



**VOLUNTEER APPLICATION FORM**

Today's Date: \_\_\_\_\_

Date available to start: \_\_\_\_\_

Driver's License # \_\_\_\_\_

SS# \_\_\_\_\_

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

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

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ V/TTY

\_\_\_\_\_

Work Phone: \_\_\_\_\_ V/TTY

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

Other: \_\_\_\_\_ V/TTY

**Parent's name**

**If under 18:** \_\_\_\_\_

Birth date? \_\_\_\_\_

Employer (name/address) \_\_\_\_\_

May we contact them? Yes No

Highest Education Level Completed: \_\_\_\_\_

Fluent in Sign Language: YES NO

Previous Volunteer Experience: \_\_\_\_\_

Agency or Business Name: \_\_\_\_\_

Duties: \_\_\_\_\_

**Availability:**                      DAYS                      EVENINGS                      WEEKENDS                      SPECIAL EVENTS

Which days are best for you? \_\_\_\_\_                      Number of hours per week: \_\_\_\_\_

Type of volunteer work preferred: \_\_\_\_\_

Computer Skills: \_\_\_\_\_

Physical Limitations / Special Needs: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

What clubs/organizations do you belong to? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_                      Phone Number: \_\_\_\_\_

How did you hear about DHCTB, Inc.'s volunteer program? \_\_\_\_

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**Please have parent /guardian sign if under 18:** I hereby give my permission for \_\_\_\_\_ to serve as a volunteer with Deaf and Hearing Connection for Tampa Bay, Inc.

Signature: \_\_\_\_\_                      Relationship to minor: \_\_\_\_\_

Please return this form to: DHCTB, 7821 Seminole Blvd. Seminole, FL 33772 or Fax to 866-282-5375 for more information, call 727-399-9983 V or 727-399-9422 TTY. Visit us online at [www.dhctb.org](http://www.dhctb.org).



## CONFIDENTIALITY ACKNOWLEDGMENT

I shall respect the privacy concerns of the people we serve, and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. Therefore, I will not disclose an individual's confidences to anyone, except: 1) as mandated by law; 2) to prevent a clear and immediate danger to a person or persons; 3) where I am compelled to do so by a court or pursuant to the rules of a court.

I shall store or dispose of professional records in ways that maintain confidentiality.

I shall possess a professional attitude, which upholds confidentiality toward the people we serve, colleagues, applicants and any sensitive situations arising within the Deaf and Hearing Connection for Tampa Bay, Inc.

I, upon my termination, shall maintain client and co-worker confidentiality and I shall hold confidential any information about sensitive situations within the Deaf and Hearing Connection for Tampa Bay, Inc.

I understand that violation of this confidentiality statement may be grounds for immediate dismissal.

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Volunteer Signature

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Date



## RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of liability is executed on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_, by \_\_\_\_\_ (the "volunteer") in favor of the Deaf and Hearing Connection for Tampa Bay (**DHCTB**) and its Board of Directors, officers, employees and agents.

I, the Volunteer, hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release.** I hereby release and forever discharge and hold harmless **DHCTB** and its successors and assigns from any and all liability, claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my participation with **DHCTB** and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with **DHCTB**.

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

2. **Insurance** **DHCTB** does not carry or maintain any health, medical, disability, damage, or other liability coverage for the benefit of its volunteers, and expressly disclaims any responsibility or obligation to do so. AS A VOLUNTEER, I AM EXPECTED AND ENCOURAGED BY **DHCTB** TO MAINTAIN MEDICAL, HEALTH, AND ALL OTHER APPLICABLE INSURANCE COVERAGE FOR MY OWN BENEFIT.
3. **Medical Treatment.** Except as otherwise agreed to by **DHCTB** in writing, I hereby release and forever discharge **DHCTB** from any and all liability claims, demands, and causes of action whatsoever that may arise on account of any first aid or other medical treatment rendered during my participation with **DHCTB** and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with **DHCTB**.
4. **Assumption of Risk.** I understand that my participation with **DHCTB** and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with **DHCTB** may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release **DHCTB** from all liability for injury, illness, death, and/or property damage that may result.
5. **Photography/Audio Release.** I do hereby grant and convey unto **DHCTB** all rights, titles, and interest in and to any and all photographic images and video or audio recordings made by, on behalf of **DHCTB**, or made with its consent during my participation in any project, activity, or event sponsored, managed arranged, or promoted



by, or otherwise affiliated or associated with **DHCTB**, including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **Other.** I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of this state, county, city and/or township. I agree that in the event that any clause or provision of the 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.

By signing below, I acknowledge that I have read and understand this Release, and agree to its provisions.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian  
if volunteer is not of legal age.

\_\_\_\_\_  
Date



## Character Reference

Name of Applicant -- please print) \_\_\_\_\_ has given your name as a character reference in an application to volunteer for the Deaf and Hearing Connection for Tampa Bay (DHCTB). We will appreciate your honest estimate of this applicant's personality and character traits, and will treat your reply as confidential. Thank you for your assistance to us and to the applicant in this matter.

How long have you known the applicant? \_\_\_\_\_

In what relationship? \_\_\_Teacher \_\_\_Family \_\_\_Friend \_\_\_Employer \_\_\_  
Adviser \_\_\_Other \_\_\_\_\_

How is this person suited for volunteer service?

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Please comment with any insights / concerns you have regarding this applicant's qualifications as a volunteer for the Deaf and Hearing Connection.

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Do you have any reason to doubt the applicant's personal integrity? If so, please specify.

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What do you believe is the applicant's motivation in applying to volunteer with DHCTB? \_\_\_\_\_

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Do you have any reservations in recommending this person?

\_\_\_No \_\_\_Yes (If "yes", please comment.)

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Your name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_