

Volunteer Information and Consent



Section 1- Volunteer Information

Your Name _____ **Phone** _____
First MI Last 999-999-9999

Physical Address _____
Street Address City ZIP

Email _____ **Age:** ___ Over 18 ___ Under 18

Section 2 - Confirmation and Consent

Please read and confirm by checking boxes

___ I confirm that I have not been named as a perpetrator of a founded report of child abuse/maltreatment nor am I currently under investigation or been convicted of a crime involving a child or a violent crime of any kind anywhere in the United States or its territories or possessions the District of Columbia the Commonwealth of Puerto Rico or a foreign nation.

___ I understand that if I willfully fail to disclose any criminal background information, it will result in immediate denial of my application and complete revocation of my volunteer ability with the Partnership. I fully understand that the Partnership for Children of Cumberland Co. will immediately turnover any failure to disclose and/or violation of the law to authorities.

___ I hereby give permission to the Partnership for Children of Cumberland County, Inc. and other news media entities, to prepare, reproduce, publish, or exhibit my or my child's picture, portrait, or likeness for use by the news media or the Partnership in their news and public awareness programs. Any photograph, photo transparency, drawing, or other illustrative graphic material, audio-visual tape, or audio-visual illustrations, news report, story, or article may be used without my prior examination of the finished product.

___ I hereby waive my (or my minor child's right) to privacy in connection with consent below-given and hereby release, discharge, and agree to hold harmless all the parties to whom this consent is given from any liability whatsoever and agree that this consent and waiver will not be made the basis of a future claim of any kind.

___ I agree to not take any photos or videos of clients being served or their children, nor will I share any images or videos on social media of clients or their children. I will not speak to any members of the media without the permission of the manager on duty.

___ I understand that if I willfully fail to follow these guidelines, I may be relieved of my volunteer duties immediately.

___ I confirm that I am at least 18 years of age or a minor who has obtained written permission from my parent or legal guardian.*

Volunteer Signature _____ **Date** _____

*** Parent/Guardian Signature** _____ **Date** _____