



TEMPORARY VOLUNTEER

Due to Liability, all the below information is required for any individual to volunteer with the children at Respite Care. This information/ release of liability is good for date of service only and must be completed for each special event. If you would like to become a regular, on-going volunteer, please contact Respite Care's Volunteer Coordinator to complete the volunteer enrollment process.

Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: _____ **E-mail:** _____

Group Name: _____

Event: _____ **Date of Service:** _____

How did you hear about Respite? _____

Emergency Contacts:

Name: _____ **Relationship:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: (1) _____ **(2)** _____

Name: _____ **Relationship:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone #: (1) _____ **(2)** _____

Have you ever been convicted of any felony law violation (except a minor traffic violation?)? YES NO

If you checked Yes above please explain: _____

The following is a **consent and release agreement**. Please read it carefully 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 anytime 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 Respite Care, Inc.

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

Respite Care, 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 Respite Care 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 Profiles
- Financial Information
- Incident or Accident Reports
- Children's daily personal needs
- Any information specifically noted by parent, Director or Childcare Coordinator, to be kept confidential.

Volunteers will not speak negatively about Respite Care clients, their parents or their families. Complaints should be brought to the attention of the Director or Assistant Director. Such complaints must be specific and factual and shall not be hearsay.

At all times, volunteers of Respite Care will be sensitive of their surroundings and conscientious 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, discipline a child, drive the Respite Care van, or transport children in their car. A trained staff always supervises volunteers, and volunteers should never be alone with a child.

PLEASE SIGN BEFORE SUBMITTING

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

Signature of Volunteer: _____ **Date:** _____

Signature of Parent or Guardian (If under 18): _____ **Date:** _____



**RESPITE CARE, INC
MISSION STATEMENT**



Respite Care, Inc. is a non-profit organization in Larimer County that is providing short term quality care for children with developmental disabilities and respite to their families enabling them to enhance their quality of life.