



## VOLUNTEER APPLICATION

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

Date of birth: \_\_\_\_ / \_\_\_\_     Under 18     18-24     25-35     35-45     Over 45  
(Month/Day)

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Place of employment/school attending (circle one): \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor/counselor (if applicable): \_\_\_\_\_

### IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

### In which area(s) of CID would you like to volunteer: (Check all that apply)

- Administration/office assistance
- Summer School
- Classroom (service learning students only)
- Special events (CID OUT LOUD!, Trivia Night)
- School events (tennis, literacy or science fair)

OFFICE USE ONLY	
Starting date	_____
Ending date	_____
Total hours	_____
Scanned	_____
RE	_____
VSS	_____

Please answer the following questions:

1. How did you hear about CID?

Friend     School     Newspaper     Volunteer Match     United Way

Other: \_\_\_\_\_

2. What do you hope to learn from your experience as a volunteer at CID?

3. Is your volunteer work fulfilling any school or program requirement?

Yes Program: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

How many hours are you required to work?

During what period of time are you required to work?

From: \_\_\_\_\_ Through: \_\_\_\_\_  
Date Date

No

4. List any skills/talents that might benefit our organization, including but not limited to the following:

Sports     Music     Arts     Teaching experience     Administrative experience

Other: \_\_\_\_\_

5. Is there any other information that might assist us as we determine your assignment?

## VOLUNTEER RELEASE FORMS

Print Name: \_\_\_\_\_

### **Photo Release**

CID – Central Institute for the Deaf is a not-for-profit organization funded in large part by public and private donations. CID’s literature, brochures, videos, website, social media and advertisements often include individuals’ photographs and images. Please give CID permission to use your image in promoting CID and listening and spoken language education and in helping people around the world. I/We will allow CID to use my photograph and image in its written, video or published materials and in materials CID furnishes to other medial.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Confidentiality**

The children at CID – Central Institute for the Deaf have a right to privacy. CID has the obligation to be sure this right is protected. Any information coming into your possession about CID students or staff is confidential and should be treated accordingly. This is your responsibility as a volunteer. Any incident in which this privacy is violated will result in permanent dismissal of the volunteer.

I understand the need for confidentiality in my work at CID and agree to comply with this regulation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Liability Release Waiver**

I understand that as a volunteer with CID – Central Institute for the Deaf, I will be volunteering my services for activities that may involve physical activity and potential risks of injury. With full knowledge of the risks associated with such volunteer activities, I hereby release, indemnify and hold harmless CID and all associated employees, directors, volunteers, agencies and funding sources from all liability and responsibility pertaining to any claims, demands and actions resulting from my participation in such volunteer activities including claims, demands and actions resulting from injuries, physical or mental, or property damage (including any injury or damage caused by negligence).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Consent**

If the volunteer is a minor (under 18 years old), a parent or legal guardian must sign the following.

I hereby consent and agree, individually and as a parent or legal guardian of \_\_\_\_\_  
Minors name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship to minor