



## **VOLUNTEER INFORMATION**

Please specify which volunteer opportunities you are interested in: \_\_\_\_\_

Please specify which service location(s) you are interested in: \_\_\_\_\_

Please specify the days or hours you would be available: \_\_\_\_\_

In order to publicly thank our volunteers, El Nido sometimes prints their names (no other information) in newsletters and other publications. Please check this box if you would NOT like to be recognized this way.

### **VOLUNTEER STATEMENT**

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by El Nido unless I have indicated to the contrary. I release all parties and persons from any and all liability for any damages that may result from furnishing such information to El Nido as well as from the use or disclosure of such information by El Nido or any of its agents, employees, or representatives. As a volunteer, I agree to conform to the rules and standards of El Nido. I further agree that my status as a volunteer can be ended at any time, either at my option or at the option of the El Nido.

### **VOLUNTEER CONSENT:**

**I agree that El Nido Family Centers may conduct a routine background check using the references listed above, as well as a formal background check that will include: social security, motor vehicle record, national and state criminal database, and state sexual offender registry. I understand that I will be expected to present my auto insurance identification card (if applicable) and driver's license (or photo I.D.) at the time of my interview. I understand that copies will be made of both items and kept on file at El Nido Family Centers.**

**I understand that if El Nido Family centers receives information, after beginning my volunteer duties, that I am using illegal substances, I have participated in criminal behavior of any kind, I am breaking a significant program rule, or provide information during the application and/or screening process that has been found to be false or incomplete, my continued participation in the Volunteer Program may be terminated.**

**I understand that El Nido Family Centers has an expectation that volunteers refrain from engaging in any unlawful or inappropriate substance use. I understand El Nido Family Centers also requires that volunteers conduct themselves professionally at any time.**

**I understand, that as an El Nido Family Centers volunteer, I am volunteering and will not receive the benefits generally expected in an employee-employer relationship.**

**By signing below, I attest to my understanding and agreement to the above polices and the truthfulness of all the information listed on this application.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name