

KOOTASCA Community Action, Inc.  
201 NW 4<sup>th</sup> St., Suite 130  
Grand Rapids, MN 55744



## KOOTASCA COMMUNITY ACTION VOLUNTEER WAIVER OF LIABILITY

### Liability Release

In consideration of the opportunity afforded me to assist on a voluntary basis at KOOTASCA Community Action, in which the building and property of disadvantaged persons or community organizations serving this population will be repaired by volunteers, and in light of the aims and purposes of the community service provided by KOOTASCA Community Action or its agency(s) in organizing this project, I hereby waive any right or cause of action arising as a result of my participation in said project from which any liability may or could accrue against KOOTASCA Community Action, its agency(s), any of their officers, directors or employees, collectively and individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property, sustained in connection with my activities at KOOTASCA Community Action.

### Communications Release

I hereby assign the rights to video and/or photographic recording(s) made of me during volunteering at KOOTASCA Community Action, Inc. or its agency(s). I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or non-profit use and distribution of said recording(s) for purpose deemed suitable by KOOTASCA Community Action, I hereby wave any right to approve the finished products.

### Confidentiality Agreement

I understand it is my responsibility to keep confidential all information that I may gain or become privy as KOOTASCA's volunteer. I will respect all individuals' rights to privacy and their confidentiality. I will not discuss or in any other way disclose any information concerning any individual I come into contact with at KOOTASCA Community Action. This includes, but is not limited to: any information regarding KOOTASCA Community Action or its agency(s), their guests, administrative operations, and any other information accessed through volunteering at KOOTASCA.

### By signing this waiver, I certify that:

I have read and agree to the waiver, and I certify that I am over 18 years of age, in good health and able to participate in the program activities at KOOTASCA Community Action. I have read the foregoing release, authorization and agreement, and I fully understand the contents.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_

Name of Parent/Guardian (if under 18): \_\_\_\_\_

Company/Group: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ This is my address for \_\_ home \_\_ work

Phone Number: \_\_\_\_\_ My phone number for \_\_ home \_\_ work \_\_ cell

Email address: \_\_\_\_\_

Witness \_\_\_\_\_

Emergency Contact's Name and Phone Number: \_\_\_\_\_

Please list any home repair skills you have: \_\_\_\_\_



# Emergency Information - Confidential

1-877-687-1163 or 999-0800 (ITASCA County)  
 1-800-559-9491 or 283-9491 (KOOCHICHING County)

Fill in completely. Notify office **immediately** of changes.

## PERSONAL INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have an **Order For Protection (OFP)** Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes, please provide a copy to the Human Resources Coordinator.*

Doctor _____	Dentist _____
Clinic _____	Clinic _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

## EMERGENCY SOURCE OF MEDICAL CARE

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medications you need to receive: \_\_\_\_\_

Do you have dietary or medical needs? Yes No \_\_\_\_\_

Conditions we should know about in case of an emergency (*please circle*): **Severe Asthma** **Diabetes**

**Bug Bites** **Seizures/Convulsions** **Emotional Disorder** **Medication Allergies** **Food Allergies** **Other Allergies** **Other**

Describe any condition that is life threatening \_\_\_\_\_

NAME	RELATIONSHIP TO YOU	ADDRESS	PHONE
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NAME	RELATIONSHIP TO YOU	ADDRESS	PHONE
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*I give my permission to secure needed emergency medical/dental care if my listed emergency contacts cannot be immediately reached in an emergency. I authorize any licensed practitioner to provide whatever treatment is deemed necessary. I accept responsibility for any costs arising from treatment that is not covered by insurance or medical assistance.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## KOOTASCA COMMUNITY ACTION, INC. VOLUNTEER AGREEMENT

I have been informed of and oriented to my volunteer duties. I pledge to perform these duties to the best of my ability, not to undertake tasks beyond the duties assigned to me, and to ask for direction from my supervisor whenever I have questions about my role. I understand that KOOTASCA Community Action, Inc. program reserves the right to make changes in my volunteer service exists at the sole discretion of the KOOTASCA Community Action, Inc.

By signing below I acknowledge the following: I have read, understand, and agree to comply with the agency's policies in regards to:

- Conflicts of interests
- Technology and equipment use
- Drug-free workplace
- Workplace violence
- Workplace harassment and bullying
- KOOTASCA Community Action and Volunteer Agreement,
- Volunteers Rights and Responsibilities
- Impartiality
- Volunteer Statement of Confidentiality
- Safety Policy Statement, Accident Form
- Volunteer Release/Liability & Photo Waiver
- Parental Consent Form

I understand that failure to comply with the agency policies will result in the termination of my volunteer agreement and may include the contacting of law enforcement or taking of legal action by KOOTASCA, Community Action, Inc.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



# Volunteer Application

201 NW 4<sup>th</sup> St. Suite 130, Grand Rapids, MN 55744

**Please complete fully. All information is confidential.**

Name:	Date:
Address:	Birth Date: <i>(Required)</i>
City:	Zip:
Home Phone:	Cell Phone/Message:
In case of an emergency, notify:	Phone#:
Are you currently employed?      Yes      No	Full Time      Part Time
Employer:	Position:
Address:	City:  Phone#:
What is your volunteer interest in KOOTASCA Community Action?	
How did you hear about the volunteer position at KOOTASCA Community Action?	
Please describe any work or other experiences which you feel has prepared you to be a volunteer:	

Please indicate your volunteering preferences below. *(please circle)*

Crisis Housing	Assist MNsure Applicants	Crisis Nursery (On-call Phone Work)
Circles of Support	EAP (Energy Assistance)	Education (Head Start)

KOOTASCA's programs may require the completion of a background study prior to volunteering. If placed for volunteering, are you willing to authorize KOOTASCA to complete a background study?

**(Please Circle)**    Yes        No

**NOTE:** No applicant will be denied a volunteer opportunity solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

**Applicant Verification and Release**

I recognize that the organization to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed in this application, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relating to my background or qualification.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of guests of ***KOOTASCA COMMUNITY ACTION, INC.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**