



# 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  No

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? \_\_\_\_\_

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Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Duties performed \_\_\_\_\_  
Reason for leaving or are you still employed here? \_\_\_\_\_

**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 \_\_\_\_\_

**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.

# 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)

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**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:

**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 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 my child 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.

Name of Parent / Guardian (print): \_\_\_\_\_  
 Signature of Parent (if under 18): \_\_\_\_\_  
 Relationship if Signing for a Minor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Child: \_\_\_\_\_  
 Signature of Volunteer (IF OVER 18): \_\_\_\_\_

**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.

Parent/Guardian Signature (if under 18): \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Volunteer Signature (if over 18): \_\_\_\_\_  
 Date: \_\_\_\_\_