

6423 Colby Street
Oakland, CA 94618

Volunteer Coordinator
Email: volunteer@oakehouse.org

P: (510) 658-1380 ext. 203
F: (510) 658-3160



Volunteer Application

Please print

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Daytime # _____ **Evening #** _____

Email _____ **Birth Date** _____

Please answer the following questions:

How did you hear about Elizabeth House?

Why do you want to volunteer at Elizabeth House?

Describe other volunteer work you have done:

List any work experience, special skills, gifts or talents you can bring to Elizabeth House:

Indicate any concerns you have (including health conditions) that might affect your ability to be an effective volunteer:

How do you envision yourself contributing to the Oakland Elizabeth House community?

What commitment can you make?

Weekly Bi-Weekly Monthly Other _____

What days and times are you available?

Monday Tuesday Wednesday Thursday Friday
Morning Afternoon Evening Other _____

Do you have a criminal history?

- No
- Yes, Please Explain: _____

Please list three references: (Only 1 Family Member if necessary)

Name, Relationship	Email Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Signature: _____

If younger than 18 years of age, please include Parent/Guardian Signature

Parent/Guardian Signature: _____

Oakland Elizabeth House

Release of Liability & Assumption of Risk

- I. I understand and acknowledge that OAKLAND ELIZABETH HOUSE is a charitable, non-profit organization incorporated under the laws of the State of California. All funds of OAKLAND ELIZABETH HOUSE are used specifically for the direct benefit and service to its clients; therefore, if I am injured while acting as an unpaid member of the staff in any capacity whatsoever, I realize and am aware that my own health insurance coverage will provide for any necessary medical treatment or care. I further understand that I am not covered under California State Worker's Compensation Laws.
- II. I, _____, hereby acknowledge that I have voluntarily applied to be a volunteer at the OAKLAND ELIZABETH HOUSE premises located at 6423 Colby Street, Oakland, CA 94618.
- III. I am aware that volunteering at OAKLAND ELIZABETH HOUSE can be a potentially hazardous activity and I acknowledge that these potential hazards have been explained to and discussed with me and I hereby waive, release and discharge any and all claims of damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation as a volunteer for OAKLAND ELIZABETH HOUSE. This Release of Liability and Assumption of Risk is intended to discharge in advance OAKLAND ELIZABETH HOUSE, its respective agents, directors and employees, and any and all volunteers, their representative successors and assigns from and against any and all liability arising out of or connected in any way with my participation as a volunteer for OAKLAND ELIZABETH HOUSE, even though that liability may arise out of negligence or carelessness on the part of the person or entities above mentioned.
- IV. I further understand that serious accidents occasionally occur and that volunteers occasionally sustain serious personal injuries as a consequence thereof. Knowing the risks of participating as a volunteer for OAKLAND ELIZABETH HOUSE, I nevertheless hereby agree to assume those risks and to release and hold harmless all of the persons and entities mentioned above who (through negligence or carelessness or otherwise) might be liable to me, or my heirs or assigns for damages. It is further understood and agreed this waiver, Release of Liability and Assumption of Risk, is to be binding on my heirs and assigns.

Volunteer Name: _____

Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

Oakland Elizabeth House

Volunteer Agreement

ELIZABETH HOUSE PAID STAFF AGREES TO:

1. Offer a thorough orientation as well as on-the-job training, and give volunteers an opportunity to meet regularly with Oakland Elizabeth House paid staff.
2. Provide equitable space, equipment, working conditions and privileges as given to paid staff that is doing similar work.
3. Review volunteer performance on a regular basis, keep an account of volunteer hours and provide a letter of reference when requested.
4. Maintain a smooth working relationship with volunteers and maintain employer responsibilities.

THE VOLUNTEER AGREES TO:

1. Attend an Oakland Elizabeth House volunteer orientation and training; follow the policies and procedures presented at the orientation and training; and accept the guidance and decisions of the Volunteer Coordinator.
2. Make a commitment to volunteer for a minimum designated amount of time agreed upon by the volunteer and the volunteer coordinator. Notify the Volunteer Coordinator at least two weeks in advance of any extended leave or resignation from volunteer duties.
3. Notify any member of paid staff within 24 hours of any incidents or problems, observations or concerns as experienced while volunteering at Elizabeth House.
4. Be responsible for his/her own representation or any fines received while performing a task (delivery/pick-up/field-trip, etc.) for Oakland Elizabeth House if cited for traffic or parking violations.
5. Keep strictly confidential all Oakland Elizabeth House records or information regarding previous and current residents and to maintain the dignity and integrity of Oakland Elizabeth House with the public. I understand that as a volunteer I am expected to maintain strict confidentiality regarding the names and situations of Oakland Elizabeth House residents. I agree that I will not engage in casual conversation about residents or provide information about residents to others. If I am unsure about disclosing information, I will contact my supervisor.

I have read this agreement carefully and do understand its content and intents. I am aware that this is a contract between Oakland Elizabeth House and me and I am signing it of my own free will.

Volunteer Name: _____

Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

Oakland Elizabeth House

Media Release and Waiver

I hereby grant Oakland Elizabeth House permission to use my likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration. I further give permission to Oakland Elizabeth House for use in any and all of its publications, including website entries, without payment or other consideration.

I understand and agree that these materials will become the property of Oakland Elizabeth House and will not be returned. I hereby irrevocably authorize Oakland Elizabeth House to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Oakland Elizabeth House from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Name

Signature

Date

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date