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|---------------------------------|--|
| For Office Use Only Rev 8/13/07 | |
| Date Received | |
| Tour/1st meeting | |
| Entered into Data Base | |
| Start Date | |


FURNITURE BANK
A Fresh Start ~ A New Hope ~ A Lift Up

Volunteer Profile

Please Print Clearly

| | | |
|--|-------------------------|----------------------------------|
| Last Name | First Name | Nickname |
| Address | | |
| City | State | Zip Code |
| Birthdate (month/year only) ____/____ | Home Phone | |
| Cell Phone Number | Email Address | |
| Work Phone Number | | |
| If Student, current grade | School Attending | |
| Present Occupation | Employer's Name | |
| Community Affiliations (churches, clubs, civic groups, organizations) | | |
| Emergency Contact #1 | | Emergency Contact Numbers |
| Contact Name | | Phone Number 1 () |
| Relationship | | Phone Number 2 () |
| Emergency Contact #2 | | Emergency Contact Numbers |
| Contact Name | | Phone Number 1 () |
| Relationship | | Phone Number 2 () |
| Volunteer Areas of Interest | Shopping Assistance | Retail Center |
| Circle all that apply | Office / Admin | Product Sorter |
| | Transportation | Warehouse Assistance |
| | | Electric Shop |
| | | Repair Shop |
| | | Building Maintenance |
| Are you available year round? YES _____ NO _____ If no, please circle which month(s) you are AVAILABLE: Jan — Feb — Mar — Apr — May — June — July — Aug — Sept — Oct — Nov — Dec | | |
| Please CIRCLE which day(s) you are AVAILABLE to volunteer Monday — Tuesday — Wednesday — Thursday — Friday — Saturday — Sunday | | |
| Is this court ordered service? NO _____ YES _____ What Court? _____ How many hours? _____ To be completed by: _____ / _____ / _____ | | |

Confidentiality Agreement

We are confident that persons participating in services provided by A Lift Up will be given that utmost respect in terms of confidentiality of information about their participation. SPECIFICALLY:

- You may not admit to, acknowledge or inform anyone or any agency that a person has participated in receiving assistance from A Lift Up.
- You may not share any information verbally or written regarding any person without (a) expressed permission of staff; (b) a signed consent to release information by person involved.
- You may not discuss, present or share any information about a client outside of this facility that would breach that client's confidentiality or anonymity. You may not use a client's name.
- Any breach of the above agreement will result in termination and/or disassociation from A Lift Up.

By signing this form I am acknowledging that I have **read and understand** the Confidentiality Agreement as stated.

I understand that I am not considered an employee of A Lift Up while performing volunteer work for the organization. I further understand that as a volunteer, I am not covered by Workers' Compensation Insurance (medical coverage or loss of wages) for injury that may occur while I am acting as a volunteer.

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of A Lift Up, a nonprofit organization, **I hereby agree** for myself, my heirs, assigns, executors, and administrators to release and discharge A Lift Up, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold A Lift Up, its officers and directors, employees, agents, and volunteers harmless from any cause of action, claim, or suit arising therewith. **I hereby attest** that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

I further grant to A Lift Up, its assigns and successors, my consent and full right to use my name, photograph, likeness, image, voice, and biography in any and all media publications, advertising, and publicity in connection with my participation hereunder.

Individual Signature: _____ **Date:** ____/____/____

Parent/Guardian Signature _____ **Date:** ____/____/____

All volunteers **under the age of 18** must have a parent/guardian signature before they can start.