



650 E. Morelos St.
Chandler, AZ 85225

www.icanaz.org

Phone: 480-821-4207
Fax: 480-821-6742

Youth Volunteer Application/Waiver

Please **print** clearly. All information will remain confidential.

Age*:
Date of Birth:
*Minimum age is 15

VOLUNTEER INFORMATION

Date: _____

[] Male [] Female

_____ Last Name First Name MI

_____ Address

_____ City State Zip

Home Phone: _____ Cell Phone: _____

Email: _____

CULTURAL BACKGROUND (Optional)

[] African American [] Asian [] Hispanic [] Native American [] Bi/Multi-Racial
[] Caucasian [] Other: _____

SKILLS/INTERESTS (Mark all that you are interested in.)

[] Homework Help [] Art [] Science [] Technology Lab [] Social Studies/Civics
[] Music Appreciation [] Sports [] Recreation [] Office Administration [] Special Events

SKILLS

[] Special Skill or Area of Interest to Share: _____

SCHEDULE

Days Available: [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday Hours Per Week: _____

Times Available: [] 10:30am- 6:00pm (Intercessions) [] 2:30pm-6:00pm (After-school Program) [] _____

SCHOOL/EXPERIENCE

School Name: _____ Grade Level: _____

School Clubs: _____ Languages Spoken Fluently: _____

Why do you want to volunteer at ICAN:

List any experience you have working with children in a volunteer or work-related capacity.

_____ Agency Name Position Dates

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HEALTH INFORMATION

Health Insurance: [] Yes [] No Company: _____

Physical Limitations: _____

EMERGENCY CONTACT

Name Home Phone Work Phone

Relationship to You

MISSION STATEMENT

ICAN provides free, comprehensive programs that empower youth to be productive, self-confident, and responsible members of the community.

RELEASE AND WAIVER OF LIABILITY

The undersigned hereby acknowledges and agrees as follows with respect to participating in activities in connection with ICAN’s Volunteer Program:

In connection with my voluntary involvement in activities undertaken for and with the participation and support of ICAN, a non-profit, 501©3 organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators 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 in 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 ACKNOWLEDGEMENT

I agree to accept all responsibilities of serving as a volunteer in the Program, notifying the Volunteer Coordinator of any cancellations or changes in my schedule. I understand and agree that I am enrolling in the volunteer program and that all of my responsibilities are subject to evaluation. I agree to document 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.

[] Yes [] No – My child has permission to be transported in the ICAN van to help with off-site youth activities, including field trips.

_____ Youth Initials _____ Parent Initials – I understand that if my child leaves ICAN without guardian/parent permission and/or without signing out at the Volunteer Coordinator’s office during their scheduled volunteer hours, he/she will no longer be able to continue their volunteer work at ICAN. Please note that ICAN cannot physically restrain your child in order to keep them from leaving the facility. If your child leaves the facility without permission you will be notified immediately.

Volunteer Signature Date Parent Signature Date

Volunteer Name (Please Print) Parent Name (Please Print)