



Volunteer Application

Date: _____

Full Name	
Street Address	
City, State, Zip Code	
Phone	
Email Address	
Pronouns	
Date of Birth	
Employer City / Occupation	
Are you a student? If so where/Major?	

Availability

Which volunteer opportunities are you interested in?

- Events & Fundraisers
 Food Pantry Packing
 Food Pantry Delivery

How often would you like to volunteer? *(circle/highlight choice)* Daily Weekly Monthly Other _____

Mark an "x" when you are available:

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
Mornings						
Afternoons						

Please note any other potential scheduling conflicts:

Previous Volunteer Experience

Summarize your previous volunteer experience.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, hobbies, or through other activities.

Do you speak any languages other than English? If yes, please list below.

Miscellaneous

What motivated you to volunteer with Radiant Health Centers?

Have you ever been convicted of a Felony? If yes, please explain the circumstances.

Are you currently under any course of treatment and/or medication, which may limit your ability to perform certain types of work such as driving or lifting? If yes, please explain.

Emergency Contact

Name	
Relationship	
Phone	

Thank you for completing this application and for your interest in volunteering with us!

VOLUNTEER POLICY AND CONDUCT AGREEMENT

I, _____, have read and understand the Volunteer Orientation Manual. I agree to abide by the Policies and Procedures, Code of Responsibility, Code of Ethics, Bill of Rights, Hold Harmless Agreement, and Oath of Confidentiality within the Manual.

I understand that I have certain responsibilities as a volunteer and will as such make commitments to the program(s) I am volunteering for. If I am unable to fulfill a commitment, I will notify my supervisor as soon as possible so that a suitable replacement can be found.

I understand that my volunteering is considered to be "at-will" for both myself and Radiant Health Centers. If I cannot continue volunteering, I agree to give advance notice if possible. In addition, I am aware that failure to comply with any of the above policies, procedures, codes, oaths and statements can result in the termination of my services as a volunteer.

I understand that volunteers must maintain a firm commitment to professional conduct. Volunteers are prohibited from developing dual relationships with any client they meet through their volunteer involvement. Examples of dual relationships include (but are not limited to) a volunteer entering into a business, romantic or sexual relationship with a client.

I agree to respect client's religious and political beliefs and refrain from imposing my own personal belief systems on clients, staff and other volunteers.

I understand that volunteers are not allowed to be named as having authority to make decisions for a client under any type of power of attorney or other legal procedure. This includes, but is not limited to, powers of attorney for medical care or finances.

I hereby agree to the following terms and conditions of being a volunteer. I understand that failure to adhere to these conditions may result in my being dismissed from the RHC Volunteer Program.

Signature of Volunteer

Signature of Parent or Legal Guardian
(If volunteer is under age 18)

Print Name

Print Name

Date

Date

VOLUNTEER OATH OF CONFIDENTIALITY

As a volunteer of Radiant Health Centers (R.H.C.) I will have access to confidential information about R.H.C.'s clients. The purpose of this oath is to help me understand my duty regarding confidential information. Confidential information includes client information, HIV/AIDS status, medical records and client service records. I may learn of or have access to some or all of this information through various means including, but not limited to, R.H.C.'s computer systems, case files or conversations. Confidential information is valuable and sensitive and is protected by law and by strict R.H.C. policies. The violation of these laws and policies will subject me to legal liabilities.

Accordingly, as a condition of and in consideration of my access to confidential information, I PROMISE THAT:

_____ I will use confidential information only as needed to perform my legitimate duties as a volunteer receiving information from R.H.C. I will only access the information pertinent to the duty asked of me. I will not in any way divulge, imply, copy, release, sell, loan, review, alter, misuse, or destroy any confidential information except as properly authorized by R.H.C.

_____ I will report activities by any individual or entity that I suspect may compromise the confidentiality of R.H.C.'s clients.

_____ I understand that I have no legal right or ownership interest in any confidential information referred to in this agreement. R.H.C. may at any time revoke my authorization or access to any information.

_____ I understand that these laws and policies relating to confidential information apply **even after** I stop volunteering with R.H.C.

I, _____, hereby swear that all client information that I obtain shall be kept confidential, except in those circumstances authorized in writing by the client or pursuant to the provisions of the California Confidentiality of Medical Information Act of 1981, sections 56 et seq. and the Health Insurance Portability and Accountability Act of 1996. This requirement shall apply to all personal, social and medical information gathered in the course of my volunteer service. Any client information that I obtain shall not be shared with the client's family members, friends, other R.H.C. volunteers, or my friends and family, unless specified by the client.

I am fully aware that this oath, executed on this day, _____ in the County of Orange is made under the penalty of perjury under the laws of the state of California.

Signature of Volunteer

Signature of Parent or Legal Guardian
(If volunteer is under age 18)

Print Name

Print Name

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") is executed on this ____ day of _____, 20____, by _____ ("Volunteer") in favor of Radiant Health Centers. Volunteer desires to work for Radiant Health Centers and engage in the activities related to being a volunteer for a work project. I, the volunteer, hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. Waiver and Release. I, including my heirs, beneficiaries, successors and assigns, hereby irrevocably and unconditionally release and forever discharge and hold harmless Radiant Health Centers and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work and association with Radiant Health Centers.

I understand and acknowledge that this Release discharges Radiant Health Centers from any liability or (civil and administrative) claim that I may have against Radiant Health Centers with respect to any injury or loss, including but not limited to bodily injury, personal injury, illness, death, loss of income, or property damage that may result from my volunteer association with Radiant Health Centers, including but not limited to loss that results from the negligence or gross negligence of myself or others associated with Radiant Health Centers (whether as an employee, volunteer, consumer, or vendor).

2. Insurance. I understand that I expressly waive any such claim for compensation or liability on the part of Radiant Health Centers beyond what may be offered freely by the representative of Radiant Health Centers in the event of such injury or medical expense.

It is also understood that Radiant Health Centers does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of a loss

3. Medical Treatment. I hereby release and forever discharge Radiant Health Centers from any claim whatsoever that arises or may hereafter arise on account of any first-aid treatment or other medical services that may be rendered in connection with an emergency during my time with Radiant Health Centers. Radiant Health Centers has no obligation to provide first-aid treatment or medical services.

4. Assumption of Risk. I understand that my volunteer work with Radiant Health Centers may include activities that may be dangerous or hazardous to me, including, but not limited to, "handyman"-type construction activities, pushing, lifting, loading and unloading individual heavy equipment and materials, and local transportation to and from work sites. Also, I recognize and understand that my volunteer work with Radiant Health Centers may, in some situations, involve inherently dangerous activities. I hereby expressly assume the risk of injury or harm in these activities, and release Radiant Health Centers from all liability for loss or harm resulting from my volunteer activities with Radiant Health Centers.

5. Photographic Release. I grant and convey unto Radiant Health Centers all right, title, and interest in any and all photographic images and video or audio recordings made by Radiant Health Centers during the time I spend as a volunteer.

6. Other. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California, and that this Release shall be governed by the laws of the State of California, without giving effect to any of its conflict of law's provisions, and litigation, if any, regarding this Agreement will be brought in federal or state court in Orange County, California. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

I certify that I am at least 18 years of age. To express my understanding of this Release, I sign here:

Printed Name/ Signature of Volunteer

Printed Name/Signature of Parent or Legal Guardian
(If volunteer is under age 18)