver's License and proof of auto insurance must be on file in order to transport our consumers on field trips.

All information in this application is accurate to the best of my knowledge. As a condition of being permitted to volunteer for Special Kids Special Families, I freely accept and voluntarily assume the risks of personal injury or property damage that may result from my volunteer experience. I hereby agree to waive any and all claims arising out of any such injuries or damages. I also give permission to administer emergency medical care if needed.

APPLICANT SIGNATURE: _____ Date _____
(or Parent / Guardian if under 18)

IF BUSINESS OR GROUP: PLEASE FILL OUT ATTACHED ADDENDUM AND LIST ALL VOLUNTEERS

VOLUNTEER POLICY

USE OF VOLUNTEERS

POLICY & PURPOSE

Special Kids Special Families (SKSF) has an organized and structured policy to utilize volunteers within the agency. SKSF is committed to providing quality programs and services to the community, and volunteers provide the necessary assistance to carry out these services. SKSF recruits and enrolls volunteers without regard to race, age, sex, religion, color, national origin, or physical ability. Special accommodations may be made upon need and request. Volunteers under the age of 18 must be accompanied by an adult at all times, and permission from a legal guardian is required (refer to Volunteer Application). The use of volunteers is considered a viable means to introduce individuals to community service and also reduces program costs.

PROCEDURE: 1. The use of volunteers are on based on two levels:

LEVEL 1: A volunteer that performs functions at an SKSF facility that does not work directly with the facility's clients and tends to be focused on projects or events that aid in the well-being of SKSF. Examples of volunteer work in this level would include repairing a swing set, assisting in a fundraising activity or facility event.

LEVEL 2: A volunteer that has an ongoing direct involvement with a particular individual or group of individuals that includes a level of supervision. An example of volunteer work in this level would include someone who comes in consistently every Monday to work on gross motor skills with an individual or group of individuals OR an individual who works consistently in the office. The second level of volunteerism, having more opportunity for direct involvement with an individual, *may require* a background check that includes ABSP and/or State Central Registry, Police, CBI, and three references. SKSF will incur the cost of these background checks. SKSF will notify the volunteer if these checks are required.

2. For both levels of volunteerism, a Volunteer Sign in sheet is required to track the volunteers hours and dates of work. A Volunteer Application is also required along with a signed Volunteer Policy and Confidentiality/Photo Release Policy.

I acknowledge receiving the SKSF Volunteer Policy and understanding its contents.

Volunteer Signature

Date

Parent/Legal Guardian (if under 18)

Date

Volunteer Name – PRINT



424 W. Pikes Peak Avenue
Colorado Springs, CO 80905
(719) 447-8983

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PHOTOGRAPHS/VIDEOTAPING

I _____
(PRINT NAME)

- Give my permission
- Do not give my permission

to be photographed or videotaped while volunteering at various SKSF programs in the course of my duties, at program functions and fundraising events; to have the photographs displayed or shared with donors, grantors, other non-profit organizations, in the agency scrapbook and other community officials. I understand that the Agency's staff, news media, volunteers or other parents, may take photographs. Photos taken of myself during time spent working for the Agency may be used for publicity and marketing purposes (newspaper, newsletters, websites, brochures, flyers, social media and other marketing related materials).

I acknowledge receiving the SKSF Photographs/Videotaping Policy and understanding its contents.

Volunteer Signature	Date	Parent/Legal Guardian (if under 18)	Date
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Volunteer Name – PRINT

CONFIDENTIALITY STATEMENT

I agree to keep confidential and abide by HIPPA law and policy all information I learn about clients served in my course of business and while volunteering with SKSF. I agree not to provide any information to others without the expressed written consent of the client and/or client’s guardian. I agree not to disclose personal information specific to co-volunteer and SKSF staff without the expressed written permission of the co-volunteer or SKSF staff. I agree not to disclose agency policy, procedures, forms, or any materials developed by the agency without the approval of the Director or Board of Directors.

I acknowledge receiving the SKSF Confidentiality Statement and understanding its contents.

Volunteer Signature	Date	Parent/Legal Guardian (if under 18)	Date
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Volunteer Name – PRINT

VOLUNTEER FORM SUBMISSION INSTRUCTIONS

Please fax the following forms to:

Monika Hartman, Volunteer Coordinator
719-447-9482

or mail

Special Kids Special Families
Attn: Volunteer Coordinator
424 W Pikes Peak Avenue
Colorado Springs, CO 80905

- 1. Volunteer Application**
- 2. Signed & dated Photography Release / Confidentiality Statement**
- 3. Signed & dated Volunteer Policy**

If you have any questions, please feel free to contact Monika Hartman, SKSF Volunteer Coordinator at 719-447-8983 or email mhartman@sksfcolorado.org.