

Why would you like to volunteer with the DRC?

Are you interested in a specific program or position? _____

What kind of volunteer activities are you interested in?

Administrative and Program support? _____

Special Events? _____

Community Outreach? _____

Interpretation? _____

Other? _____

If you checked "Interpretation," or "other," please list languages or other volunteer interest here:

Any physical limitations? _____

Special Accommodations? _____

Where are you able to volunteer?

Bay Calhoun Franklin Gulf Holmes Jackson Liberty Washington

Days and Times available to volunteer:

Monday: _____ Times available: From _____ to _____

Tuesday: _____ Times available: From _____ to _____

Wednesday: _____ Times available: From _____ to _____

Thursday: _____ Times available: From _____ to _____

Friday: _____ Times available: From _____ to _____

Saturday: _____ Times available: From _____ to _____

Sunday: _____ Times available: From _____ to _____

Other: _____ Times available: From _____ to _____

What are some skills or experience that you would like to contribute or gain?

Please describe your experience and interest in working with people with disabilities living on low incomes from diverse backgrounds (this may include race, culture, gender, sexual orientation, religion, socioeconomics, age, etc.)

References:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Email: _____ Phone Number: _____

AUTHORIZATIONS & AGREEMENTS:

Authorization:

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with Disability Resource Center.

I agree I disagree

Confidentiality Agreement:

In signing this agreement, I acknowledge that I have read and understand Disability Resource Center confidentiality policies. I understand and agree that in the performance of my duties as an employee or volunteer of DRC I must hold certain information regarding clients, employees, and volunteers in the strictest confidence. Further, I understand that confidentiality is protected by Federal law (42CF R Part II and Uniform Health Care Information Act), and that any intentional or involuntary violation of the confidentiality about clients, employees, and/or volunteers may result in disciplinary action including suspension and/or termination.

I agree I disagree

Liability Release:

I hereby release, indemnify, and hold harmless Disability Resource Center, its officers, directors, and employees, and the organizers, sponsors, and supervisors of all DRC activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with DRC.

I agree I disagree

Media Release:

In signing below, I agree to be photographed, videotaped, and/or recorded while volunteering with DRC. I understand that DRC will own rights to and may use this media (photographs, videos, audio recordings, and/or my statements), in whole or part, in DRC materials such as printed publications, the DRC website (www.DRCPC.org), videos, social media, grant proposals, and promotional materials to support DRC and its programs. As far as I know, what I say and do in this media will not violate the rights of any other person or company. If I no longer want my photos and/or story to be used, I agree to contact the Outreach Coordinator or the Executive Director of the DRC. Once requested, DRC will not create new materials using participants' media – but we may continue to use already printed materials until we can make replacements.

I agree I disagree

OPTIONAL:

Supplemental Data Questions:

The following questions help DRC track various demographic information. This information will not be used for screening and/or placement.

Are you a Veteran? Yes No

Are you living with a disability? Yes No

Ethnic/Racial Background

If you are a person with a multi-racial or multi-cultural background, please mark all appropriate boxes.

African

African American or Black

American Indian or Alaska Native

Asian

Native Hawaiian or Pacific Islander

Caucasian

Hispanic or Latino

Two or more Races

Other/Please specify: _____

Mission Statement:

To promote independent living for and by individuals with disabilities to enable them to take control of their lives, to make decisions about themselves and their future, to ensure that the necessary support services are available to enable them to be active participants in their communities; and to prevent unnecessary institutionalization.

The Disability Resource Center is a Drug Free Workplace and an Equal Opportunity Employer.

In compliance with Florida Statute 119.071 (5) 1-4, Disability Resource Center, collects your Social Security Number for one or more of the following purposes: • Identification and Verification • Credit Worthiness (if applicable) • Data Collection • Background Investigations My signature represents that I have read and understand the content of this document.

Background Check Disclosure and Authorization Form DISCLOSURE In the interest of maintaining the safety and security of our citizens, customers, employees and property, Disability Resource Center, will order a consumer report, including an “investigative consumer report” (a background report) on you in connection with your application. The background report may contain information concerning your character, general reputation, personal characteristics, and mode of living. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational, and as appropriate, driving records checks; verification of prior employment; reference, licensing, and certification checks; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history. AUTHORIZATION FOR BACKGROUND CHECKS After carefully reading this Background Check Disclosure and Authorization form, I authorize Disability Resource Center to order my background report, including investigative consumer reports. I also authorize the following agencies and entities to disclose to Disability Resource Center and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to Disability Resource Center and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing. I certify that all my personal information on this form is true and correct and understand that any dishonesty in completing this form will disqualify me from consideration with the Disability Resource Center.

Signature _____ / _____ / _____