

VOLUNTEER APPLICATION



COMMUNITY ACTION PARTNERSHIP OF LAKE COUNTY

Please Print and Complete ALL Sections. Forms with original signatures are required for enrollment.

Name _____

Mailing Address _____ City _____ Zip _____

Phone _____ Cell _____ Email _____

The following information will help us match you with a volunteer opportunity:

List Your Employment/Training Background:

<i>Organization</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>
		<i>From: To:</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

List Any Previous or Current Volunteer Experience:

<i>Organization</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>
		<i>From: To:</i>
1. _____	_____	_____
2. _____	_____	_____

Education/Special Skills/Interests/Languages: _____

Days Available: Mon Tues Wed Thu Fri Sat Mornings Afternoons

Time of the Day Available: _____

Number of hours available daily: _____

Duration of volunteer interest? One Time Ongoing Length of term _____

I would like to be contacted for short-term assignments Yes No

Community Action Partnership of Lake County (CAPOLC) Volunteer Assignment Options

Please check all that interest you:

- Pop-up Food Giveaway Days
- Home Repair (Veteran housing units)
- Fundraising/Grant Writing
- Events w/Catering Department
- Food Pantry – Onsite Days
- Food Pantry – Holiday Giveaway Days
- Special Annual Event (5K Walk, flea market, etc.)
- Agency & Partner Resource Fairs
- Veteran Benefit Assistance
- Office Support/Clerical
- Computer/Data Entry
- Other _____

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I prefer the following City(s) to volunteer: _____

If upon completion, you are unable to choose an assignment or geographic location, we will assist you.

Why do you want to serve as a volunteer? How do you hope to benefit?

2020-2025 RELEASE AND WAIVER OF ALL CLAIMS FOR ALL VOLUNTEERS AGREEMENT REGARDING RISK OF INJURY AND RELEASE—RELEASE AND WAIVER OF ALL CLAIMS

This Release and Waiver of Liability (the "Release") is executed on (DATE) _____, 20_____,
BY _____ (PLEASE PRINT NAME) ("Volunteer") releases Community Action Partnership of Lake County ("CAPOLC"), a nonprofit organization, organized and existing under the laws of the State of Illinois and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands and acknowledges that the services performed by Volunteer, from time to time, may include a broad range of volunteer activities, including but not limited to packing, unpacking and moving boxes, construction or rehabilitation of CAP residential buildings, assisting CAPOLC staff at either a CAPOLC office, a Head Start Center, at the CAP Banquet and Meeting Center, at the CAPOLC Resale Shop, at the CAPOLC Food Pantry or at special events, travel to and from work site locations and for other purposes (collectively, "Volunteer Services"). As used in this Release, the term "Volunteer Services" is intended to be used in its broadest sense and shall include any and all activities of any kind or nature, at any time and in any place that are performed by Volunteer on behalf of CAPOLC.

I hereby assume all risks associated with my Volunteer Service. I understand that I am solely responsible for any injuries which may occur to me as a result of my Volunteer Service and I specifically waive my right to bring litigation against the sponsors and specifically release any right which I have to assert a negligence claim against the sponsors, their agents or representatives. I agree that I am responsible for my own safety.

I hereby fully and forever release, discharge, and agree not to sue Community Action Partnership of Lake County, Community Action Foundation of Northern Illinois, Local Organizers, Local Business Sponsors, Site Owners, any other partners (hereafter called "Business Partners") their officers, directors, agents, employees, representatives, and successors for any and all claims, causes of action or liability for any injury, loss or damage sustained or incurred by me arising out of or in any way associated with my Volunteer Service, including all claims, causes or action or liability arising out of the negligence of Sponsors, their agents or representatives.

I agree to indemnify and hold harmless Business Partners, their agents or representatives from any loss, damage or expense sustained or incurred by them arising from any such claims, cause of action or liability, whether brought to me, anyone acting on my behalf, or by anyone else because of conduct attributed to me.

I agree that this agreement shall be construed and interpreted according to the law of the State of Illinois.

I understand and agree that this Release and Waiver shall be binding upon my heirs, assigns and any personal entity acting upon my behalf, including a parent, guardian or next friend.

