



The Charles Lea Center

## Volunteer Information and Health History Form

### General Information

Name:	Gender: Male or Female (please circle)		
Social Security Number:	Date of Birth:		
Address:	City	State	Zip
Phone (Home):	(Work)		
(Mobile)	(Pager)		
Email Address:			
Emergency Contact:	Relation:		
Emergency Contact Phone Number:			
Parent/Legal Guardian Name and Address (if minor):			

**What is the highest level of education you received?**

**Do you have any special skills you feel you could bring to the Center?**

**How did you learn about The Charles Lea Center?**

**Have you ever worked with individuals with disabilities? If yes, please explain.**

**Have you ever been convicted of a crime? If yes, please explain.**

**Photo Release**

I hereby DO or DO NOT (please circle)

Consent to and authorize the use and reproduction by The Charles Lea Center, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

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

Parent/Legal Guardian Signature \_\_\_\_\_ Date  
(If volunteer is a minor)

### **Confidentiality Agreement**

I understand by working as a volunteer at The Charles Lea Center that all information (written and verbal) about the Center's clients is confidential and will not be shared with anyone without the express written consent of the client and his/her parent/guardian in the case of a minor.

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

Parent/Legal Guardian Signature \_\_\_\_\_ Date  
(If volunteer is a minor)

### **Liability Release**

While participating in volunteer activities at The Charles Lea Center, I understand that The Charles Lea Center's staff has my safety as the utmost priority and will take the proper precautions in making sure no one gets hurt; however, I do realize and understand that there is a risk of injury in participating in physical activities at The Charles Lea Center. Understanding this risk, I hereby do release any and all liability of The Charles Lea Center for any loss, damages, injury, or expense that I may incur as a result of my participation.

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

Parent/ Legal Guardian Signature \_\_\_\_\_ Date  
(If volunteer is a minor)

**Health History**

**Please describe your current and past health history. Are there any conditions that The Charles Lea Center staff should be aware of? Do you have any physical limitations that would prevent you from participating in physical activities or helping in an emergency situation?**

**Are you taking any medications that The Charles Lea Center should be aware of? If yes, please list and explain.**

**Do you have any allergies? If yes, please explain.**

*I hereby confirm that the following information provided above is accurate to the best of my knowledge.*

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

Parent/Legal Guardian Signature (if volunteer is a minor) \_\_\_\_\_ Date \_\_\_\_\_

**Authorization and Consent of Emergency Medical Treatment**

In the event of a medical emergency occurring on the premises of The Charles Lea Center, Inc., if the contact person can not be contacted, I \_\_\_\_\_ authorize The Charles Lea Center, Inc., to secure medical treatment and transportation, if needed, and upon request to release any volunteer records in the possession of The Charles Lea Center, Inc., to the authorized individuals or agency involved in the medical emergency treatment.

PERTINENT DATA			
Volunteer Name:			
Phone			
Address			
CONTACT PERSON (S)			
Name:		Phone:	
Relation:			
Physician Name:			
Address:		City	State      Zip
Phone:			
Preferred Medical Facility			
Health Insurance Co. Policy#			

**Consent Agreement**

*I understand that by signing the Consent Agreement, I give authorization to The Charles Lea Center to secure medical treatment and transportation in the occurrence of a medical emergency that is life threatening or needs immediate treatment. I understand and authorize The Charles Lea Center to release pertinent medical information to authorized individuals or agencies.*

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

Parent/Legal Guardian Signature \_\_\_\_\_ Date  
 (If volunteer is a minor)

**Nonconsensual Agreement**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the premises of The Charles Lea Center. I understand the risk I have to my health by signing the nonconsensual agreement and not giving the authorization to The Charles Lea Center staff to secure medical treatment.

**\*If volunteer is a minor, the parent or legal guardian will remain on site at all times during activities.**

**ONLY SIGN HERE FOR NONCONSENSUAL AGREEMENT**

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

Parent/Legal Guardian Signature \_\_\_\_\_ Date  
(If volunteer is a minor)

<b>Volunteer Interests and Skills</b>
Please place an S (Skill) or I (Interest) in the areas in which you are skilled in or have an interest in volunteering with.

<input type="checkbox"/> <b>Administrative Assistant</b> <input type="checkbox"/> <b>Art</b>  <input type="checkbox"/> <b>Bedroom Makeovers</b> <input type="checkbox"/> <b>Big Brother/Big Sister</b> <input type="checkbox"/> <b>Birthday planning/giving</b> <input type="checkbox"/> <b>Cafeteria/Food</b> <input type="checkbox"/> <b>Christmas Giving</b> <input type="checkbox"/> <b>Clerical/Office</b> <input type="checkbox"/> <b>Computers (mechanics)</b> <input type="checkbox"/> <b>Equestrian</b> <input type="checkbox"/> <b>Exercise</b> <input type="checkbox"/> <b>Financial</b> <input type="checkbox"/> <b>Greenhouse</b> <input type="checkbox"/> <b>Healthy Lifestyles</b> <input type="checkbox"/> <b>Industrial</b> <input type="checkbox"/> <b>Information Technology</b> <input type="checkbox"/> <b>International</b>	<input type="checkbox"/> <b>Lawn Makeovers</b> <input type="checkbox"/> <b>Mentoring</b> <input type="checkbox"/> <b>Nursing</b> <input type="checkbox"/> <b>Parties</b> <input type="checkbox"/> <b>Photography</b> <input type="checkbox"/> <b>Recreational</b> <input type="checkbox"/> <b>Residential</b> <input type="checkbox"/> <b>Special Events</b> <input type="checkbox"/> <b>Special Olympics</b> <input type="checkbox"/> <b>Web Design</b>  <input type="checkbox"/> <b>Other (please explain)</b>
<p><b><u>Volunteer Availability</u></b></p> <p>*Please check the times and days that you are available to volunteer.</p>	

<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
___ 7am	___ 7am	___ 7am	___ 7am	___ 7am	___ 7am	___ 7am
___ 8am	___ 8am	___ 8am	___ 8am	___ 8am	___ 8am	___ 8am
___ 9am	___ 9am	___ 9am	___ 9am	___ 9am	___ 9am	___ 9am
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___ 8pm	___ 8pm	___ 8pm	___ 8pm	___ 8pm	___ 8pm	___ 8pm
___ 9pm or later	___ 9pm or later	___ 9pm or later	___ 9pm or later	___ 9pm or later	___ 9pm or later	___ 9pm or later