



Volunteer Registration Form

Adult

PLEASE PRINT CLEARLY AND LEGIBLY!

Full Name (first, middle & last): _____ Date of Birth: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

I am: Male Female I agree to a background check: Yes No

I am completing community service hours: Yes No

I am completing court-ordered community service hours: Yes No

My hours should be reported to:

Name: _____ Phone: _____

Email: _____

Date you are available to start volunteering: _____

How did you hear about Willow Heart? _____

How would you like us to contact you?	Home Phone	Cell Phone	Email
Would you like to receive weekly email updates about Volunteer opportunities?	___ Yes ___ No		
Would you like to receive occasional emails from us regarding special events?	___ Yes ___ No		

MEDICAL INFORMATION:

Please list any medical conditions, medications or allergies:

Doctor's Name: _____ Doctor's Phone: _____

Which clinic is this Dr. associated with? _____

Do you have a preferred hospital if emergency treatment is required? If so, please list: _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Relationship to you: _____

Phone #: _____ Alternate Phone #: _____

COMMUNITY AFFILIATIONS:

CHURCH: Name of Congregation: _____ City: _____

BUSINESS: Employer (if applicable): _____

OCCUPATION: _____

SERVICE/SOCIAL/SCHOOL CLUB(S): _____

Days Available to Volunteer (Check all that Apply)

- Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday It Varies

How Often would you like to volunteer?

- Daily Weekly Monthly Yearly Special Events
 As Needed Other _____

I prefer to volunteer: Mornings Afternoons Evenings

May we contact you to assist with Outings/Fieldtrips: Yes, by phone Yes, by Email No

We will work with your schedule and truly appreciate any hours that you can volunteer.

Please describe any strengths, abilities, and/or special skills that you have. _____

Because of the nature of the information that we receive regarding the clients in our care and because of the health and mental needs of those clients, it is imperative that we keep certain information confidential. By signing below, you agree to not discuss information (health, financial, medical and personal) to other clients, parents, staff members, or other individuals without prior consent or authorization. Violation of this policy can result in disciplinary action or termination.

Signature

Date

I am aware that I will need to have an orientation and if I will be working with child care that the orientation will include a video on Shaken Baby Syndrome.

I, _____, certify that I have viewed the video on Shaken Baby Syndrome in participation for volunteering with Willow Heart Respite & Care Center, Inc.

Signature

Date

Willow Heart Respite & Care Center's Safety Policy

Safety is everyone's concern. Please be conscious of the safety of others as well as yourself. Report any safety issues to a staff member. Do not perform a task if you are not sure how to do it safely. Do not perform tasks you are not comfortable with or are not physically able to perform.

General Guidelines for a Safe Worksite:

- THINK before you do your task.
- If you are uncertain about how to perform a task safely – ASK THE SITE LEADER OR STAFF.
- Concentrate on your task and eliminate distractions.
- See the manager if you need first-aid supplies.
- Inspect all tools and other supplies before using them.
- Advise a staff member if you see any unsafe or hazardous situations, materials or conditions.

Power tools and other electrical equipment:

- Wisconsin State Law requires that **you must be 18 years of age or older to use a power tool at a place of business or any building associated with a business.**
- Never carry a power tool by its cord.
- Avoid electrical shock by obeying these rules:
 - A 3-pronged plug must be used on all electric power tools.
 - Extension cords must not have frayed insulation, hang from nails or suspended from wires.
 - All temporary lights must be equipped with non-conductive guards.

Hand tools:

- Always select & use the correct type and size tool for the job.
- Handle and carry tools with care.

Ladders & Scaffolding:

- YOU MUST BE 18 years of age or older to work more than 6 feet above the ground.
- Inspect a ladder or scaffolding before using it.
- Move your ladder with your work.
- When using an extension ladder, use the "4-to-1" rule. For every 4 feet of height, move the bottom of the ladder 1 foot away from the wall.
- Place ladders on solid footing only.
- Carry tools and materials in proper carrying devices and keep your hands free for climbing.
- When climbing, always face the ladder.

