

Volunteer Application

Name: _____ Prior Name/Surname _____

Preferred Name/Nickname, if other than above _____

Home Telephone: _____

Cell Phone: _____

Email Address: _____ Date of Birth: _____

Present Address: _____ Zip: _____

How long have you lived there?

If at present address less than 2 years, please provide your previous address:

How long did you live there?

Employment Information: Name of Employer: _____

Title/Position: _____

Are you currently a student? Yes No

If so, which school do you attend & what is your focus of study? _____

Are you a member of a civic/social club, if so which one(s)? _____

Racial or Ethnic Identity (used for statistical purposes. Please mark all that apply):

- White, non-Hispanic
- Hispanic/Latin@/x/Chican@/x
- Black/African American/of African Decent
- Asian/Pacific Islander
- Native American/American Indian/Indigenous/First Nations
- Other (please write in a term that describes your identity): _____

Gender Identity (used for statistical purposes. Mark all that apply):

- Female
- Male
- Other (please write in a term that describes your identity): _____

Educational Background/Training:

Do you speak, sign, read or write any languages other than English? If so, which language(s) and what is your level of fluency? _____

Emergency Contact: _____
(Name) (Telephone) (Relationship)

I have completed and reviewed this entire form and attest that the information provided is true. I also grant permission for Tu Nidito to obtain information from my references and/or other volunteer organizations with which I have worked that may be pertinent to my application.*

Applicant Signature

Date

Federal and/or State law prohibits discrimination on the basis of age, sex, race, color, creed, religion, national origin, marital status, or physical or mental handicap unless such discrimination is based upon occupational qualifications.

****For volunteers under 18, a parent or legal guardian's signature is required below. This is to certify that I, as parent/legal guardian with legal responsibility of the volunteer whose name appears above, do consent and agree to the terms and conditions described above and included in volunteer training materials and Policy & Procedure Manuals. I further acknowledge that a copy of these materials may be requested by me at any time.***

Parent/Legal Guardian Signature

Date



Acknowledgement of Auto Insurance Coverage

I acknowledge that I remain liable for any injuries or property damage arising out of my use of any motor vehicle in the performance of my employment or volunteer services with Tu Nidito. I also hereby agree that I will maintain in force, at all times during which I use a motor vehicle in connection with my employment or volunteer services, minimum medical coverage of \$5000 per person protecting passengers riding in such motor vehicle, in addition to liability coverage for bodily injury and property damage of **100/\$300,000 or \$300,000 CSL (Combined Single Limit)** also uninsured motorist coverage of \$15,000/\$30,000 as required by A.R.S. Section 28-1170.

Printed Name: _____

Applicant Signature*: _____

Date: _____

****For volunteers under 18, a parent or legal guardian's signature is required below. This is to certify that I, as parent/legal guardian with legal responsibility of the volunteer whose name appears above, do consent and agree to the terms and conditions described above.***

Parent/Legal Guardian Signature

Date

A copy of your auto insurance card will be taken at your pre-training meeting.

FOR OFFICE USE ONLY

Requirement waived because applicant:

_____ does not drive _____ is exclusively interested in indirect roles



NOTICE OF INTENT TO VERIFY BACKGROUND INFORMATION

In connection with my application for volunteering with Tu Nidito, I understand that a consumer report may be requested to verify my identity through my social security number. I also understand that you will be requesting information concerning my motor vehicle operation history and criminal history from various states of residency, private and insurance sources along with other public records available.

Applicant name (printed) _____

Applicant Signature* _____

Date _____

****For volunteers under 18, a parent or legal guardian's signature is required below. This is to certify that I, as parent/legal guardian with legal responsibility of the volunteer whose name appears above, do consent and agree to the terms and conditions described above.***

Parent/Legal Guardian Signature

Date

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION Securitech Inc.

Tu Nidito Children & Family Services (“the Company”) may obtain information about you for employment purposes from a third-party consumer reporting agency. Thus, by signing below, you agree that you may be the subject of a “consumer report” which may contain information regarding your credit history, criminal history, social security verification, motor vehicle and driving records, verification of your education or employment history or other background checks. Credit history may be requested if such information is relevant to the duties and responsibilities of the position for which you are applying. The scope of this notice and authorization allows the Company to obtain from any outside organization all manner of consumer reports now and throughout the course of your employment to the full extent permitted by law. I understand that this release authorization will remain in effect for the duration of my employment unless I revoke this authorization in writing.

