

# Greg Jennings Foundation Volunteer Enrollment Form

Volunteer Profile: # \_\_\_\_\_

## In what capacity are you volunteering For the Greg Jennings Foundation?

- Parent/Guardian Volunteer
- Corporate/Professional Volunteer
- Community/Organization Member
- College/Graduate Student

**Educational Level:**  High School/GED  Some College/College Graduate

## Availability:

- Entire Year (Jan-Dec)
- Fall /Winter Only (Sept-Feb)
- Summer Only (July-Aug)
- Program/Short-term Projects
- Other \_\_\_\_\_

**Time Available: Day(s) Available** (check all that apply): Number of hours

Morning (\_\_\_\_\_ to \_\_\_\_\_)  M  T  W  TH  F  S \_\_\_\_\_ hours per week:

Afternoon (\_\_\_\_\_ to \_\_\_\_\_)  M  T  W  TH  F  S \_\_\_\_\_ hours per week:

**I am interested in volunteering in:** \_\_\_\_\_

**Tutoring:**  Math/Science  Mentoring  After School Programs

Reading/Literacy/Writing  Technology Support/Training  Building/Grounds Projects

Foreign Language  Sports   Book Club Other: \_\_\_\_\_

**Arts:**  Administrative Support  Career Activities

Music  Drama  Program/Short-term Project

Dance  Visual Arts  **Other:** \_\_\_\_\_

**Have you ever volunteered with children before?**

No  Yes (Where/When? \_\_\_\_\_)

**Language(s) you speak other than English:** \_\_\_\_\_

# VOLUNTEER RELEASE FORM

Please be advised that I would like to participate as a volunteer to provide support and assistance to The Greg Jennings Foundation. I assume full responsibility for my actions and authorize The Greg Jennings Foundation personnel to act on my behalf in the event of an emergency situation. I hereby release The Greg Jennings Foundation, its officers, members, employees, agents and volunteers from any liability or claims arising out of or in any way connected with my volunteer activities.

Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature Date

## References:

Please give two references (people unrelated who know you well, such as an employer, pastor, teacher, or friend).

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

## Special Needs:

Wheelchair accessibility  On Bus Line

Medical Needs \_\_\_\_\_

Other Needs \_\_\_\_\_

## For Foundation Use Only

An acceptable form of identification has been presented by the volunteer? ☺ Yes ☹ No

\_\_\_\_\_  
Board Approval

\_\_\_\_\_  
Date



I, the undersigned, do hereby consent and agree that the Greg Jennings Foundation for underprivileged children and families and, its employees, or agents have the right to take photographs, videotape, or digital recordings of me beginning on \_\_\_\_\_, and to use these in any and all media, now or hereafter known, and exclusively for the purpose of \_\_\_\_\_. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release the Greg Jennings Foundation, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I also understand that the Greg Jennings Foundation is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Day /Evening Phone: \_\_\_\_\_

Witness for the undersigned: \_\_\_\_\_

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

# CODE OF CONDUCT

*Thank you for your cooperation in respecting the following important guidelines:*

## **I. as a Volunteer, You're Role and Responsibilities with the Greg Jennings Foundation Are Unique**

1. **UNDERSTAND** that your role is a supportive one. The Foundation Board & Staff are completely in charge.
2. **REMEMBER** volunteers are only permitted to work with participants on event grounds and under the supervision of the foundation staff. Please dress appropriate at all times
3. **MAINTAIN** foundation confidentiality at all times.
4. **DON'T** make promises you can't keep.
5. **USE** good judgment and avoid any compromising situations. Work in a room with other people at all times. Never be left alone with one participant/child out of view of other people. Always keep the door open.
6. **STRICTLY** follow volunteer guidelines. Physical discipline is absolutely prohibited. Ask the foundation board & and volunteer coordinating staff for assistance with problematic behavior.
7. **REPORT** immediately to staff persons any physically abusive or sexually exploitive behavior towards Participants.

## **II. Volunteers Take Pride in Being Professional**

1. **MAINTAIN** a constructive attitude. Don't make negative comments about the foundation, its personnel, or the participants to other volunteers or individuals outside the event.
2. **BE PROMPT** and consistent in your attendance. The Foundation depends on volunteers and plans their work accordingly. Participants depend on volunteers even more.
3. **NOTIFY** the foundation as soon as possible if you must be late or absent.
4. **KEEP** an accurate record of your attendance by signing in each day you volunteer. Also maintain notes and records of meetings.
5. **ESTABLISH** and maintain good and frequent communication with the foundation board and staff.
6. **NEVER** be under the influence of drugs or alcohol.
7. **DO NOT** lend money (to participants), contribute or solicit money for the foundation.
8. **DO NOT** use the internet inappropriately by going to websites that are not conducive to a professional or educational environment.

## **III. Health and Safety Are Always Important**

1. **ALERT** foundation staff immediately if anyone has an accident while working with you.
2. **REFER** any participant, in need of first aid or any type of medication to a foundation staff.
3. **LEARN** and follow fire drill procedures and all Airway Lanes rules.
4. **ALERT** the foundation staff before volunteering if you have, or have been exposed to, a communicable disease.

***Please remember that you must complete all screening and training Requirements before you can become a volunteer. The foundation reserves the Right to discontinue your volunteer service for any reason.***