

www.icanaz.org

650 E. Morelos Street ~ Chandler, AZ 85225 ~ 480-821-4207 (P) ~ 480-821-6742 (F)

ADULT VOLUNTEER APPLICATION and WAIVER

DATE

VOLUNTEER INFORMATION	PLEASE PRINT CLEARLY. ALL INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL.										
LAST NAME					FIRST NAME				M.I.		
STREET ADDRESS											
CITY, STATE ZIP											
PHONE						H O ME CELL					HOME CELL
E-MAIL						DATE C	TE OF BIRTH				
CULTURAL BACKGROUND						OPTIO	ONAL				
AFRICAN ASIAN		HI	SPANIC	NAT A M E	IVE ERICAN	V	WHITE	OTHER			
VOLUNTEER AREAS/SKILLS			IF			THAT YOU E LEA V E BI				EW.	
	AFTER-SCHOOL PROGRAMS			FAMILY PROGRAMS		INTERSESSION PROGRAMS		HOMEWORK HELP			
CURRENT ICAN NEEDS	FIELD TRIP ASSISTANT			ADMINISTR SUPPORT			IT SUPPORT		Г	EDUCATIONAL GUEST SPEAKER	
	SPECIAL EVENTS			MARKETING		NG	FUNDRAISING		NG		
	DO YOU HAVE A SPECIAL SKILL OR AREA OF INTEREST TO SHARE?				SKILLS/ INTERESTS						
SKILLS	LANGUAGE(S) AND FLUENCY										
AVAII ADII ITV	SL	JN	MON	TUES	WED	THUR	RS F	RI S	AT HO	URS PER W	/EEK:
AVAILABILITY	MORNINGS: - A			AFTE	FTERNO O NS:		-	EVENINGS: -		-	
LIST ANY EXPERIENCE YOU HAVE HAD	AGENC NAME	Υ			F	POSITION				FROM TO	<u> </u>
WORKING WITH CHILDREN IN VOLUNTEER OR OTHER	AGENCY				F	POSITION FROM					
WORK RELATED AREAS	NAME									TO	

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EDUCATIONAL	HIGH SCHOOL, NO DIPLOMA		GH SCHOOL ADUATE or GED		RADE SCHOOL	ASSOCIATE DEGREE	
BACKGROUND	SOME COLLEGE, NO DEGREE		CHELOR'S GREE		POST-GRADUATE DEGREE		
EMPLOYMENT/	OCCUPATION						
EXPERIENCE	EMPLOYER NAME			EMPL PHON	OYER IE		
HEALTH	CONDITION OF HEALTH (Use other side, if necessary	/.)		-			
INFORMATION	PHYSICAL LIMITATIONS (Use other side, if necessary.)						
EMERGENCY CONTACT	NAME		RELATIONSHIP		PHONE		HOME CELL
MISSION	ICAN provides free, comprehensive after school programs that empower youth to be productive, self-confident				dent		

MISSION STATEMENT	ICAN provides free, comprehensive after school programs that empower youth to be productive, self-confident and responsible citizens.
	The undersigned herby acknowledges and agrees as follows with respect to participating in activities in connection with ICAN's Volunteer Program:
RELEASE AND WAIVER OF LIABILITY	In connection with my voluntary involvement in activities undertaken for and with the participation and support of ICAN, a non-profit, 501(c)3 organization, I hereby agree, for myself, my heirs, assigns, executors, and administers to release and discharge ICAN, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions from injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold ICAN, its officers and directors, employees, agents, and volunteers harmless from any cause or action, claims or suit arising therefrom. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. I also grant full permission for ICAN to use photographs of me and quotations from me in legitimate accounts and promotion of ICAN activities.
	I hereby confirm, represent and warrant that I have never been convicted of, or charged with, a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I been ordered by a court to receive psychiatric or psychological treatment in connection therewith.
ACKNOWLEDGEMENT OF CONFIDENTIALITY	I acknowledge this responsibility and agree not to divulge any information that I have acquired due to my involvement at ICAN, either verbally, in print, or through any other means. This agreement also extends to the prohibition of any disclosures, although not individual specific, in which the identity of the children, their families, and/or staff persons may not readily be ascertained.
OPERATIONAL ACKNOWLEDGEMENTS	I agree to accept all responsibilities of serving as a volunteer in the Program, notifying the office of any cancellations or changes in my schedule. I understand and agree that I am enrolling in a volunteer program and that all of my responsibilities are subject to evaluation. I agree to maintain my time documenting the hours spent as a volunteer with ICAN. I agree to respect the human rights and dignity of persons receiving services from ICAN and to work cooperatively with ICAN employees.

This document shall be deemed to have been executed in the state of Arizona and accepted according to all of the above terms and conditions.

Volunteer Signature		Date
Volunteer Name (Please print)		
For Office Use Only		
Date application received:	Date reviewed:	Reviewed By:
Date contacted for interview/pre-evaluation:	·	

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