

POLICY ACKNOWLEDGMENT

I hereby acknowledge that I have received a copy of St. David's Center's Volunteer Policies, which provide guidelines on the policies, procedures, and programs affecting my volunteer placement with this organization. I understand that St. David's Center can, at its sole discretion, modify, eliminate, revise, or deviate from the guidelines and information in this handbook as circumstances or situations warrant.

I also understand that any changes made by St. David's Center with respect to its policies, procedures, or programs supersede, modify, or eliminate any of the policies, procedures, or programs outlined in these policies. I accept responsibility for familiarizing myself with the information in these policies and will seek verification or clarification of its terms or guidance where necessary.

Furthermore, I acknowledge that these policies are neither a contract of a volunteer position nor a legal document and nothing in these policies creates an express or implied contract. I understand that my volunteerism with the company is at-will, meaning that either the company or I may choose to end that relationship at any time, for any or no reason, and without notice. I understand that I should consult my supervisor or representative of the Policy, Training and Talent Department if I have any questions that are not answered in these policies.

Volunteer Signature: _____

Date: _____

Printed Name: _____

Volunteer Release Form

Basic Information

Name		Date
Address		
City	State	Zip
Phone(H)	Phone(C)	Phone(O)
*Date of Birth (mm/dd/yyyy)		e-mail
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		

**Anyone under the age of 18 will need parental approval to volunteer. Volunteers under the age of 15 are only permitted to volunteer under special circumstances.*

Emergency Contact/ Medical Treatment Release

Name	Relationship	Phone
I give permission to St. David's Center to make whatever emergency (e.g. first aid disaster evacuation) measures are judged necessary for my care and protection while involved in volunteer activities. In case of medical emergency, I understand that I will be transported to the nearest hospital by the local emergency unit, if necessary. I understand that in some medical situations the staff will need to contact the local emergency resource before the physician and/or contact persons listed on this card.		
Signature		Date
<i>*Applicants under the age of 18 must have this application signed by their parent or guardian</i>		
Parent/Guardian		Date

Releases

Authorization to Release Information:

I authorize St. David's Center for Child & Family Development to investigate my current or previous academic, employment, and/or volunteer experience and qualifications and release to St. David's Center any information pertinent to potential volunteer relationship.

St. David's Center is committed to ensuring that every participant in all of our programs is safe. To this end, we have a "zero tolerance" policy for any form of abuse or neglect including sexual abuse. We will be proactive and diligent in uncovering and addressing sexual predator behavior.

Photography Release/Permission:

I give permission to St. David's Center for Child & Family Development to photograph or videotape me for use in publicity for the organization and in the organization's publications (annual report, newsletters, brochures, website, etc.). These photos or videotapes may be used by outside organizations (media, funders, volunteer groups, collaborators, etc.) for educational purposes about St. David's Center. If I wish to withdraw my permission at any point in the future, I will notify St. David's Center in writing.

Signature	Date
<i>*Applicants under the age of 18 must have this application signed by their parent or guardian</i>	
Parent/Guardian	Date

St. David's Center for Child & Family Development Non-disclosure Agreement

By my signature below, I affirm that I understand that the privacy and confidentiality of the clients at St. David's Center may be protected by the Minnesota Health Records Act, HIPAA, the Minnesota Government Data Practices Act, and other state and federal laws and regulations. I hereby agree to maintain the confidentiality and privacy of the clients of St. David's Center, including the mere fact that I may see an individual receiving services at St. David's Center. I understand that any unauthorized use or disclosure of private and/or confidential information by me could subject me to criminal or civil liability.

Purpose of visit:

☐ Volunteer – Department _____

☐ Prospective Family

☐ Visitor

Name (printed)

Signature

Date

Staff Name

Title/Department