**Volunteer**

**Agreement**

****

**Thank you** for your interest in volunteering with Caminar! Volunteers are critical partners in our efforts to build a stigma-free culture of hope and resilience, while offering effective, quality care.

**Instructions:**

1. Please complete this **Agreement** (include resume, if possible) and submit the completed form by email, fax, or mail to Amira Samaha, Development Associate

Email: [asamaha@caminar.org](mailto:asamaha@caminar.org)

Mail: Caminar, Attn: Amira Samaha

2600 S. El Camino Real, Ste. 200, San Mateo, CA 94403

Fax: 650.326.1340

1. **Questions?** Call Amira: 650.543.5427

**YOUR INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | | First Name | | | | | Middle Name | |
| Street Address | | | City | | | | State | Zip |
| Home #: | Work #: | | | | | Cell #: | | |
| Email: | | | | | | | | |
| Date of Birth: | | | | |  | | | |
| Are you at least 18 years of age? Yes  No | | | | | | | | |
| If you are under the age of 18, please provide your guardian/parent NAME and SIGNATURE:  First:       Last:  Parent/Guardian Signature: | | | | | | | | |
| Have you ever been employed by or volunteered  at Caminar? Yes  No | | | | If yes, when and where? | | | | |

**EMERGENCY CONTACT INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name | | First Name | | | Middle Name | |
| Street Address | | City | | | State | Zip |
| Relationship : | | |  | | | |
| Home #: | Work #: | | | Cell #: | | |
| Email: | | | | | | |

**CRIMINAL HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| The state of California Department of Justice screens all of our volunteers for criminal records because of the potential contact with youth. Please answer this question truthfully and thoroughly, so that the application process can proceed without delay.  Have you ever been convicted of a crime?  *Answering "yes" to this question does not necessarily mean that your application for volunteerism will be denied.*  Yes  No | | | **NOTE:** Do not respond concerning the following: arrests or detentions that did not result in conviction; referrals to, and participation in, any pretrial or post-trial diversion program; marijuana-related convictions more than two years old; convictions for which the record has been judicially-ordered sealed, dismissed, expunged, or statutorily irradiated; and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed. |
| Date of Conviction | Felony or Misdemeanor | Location of Conviction (City & State) | |
|  |  |  | |
| Describe Nature of Offense |  | | |

REFERRAL INFORMATION How did you learn about our volunteer opportunity?

|  |  |
| --- | --- |
|  |  |

PREVIOUS VOLUNTEER EXPERIENCE Please list below, if applicable

|  |  |
| --- | --- |
| 1. | Date: |
| 2. | Date: |
| 3. | Date: |

INTERESTS, HOBBIES, SKILLS, LANGUAGES Please list below, if applicable

|  |  |
| --- | --- |
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

REFERENCES Optional, unless use of your professional skills will be part of your volunteer service.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REFERENCE 1** | |  | |  | |
| Last Name | | First Name | | Middle Name | |
| Street Address | | City | | State | Zip |
| Relationship : | | Email: | | | |
| Home #: | Work #: | | Cell #: | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REFERENCE 2** | |  | |  | |
| Last Name | | First Name | | Middle Name | |
| Street Address | | City | | State | Zip |
| Relationship : | | Email: | | | |
| Home #: | Work #: | | Cell #: | | |

VOLUNTEER INTERESTS Please describe your areas of interest for volunteering.

|  |  |
| --- | --- |
| 1. | Date: |
| 2. | Date: |
| 3. | Date: |
| 4. | Date: |

CERTIFICATIONS Please share any certifications you may have and date of expiration, if applicable

|  |
| --- |
| 1. |
| 2. |
| 3. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | |  |  | Hours | | Monday |  |  | | Tuesday |  |  | | Wednesday |  |  | | Thursday |  |  | | Friday |  |  | | Saturday |  |  | |

AVAILABILITY Please check the day of the week you are available and provide available hours.

VOLUNTEER APPLICANT STATEMENT

With the submission of this application, you understand and commit to the following:

* You are required to abide by all rules, regulations, and standards of Caminar.
* You understand that volunteering with Caminar is “at-will.” This means your volunteering is not for any specific period of time and can be terminated by you at any time for any reason. Likewise, Caminar may terminate this relationship at any time, with or without cause or advance notice. In addition, Caminar reserves the right to modify your volunteer position to meet business needs.

