



## Lil' Friends Temporary Volunteer Application

Due to Liability, all the below information is required for any individual to volunteer with the children at Lil' Friends. This information/release of liability is good for date of service only and must be completed for each date you volunteer. If you would like to become a regular, on-going volunteer, please contact Shelly Cox/Executive Director to complete that enrollment process.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Date of Service: \_\_\_\_\_

How did you hear about Lil' Friends? \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

Have you ever been convicted of any felony law violation? (Circle one) Yes No

If you checked yes, please explain: \_\_\_\_\_

**The following is a consent and release agreement. Please read and sign below.**

I hereby certify that all statements made in this application are true. I acknowledge that any false statement or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during my period of placement. I understand that I am working at all times on a voluntary basis without compensation and not as a paid employee, and that this agreement can be canceled at any time by either me or Lil' Friends.

I, (full name) \_\_\_\_\_ understand that my services are being offered on a volunteer basis without anticipation of financial remuneration and I indemnify and hold harmless Lil' Friends, LLC and its employees, agents, leaders, instructors, contractors or volunteers from and against all claims, demands, loss or injury to my person or property incurred through negligence, or other acts or omissions, however caused, by an officer, employee agent, leader, instructor, contractor or volunteer of Lil' Friends, LLC as a result of, or during my participation in volunteer service.

I acknowledge that I have carefully read and fully understand this agreement and its contents. I am aware that this is a release of liability and a contract between me and Lil' Friends, LLC's volunteer program and/or its officers, employee agents, instructors, and volunteers, and I sign it on my own free will.

I grant permission to Lil' Friends, LLC to photograph, videotape, and to record my voice and sounds, and to use any or all such photographs, recordings and reproductions for any official Lil' Friends, LLC purposes. I acknowledge that I will not under any circumstances, take photos or video during my time as a volunteer. The volunteer program is not obligated to provide a placement, nor are you obligated to accept the volunteer position offered.

Lil' Friends, LLC as required by state and local laws, maintains files on our clients. The information in these files is strictly confidential and is not shared with anyone outside of Lil' Friends, LLC without prior written permission from the family.

All information including but not limited to the following, shall be treated as confidential:

- Medical Forms
- Social Histories
- Personal Files
- Financial Information
- Incident or Accident Reports
- Children's daily personal needs
- Any information specifically noted by parent, Director, Child Care Specialist, to be kept confidential

Volunteers will not speak negatively about Lil' Friends clients, their parents or their families. Complaints should be brought to the attention of the Executive Director or Development Coordinator. Such complaints must be specific and factual and shall not be hearsay.

At all times, volunteers will be sensitive of their surroundings and conscious about others overhearing and possibly misunderstanding the content of their conversation.

I understand that, because of liability insurance, volunteers are never permitted to administer medications, take a child to the bathroom or discipline a child. A trained staff member always supervises volunteers and volunteers should never be alone with a child.

**PLEASE SIGN BEFORE SUBMITTING**

**Your signature indicates that you have read, understand and agree with the above consent and agreement**

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian (if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_