



201 S. Washington St.
Chandler, AZ 85225

www.icanaz.org

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

Adult Volunteer Application/Waiver

Please print clearly. All information will remain strictly confidential.

VOLUNTEER INFORMATION

Date: _____

Last Name First Name MI

Address

City State Zip

Home Phone Work Phone

Cell Phone Pager Phone

Fax Email

CULTURAL BACKGROUND (Optional)

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

VOLUNTEER AREAS/SKILLS (Mark all that you are interested in. If unsure, please leave blank until your interview)

Current ICAN Programs:

Homework Help Sports/Exercise Multicultural Arts Academics/Education
 Health and Wellness Office/Administration Computers/Leap Pads Fundraising
 Personal Development Special Events Building Improvement Marketing

Program Ideas:

Can Develop and Deliver a Program (1 Hr Minimum): _____
(Topic)

Willing to be a Guest Speaker on Topic: _____
(Topic)

Skills:

Special Skill or Area of Interest to Share: _____

Days Available: Sun Mon Tues Wed Thurs Fri Sat Hours Per Week: _____

Times Available Mornings: _____ Afternoons: _____ Evenings: _____

EDUCATIONAL BACKGROUND

Some High School High School/GED Trade School Associate Degree
 Undergraduate Study Undergraduate Degree Post-Graduate Degree

EMPLOYMENT/EXPERIENCE

Employer Name Occupation

Employer Phone #

Language(s): _____

(Please indicate fluency.)

List any experience you have had, working with children in volunteer or work-related areas. (Use other side if necessary.)

Agency Name	Position	Dates
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Agency Name	Position	Dates
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HEALTH INFORMATION

Condition of Health: _____

(Use other side if necessary.)

Physical Limitations: _____

(Use other side if necessary.)

EMERGENCY CONTACT INFORMATION

Name	Relationship	Phone
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MISSION STATEMENT

ICAN provides free, comprehensive after school programs that empower youth to be productive, self-confident and responsible citizens.

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(c)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.

ACKNOWLEDGMENT 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.

SIGNATURES

Volunteer Signature

Date

Volunteer Name (Please print.)

<p>For Office Use Only</p> <p>Date application received: _____</p> <p>Date reviewed: _____</p> <p>By: _____</p> <p>Date contacted for interview/pre-evaluation: _____</p> <p>Additional comments: _____</p>
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