**VOLUNTEER CONFIDENTIALITY AND RELEASE OF LIABILITY AGREEMENT**

Our liability insurance policy requires that we have an accurate record of all volunteers and that all volunteers agree to release Caminar from all liability while volunteering with our organization.

This Release and Waiver of Liability (the “Release”) executed on this date by

(name)       , the “Volunteer.” The Volunteer desires to volunteer for Caminar (the “Agency”) and to engage in the activities related to being a volunteer (the “Activities”). The Volunteer understands that the Activities may include labor-intensive activities at Caminar. The Volunteer hereby freely, voluntarily, and without duress executes this Confidentiality Agreement and Release under the following terms:

**Release and Waiver:** I do hereby release and discharge and hold harmless the Agency and its stakeholders and/or successors and assigns from all liability, claims, and demands of any nature, which arise or may hereafter arise from my Activities with the Agency with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my Activities with the Agency. I also understand that the Agency does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance/coverage in the event of injury or illness.

**Assumption of Risk:** I understand that the Activities may include work that may be hazardous to me, including, but not limited to, construction, loading and unloading, and transportation to and from different locations. I hereby expressly and specifically assume the risk of injury or harm in my Activities and release the Agency from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance:** The Agency maintains volunteer accident insurance which may provide some coverage to the volunteer should a volunteer be injured or become ill while performing the volunteer Activities for the Agency. However, the Agency does not carry or maintain health insurance for any volunteer.

**Photographic Release:** I do hereby grant and convey unto the Agency all rights, title, and interest in any and all photographic images and video or audio recordings made by the Agency during my Activities with the Agency, including, but not limited to, royalties, proceeds, or other benefits derived from such photographs or recordings.

**Confidentiality**: I agree that any information that is not generally known to the public to which I have been or will be exposed as a result of my volunteer work at the Agency is confidential information that belongs to the Agency including, but not limited to, information developed by me (alone or with others) or entrusted to the Agency by others (Agency clients or others). I will hold the Agency’s confidential information in strict confidence and not disclose or use it except as authorized by the Agency and for the Agency’s benefit. I understand if anyone tries to compel me to disclose any of the Agency’s confidential information, by subpoena or otherwise, I will immediately notify the Agency so that the Agency may take any actions it deems necessary to protect its interests. I agree to protect the Agency’s confidential information while I am a volunteer at the Agency and after my volunteer work at the Agency ends.

The Agency’s confidential information includes, without limitation, information related to financial and marketing matters; research and development; employees, clients, interns and volunteers; and any other information deemed as confidential by the Agency.

**Arbitration:** As a volunteer of Caminar, I agree that any dispute or claim that arises out of or that relates to volunteering with the Agency, including tort and/or harassment claims, shall be resolved by arbitration in accordance with the then effective commercial arbitration rules of the American Arbitration Association by filing a claim in accordance with the filing rules of the American Arbitration Association and judgment on the award rendered pursuant to such arbitration may be entered in any court having jurisdiction thereof.

**Materials:** I will safeguard and return to the Agency when my volunteer assignment ends, or sooner if the Agency requests, all documents and property in my care, custody, or control relating to my volunteer work or the Agency’s business, including without limitation any documents that contain the Agency’s confidential information.

**Miscellaneous:** In any lawsuit arising from this agreement and/or my volunteering, including any alleged torts and/or statutory violation, the prevailing party shall recover their reasonable cost and attorney fees, including appeals. The laws of the State of California shall govern this agreement without giving effect to provisions thereof related to choice of laws or conflict laws. Venue and jurisdiction of any lawsuit involving this agreement or my volunteer work shall exist exclusively in state and federal courts in Santa Clara and San Mateo counties, unless injunctive relief is sought by the Agency and, in the Agency’s judgment may not be effective unless obtained in some other venue. If any part of this agreement is held to be unenforceable, it shall not affect any other part.

* I certify that answers given herein are true and complete, and all answers and statements in this Volunteer Application are complete and true.
* If selected as a volunteer, I understand that any discovery of falsification of information on this application or my resume, during my service as a volunteer, may be cause for termination of my volunteer status by the Agency.

**Printed Name:**        **Date:**

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

**FOR STAFF USE ONLY:** *As a staff member of Caminar, I have verified that this application is complete.*

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

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