



Education
Opportunity
and the Arts

15570 Hagie Drive · Fort Myers, FL 33908
www.heightsfoundation.org · info@heightsfoundation.org

Volunteer Information

Thank you for contributing your time and talents to our community!

Your commitment makes outreach programs and opportunities accessible to at-risk children and families in the Harlem Heights community. Together, we create an environment of purpose and success. *Thank you for your partnership.*

Please provide the following information:

Name (Ms./Mrs./Mr./Dr.) _____

Street Address _____

City _____ State _____ ZIP _____

Alternate Address _____

City _____ County _____ State _____ ZIP _____

Dates of alternate address mailing _____

Preferred phone (please circle: Home/Cell/Work) _____

Alternate phone (please circle: Home/Cell/Work) _____

e-mail _____

Emergency Contact Name: _____

Relationship: _____ Phone(s): _____

CONFIDENTIAL INFORMATION used for background screening purposes:

Social Security # _____ - _____ - _____ Date of Birth _____ / _____ / _____

Maiden Name or Other Names Used _____

Volunteer Interests

Volunteer interests include:

- Afterschool Heights-Y Kids Club: homework help and reading
- Play Group: infant, toddler, preschool, and parent program
- Reading Buddies: bringing reading enrichment to Brightest Horizons preschool
- School Supplies: outreach includes coordinating, logistics, donations, and deliveries opportunities
- Thanksgiving: outreach includes coordinating, logistics, donations, and deliveries opportunities
- Christmas outreach: coordinating, logistics, donations, and deliveries opportunities
- Family Advocacy: providing a helping hand to help families connect with support services, doctor's appointments, eligibility screenings, and outreach programs
- Office/clerical support: office assistance including data entry and mailings
- Special event support: help with event planning, promotions, and logistics
- Special Projects: participating in neighborhood cleanup, home repairs, and projects as needed

Preferred dates/times to volunteer: _____

Other information:

Volunteer Confidentiality Agreement

I understand that as a volunteer, I may have access to personal, privileged and/or confidential participant information or confidential information about the family of the participant. I further understand that information about a participant cannot be disclosed to anyone.

This includes, but is not limited to, information I receive whether obtained verbally or written through:

- Direct contact with participants and families
- Any information from The Heights Foundation or any of its partners
- Participant or family records

Any of this information is to be held in strict confidence in order to protect the rights of all participants and families. **I agree that I will not:**

- Reveal personal, confidential, or privileged information about a participant through verbal discussions, by written communication, or in stories or publications;
- Repeat to anyone any statements or communications made by or about the participant; or
- Reveal to anyone any information that I learn about the participant as a result of discussions with others providing support to the participant.

I hereby agree by signing below that I have read this document, fully understand its meaning and promise to adhere to the confidentiality agreement described above.

Signature: _____

Date: _____

Volunteer Background Screening Release

I, _____ hereby authorize **The Heights Foundation** and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained herein and/or obtaining other information which may be material to my qualifications for service with The Heights Foundation.

I release **The Heights Foundation** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

Signature: _____

Date: _____

Waiver and Release of Liability

- I assume the risk and legal liability, and waive and release The Heights Foundation and its employees, directors, agents, and/or volunteers (hereinafter “THF”), of all claims for injuries, damages, or loss that my minor child/ward or I might sustain as a result of participating in or being associated with volunteer activities.
- I acknowledge that certain risks of injury involved in volunteer activities, and I knowingly and freely assume all such risks and assume full responsibility for my participation. I agree to indemnify and hold harmless THF.
- I further agree to waive and relinquish all claims, and I do hereby forever release and forever discharge THF from any and all claims for injuries that my minor child/ward or I may sustain as a result of said participation. I agree to indemnify and hold harmless THF from any and all claims from my use of property or participation in any program to the extent of liability under general law.

Signature: _____

Date: _____

Participation Agreement

I understand that volunteers participate in programs and outreach efforts on behalf of, and as a representative of, The Heights Foundation.

- I agree to complete surveys and provide requested feedback for program evaluation purpose.
- I hereby grant permission for my child/ward or myself to be photographed or recorded in connection with any event or activity. I understand that any photographs or other types of media production may be used for purposes including but not limited to, public service announcements, brochures, websites, and other programs shown to the general public.
- I agree not to conduct fundraising or donor solicitation without prior direct agreement with the Heights Foundation Executive Director or her designee
- I agree to communicate promptly any personal concerns, questions, or process improvements to The Heights Foundation, and to communicate and concerns I may have regarding program participants.

Signature: _____

Date: _____

Thank you for contributing your time and talents to our community!

DISCLOSURE AND AUTHORIZATION
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Heights Foundation (“the Company”) may obtain information about you for employment purposes from a third party consumer-reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by LexisNexis Screening Solutions Inc, P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004. The scope of this notice and authorization is all encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p><u>New York and Maine applicants or employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.</p>

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LexisNexis Screening Solutions Inc., P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

<p><u>New York applicants or employees only:</u> By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
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<p><u>Minnesota and Oklahoma applicants or employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
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<p><u>California applicants or employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/></p>
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Signature: _____

Date: _____