



"Changing The World by Empowering People"

**Volunteer Application and Agreement Form
1400 Doewood Lane
Capitol Heights, Maryland 20743**

Last Name: _____ First Name: _____ Middle: _____

Other Last Name Used: _____

Address: _____ Tele: _____ (H); _____ (O)

_____ Cell: _____ Fax: _____

_____ EMAIL: _____

Previous Address if less than 5 years: _____

Date of Birth: _____ Driver's License No. _____

Emergency

Contact: _____

(Name)

(Tele. No.; Indicate Home, Work or Cell)

(Relationship)

Days and Hours you are available to volunteer:

Have you ever been adjudged civilly or criminally liable for abuse of an individual with disabilities? No ___
Yes ___; Have you been convicted of a crime? No ___ Yes ___ If yes, please describe:

BACKGROUND CHECK: UCAP, Inc. requires volunteers and/or group point of contact working with individual consumers to submit to a background check. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working. _____ I agree to have a background check.

As an individual or organization point of contact volunteer for United Communities Against Poverty (UCAP), Inc., I agree to abide by all applicable rules and regulations of the agency. I understand that I will receive no monetary benefits in return for volunteer service and that UCAP may terminate this

agreement at any time without prior notice for any reason. I hereby authorize UCAP to check my references if needed, and I understand that a criminal background check is required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and eligibility for volunteer work will be determined. I agree to an interview with the Volunteer Services Manager and attend the on-site orientation prior to performing the volunteer role.

Pertinent Information about Volunteering at UCAP/Shepherd's Cove Emergency Shelter

1. **Volunteer Records:** All applications are kept confidential and are for United Communities Against Poverty use only.
2. **Drugs and Alcohol Policy:** Volunteers are prohibited from being under the influence of illegal substances while in the building.
3. **Sexual Harassment/Misconduct:** Under no circumstances does United Communities Against Poverty tolerate any form of sexual harassment or misconduct. It not only creates uncomfortable conditions and unpleasant experiences for everyone, it is illegal.
4. **Safety and Liability:** All volunteers are responsible for their own safety while in the building. United Communities Against Poverty does not assume any responsibility for any volunteer while in or outside of the building. Volunteers must be aware of where they are and what they are doing. If an incident should arise, immediately report it to staff.
5. **Safeguarding of Possessions:** United Communities Against Poverty is not responsible for personal items brought into the center. Each volunteer should safe guard all belongings that they bring onto United Communities Against Poverty premises.
6. **Photo Release:** It is the policy of United Communities Against Poverty to protect the personal information of its volunteers, participants and guests; however, photos or video taken of volunteers for United Communities Against Poverty may be used without notification to you for media promoting the work of UCAP.

I hereby Release and Waive liability against UCAP, Inc., a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or dependent may suffer in connection with any volunteer work for UCAP, Inc. Further, I agree that UCAP, Inc., is not liable for any damage to my property or my dependent's property resulting from volunteer work for UCAP. I agree that this release is as broad and inclusive as permitted by the laws of the State of Maryland. I understand that I am not an employee of United Communities Against Poverty and offer my services as a volunteer. I agree to adhere to all of the rules and policies set forth by United Communities Against Poverty.

Volunteer or Parent Signature: _____ **Date:** _____

UCAP Representative Signature: _____ **Date:** _____