ACKNOWLEDGMENT AND AUTHORIZATION I acknowledge receipt of this FCRA **DISCLOSURE AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION** and certify that I have read and understand it. I hereby authorize the obtaining of “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 an 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. The following must be filled out completely for your application to be considered. (Please print)

LAST NAME FIRST NAME MIDDLE NAME

OTHER NAMES BY WHICH YOU HAVE PREVIOUSLY BEEN KNOWN AND DATES THOSE NAMES WERE USED

CURRENT ADDRESS (Can Not be a P.O. Box)

CITY STATE ZIP

SOCIAL SECURITY NUMBER DATE OF BIRTH EMAIL ADDRESS
 I do not have access to email. Request notice via regular mail.

NAME ON DRIVER'S LICENSE DRIVER'S LICENSE NUMBER STATE EXP. DATE

LIST ALL PREVIOUS ADDRESSES YOU HAVE RESIDED IN THE PAST SEVEN [7] YEARS INCLUDING CITY & STATE:

PRIOR ADDRESS: FROM: TO:

PRIOR ADDRESS: FROM: TO:

(If you have had more than two previous addresses in the past seven [7] years, please attach a separate piece of paper.)

PLEASE REVIEW CAREFULLY BEFORE SIGNING THE BELOW AUTHORIZATION

SIGNATURE TODAY'S DATE

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUBSCRIBER NAME: Securitech Inc.

SUBSCRIBER CODE: HCHI0180

SUBSCRIBER PHONE: (520) 721-0305



Confidentiality Statement

I, _____, acknowledge that Tu Nidito Children and Family Services is an agency whose purpose is to provide support to children and their families as they deal with serious illnesses and/or death. I hereby agree to follow the strictest of ethics when trusted with confidential information. This confidential information includes but is not limited to: the identities of Tu Nidito participants, files pertaining to families, information concerning the organization, volunteers and/or staff, and information received from interviews, one on one visits, support groups, or special events.

Volunteer Signature*

Date

****For volunteers under 18, a parent or legal guardian's signature is required below. This is to certify that I, as parent/legal guardian with legal responsibility of the volunteer whose name appears above, do consent and agree to the terms and conditions described above.***

Parent/Legal Guardian Signature

Date

Media Release

I, _____, authorize Tu Nidito Children and Family Services to use my photograph, name and/or information about me regarding my volunteer service providing support to children and their families as they deal with serious illnesses and death. I understand that media may include but is not limited to newspaper articles, television, radio, film documentaries, and speaking engagements.

Volunteer Signature*

Date

****For volunteers under 18, a parent or legal guardian's signature is required below. This is to certify that I, as parent/legal guardian with legal responsibility of the volunteer whose name appears above, do consent and agree to the terms and conditions described above.***

Parent/Legal Guardian Signature

Date

IMPORTANT: THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY.

RELEASE AND WAIVER OF LIABILITY

TU NIDITO VOLUNTEER WAIVER AND RELEASE

Each volunteer must read and sign this Waiver and Release (the "Release") before volunteering for Tu Nidito Children and Family Services, in any capacity.

Volunteer Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): (____) _____ (____) _____

WAIVER AND RELEASE: I hereby release and forever discharge and hold harmless Tu Nidito Children and Family Services, its officers, directors, agents, volunteers and employees, and their respective successors and assigns (collectively, "Tu Nidito") from any and all liability, claims, demands and causes of action, of whatever kind or nature, either in law or equity, which may hereafter arise from my volunteer work and participation with Tu Nidito, including transportation to and from Tu Nidito.

I understand and acknowledge that this Release discharges Tu Nidito from any liability or claim that I may have against Tu Nidito with respect to any bodily or other injury, illness, death, or property damage that may result from my volunteer work and participation with Tu Nidito, including transportation to and from Tu Nidito. I also understand that Tu Nidito does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death, or property damage.

ASSUMPTION OF RISKS. I understand that occasionally accidents occur and that participants may sustain serious personal injury as a consequence thereof. Knowing the risks, nevertheless, I am volunteering for Tu Nidito and freely accept and fully assume all such risks and dangers and the possibility of personal injury, death or property damage and loss resulting from any cause whatsoever, whether such risks are caused by the negligence of Tu Nidito or otherwise. Further, I acknowledge that Tu Nidito accepts no responsibility for the loss, damage or theft of personal property.

OTHER. The laws of the state of Arizona will govern this Release. This Release is intended to be as broad and inclusive as permitted by Arizona law. If any portion is held invalid, the balance will continue in full legal force and effect. This Release is binding on and inures to the benefit of the parties and their respective successors and assigns. I have read this agreement, fully understand its terms, have signed it freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Applicant Signature* _____ Date _____

Print Name _____

****For volunteers under 18, a parent or legal guardian's signature is required below. This is to certify that I, as parent/legal guardian with legal responsibility of the volunteer whose name appears above, do consent and agree to the terms and conditions described above.***

Parent/Legal Guardian Signature

Date