Clean Work Site:

- A clean work site is a safe work site.
- Clean up all rubbish and scrap materials often.
- Clean up any spills right away.
- Do not allow rubbish or scrap to accumulate on the work site.
- Keep tools and equipment that are not being used put in their proper place.

Client Interaction:

- If clients are in the area, be friendly, but let the staff direct the client. If the client interferes with your work, seek direction from a staff member.
- NEVER leave tools, liquids, hardware or anything that could be grabbed, swallowed or tripped/slipped on out of your sight. If you must leave the area, you must take it all with you or put it where it cannot be accessed in your absence.

INSURANCE & SAFETY INFORMATION:

_____ I understand that the insurance carried by *Willow Heart Respite & Care Center* is secondary coverage. If injured on the worksite, I understand that I must file a claim with my primary insurance carrier before filing any claim with WHRCC's insurance carrier. **I will report any injuries occurring onsite to the supervisor immediately! [Please note: it is required to fill out an accident report if any accident, injury, or "near miss" occurs]**

_____ I have read *Willow Heart Respite & Care Center's* Safety Policy (on the back of this page) and agree to abide by the rules listed in this policy.

Signature: _____

Date: _____

Release and Waiver of Liability

**PLEASE READ CAREFULLY!
THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

COMPLETE THIS SECTION:

This Release and Waiver of Liability (the "Release") executed on this

_____ by _____ ("The Volunteer")
Today's date *Volunteer's name*

in favor of Willow Heart Respite & Care Center, Inc., a nonprofit corporation, their directors, officers, employees, and agents (collectively, "WHRCC").

Activities

The Volunteer desires to work as a volunteer for WHRCC and engage in the Activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may require the use of potentially dangerous objects, tools and electrical equipment, loading and unloading, using yard equipment/tools and possible interaction with the clients. The Volunteer understands that the Volunteer should have a heightened awareness of the surrounding environment.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver: The Volunteer does hereby release and forever discharge and hold harmless WHRCC and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the Volunteer's Activities with WHRCC.

The Volunteer understands that this Release discharges WHRCC from any liability or claim that the Volunteer may have against WHRCC with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with WHRCC, **whether caused by the negligence of WHRCC or its officers, directors, employees, or agents or otherwise.** The Volunteer understands that WHRCC 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 in the event of injury or illness.

Medical Treatment: The Volunteer does hereby release and forever discharge WHRCC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with WHRCC.

Assumption of the Risk: The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the agency. The Volunteer should be aware that clients may exhibit some negative behaviors seemingly without provocation, or they may ask inappropriate questions, use inappropriate language or ask the Volunteer to do something inappropriate for them. In any of these situations, the Volunteer should seek the assistance of a staff member.

Non-Interference: Staff are trained to deal with a variety of severe behavioral issues, in accordance with state guidelines, and the Volunteer should understand that non-interference with the behavioral interventions taken by staff may differ for each client, but that the intervention used is critical to controlling the escalation of behavioral issues. The Volunteer should seek out a staff member with any questions or concerns.

Volunteering with Children: If the Volunteer will be working with child care, the state of Wisconsin mandates viewing of the Shaken Baby Syndrome video.

The Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases WHRCC from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance: The Volunteer and guardian understand that, except as otherwise agreed to by WHRCC in writing, WHRCC does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage

Photographic Release: The Volunteer and Guardian do hereby grant and convey unto WHRCC all right, title, and interest in any and all photographic images and video or audio recordings made by WHRCC during the Volunteer's Activities with WHRCC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other: Volunteer and Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and that this Release shall be governed by and interpreted in accordance with the laws of the State Wisconsin. Volunteer agrees that in the event that any clause or provision of the Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written

Volunteer Signature & date:

Signature of Volunteer

Date

Witness (any adult over age 18) Signature & date:

Signature of Witness

Date

Print name legibly

Volunteer (Full Name): _____

First

Middle

Last

Address: _____

City State Zip

Phone (H): _____

Phone (C or W): _____