Insurance: Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.

Photo Consent and Release: Please check box to indicate if CAPOLC may have permission to use your likeness?

I hereby grant CAPOLC permission to use my likeness in photograph(s)/video(s) and quotations from me in any and all of its publications or on the World Wide Web, whether now known or hereafter existing, controlled by CAP of Lake County in perpetuity. I will make no monetary or other claim against CAP of Lake County for the use of these photograph(s)/video(s).

I do not give permission to use my likeness in photograph(s)/video(s) and quotations from me to CAPOLC.

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VOLUNTEER AGREEMENT

This agreement explains requirements and expectations of Community Action Partnership of Lake County for this type of volunteer service. Please read, sign and return to CAPOLC Volunteer Manager before volunteer hours are scheduled.

We do not accept volunteers who have committed any type of theft, burglary and violent crime, crimes against minors or sexual offenses.

Age Requirement: Volunteers must be at least 16 years of age. Depending on volunteer assignment, volunteers with parent/guardian permission may be assigned to specific departments.

Waiver: All volunteers must complete the liability waiver and if the volunteer is under 18 years of age they must have a parent or legal guardian signature on their waiver.

Court-ordered Volunteers: Volunteer must present court documentation of the offense and numbers of required hours to the Volunteer Manager before volunteer hours are scheduled.

Timesheet: Volunteers must keep track of their own hours and have site supervisor sign-off each time you volunteer. If the referral source has own authorized time sheets, please make sure site supervisor signs-off on the authorized time sheet. Breaks will be determined by the site supervisor.

Certificate: I understand that I am not an employee of the Community Action Partnership of Lake County and agree to serve without compensation.

Volunteer Responsibility (CAPOLC asks each volunteer to observe the following general principles while performing any assignment):

- The volunteer assignment is important CAPOLC and to the public. You should perform the duties to the best of your ability, observe the days and hours agreed to, cooperate with staff and other volunteers at the station, and recognize the value of a job well done. If a problem should arise with regard to the assignment, you should discuss the matter with the Volunteer Manager.
- You should inform your site supervisor if you cannot report for your assignment, will be late, or must leave early. Everyone recognizes that such emergencies or conflicting commitments may arise.
- If you need to be away for an extended period, or if you stop going to a particular volunteer assignment, you should inform Volunteer Manager.
- If, on your volunteer assignment, you come into contact with confidential information concerning the volunteer site, its employees and or people it serves, you must maintain the confidentiality of such information.
- You are responsible for filling in, on your Timesheet, the days and hours that you volunteer. A completed timesheet must be verified by your supervisor and submitted to the CAPOLC Volunteer office at the end of the agreed time period.
- Dress: Inappropriate shirts are not allowed, this includes shirts with profanity, nakedness or promotion of gangs, violence or drugs)
- Smoking is not allowed inside CAPOLC property and allowed only in outside designated areas.
- Weapons, drugs or alcohol use are not allowed on CAPOLC property.
- Physical aggression and profanity are not allowed and are grounds for immediate termination of this agreement.

I, _____ have read the items of the Agreement and Release and Waiver, understand them, agree to abide by them, and hereby acknowledge that I have read and understand this Agreement and Release and Waiver. I acknowledge that if I do not sign this Release, CAPOLC will not permit me to provide Volunteer Services. I acknowledge that this Release applies each time that Volunteer provides Volunteer Service.

Signature: _____ I am over 18 years of age I am under 18 years of age Date: _____

Signature of parent / guardian if under 18 years old: _____ Date: _____

Emergency Contact Name: _____ Phone: _____

Referral Source: _____

Any questions, please contact CAPOLC Volunteer Manager at 847-249-4330.

Thank you for any information you have provided. Your information is **never** sold, shared, or used outside of Community Action Partnership of Lake County.

Equal Employment Agency – Community Action Partnership of Lake County is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. CAPOLC provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact CAP of Lake County at (847) 249-4330.

FOR OFFICE USE ONLY

Volunteer Site/Location: _____

Site Supervisor or Authorized Staff: _____

Assignment(s) _____ Date Assigned: ____/____/____ Computer Entry: ____/____/____

By: _____