

**VOLUNTEER APPLICATION**

Thank you for joining the Louisville Urban League movement! All information given will be treated in the strictest of confidence and will only be used in helping to find suitable voluntary experience for you.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

**I. Skills and Interest**

Education background \_\_\_\_\_

Current occupation \_\_\_\_\_

Professional; Certification/License \_\_\_\_\_

Hobbies, skills, interests \_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

**II. Choose your causes.** (Please check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Advocacy                     | <input type="checkbox"/> Children & Youth            |
| <input type="checkbox"/> Arts & Culture               | <input type="checkbox"/> Community                   |
| <input type="checkbox"/> Asset Building/Coaching      | <input type="checkbox"/> Crisis Support              |
| <input type="checkbox"/> Data management              | <input type="checkbox"/> Computers & Technology      |
| <input type="checkbox"/> Financial training           | <input type="checkbox"/> Life Skills                 |
| <input type="checkbox"/> Education                    | <input type="checkbox"/> Employment                  |
| <input type="checkbox"/> Environment                  | <input type="checkbox"/> Health                      |
| <input type="checkbox"/> Food security                | <input type="checkbox"/> Immigrant family support    |
| <input type="checkbox"/> Expungement encouragement    | <input type="checkbox"/> Media                       |
| <input type="checkbox"/> Housing                      | <input type="checkbox"/> LGBTQIA                     |
| <input type="checkbox"/> Equity, justice and fairness | <input type="checkbox"/> Seniors                     |
| <input type="checkbox"/> Justice and legal            | <input type="checkbox"/> Doing research and training |
| <input type="checkbox"/> Voter Registration           | <input type="checkbox"/> Veterans                    |
| <input type="checkbox"/> Women and Girls              |  |

**III. Choose your volunteer style:**

Is there a particular type of volunteer assignment that interests you? (Please check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Working one-on-one with a single client     | <input type="checkbox"/> Workshop facilitation, fundraising, etc           |
| <input type="checkbox"/> Working occasionally on group projects      | <input type="checkbox"/> Providing service to several clients              |
| <input type="checkbox"/> Helping with general administrative duties  | <input type="checkbox"/> Doing research, training or an individual project |
| <input type="checkbox"/> Working with a staff person as an assistant | <input type="checkbox"/> Other _____                                       |
| Name staff person: _____   | <input type="checkbox"/> No preference                                     |

2. Is there a person or group with whom you are particularly interested in working? (Check all that apply.)
- No preference                       Adults                       Age 55 and over  
 Teens                                       Children                       LUL Team \_\_\_\_\_  
 Males                                       Female                       Other \_\_\_\_\_
3. Are there any groups with which you would not feel comfortable working?
- No                       Yes \_\_\_\_\_

**IV. Availability**

1. At what times are you interested in volunteering?
- Flexible                       Prefer weekdays                       Prefer evenings  
 Prefer weekends                       Prefer days                       Other
2. How many hours a week? \_\_\_\_\_
- Day of Week:    Monday     Tuesday     Wednesday     Thursday     Friday
3. Do you have access to an automobile that you can use for volunteering?
- Yes                       No

**V. Background Verification:** In order to provide a safe and secure environment, it is necessary to include the following questions as part of the application process. All information is strictly confidential. (Police may access this information under warrant, if requested.)

1. Have you ever been convicted of a federal criminal offense? You will need to answer "yes" if you have entered into a plea agreement, including a deferred sentence or deferred judgment arrangement, in connection with a criminal charge.
- Yes                       No
2. Have you ever been charged with neglect, abuse, or assault? This includes any sexual offense, offense relating to children, or crime of violence?
- Yes                       No

For questions 1 and 2, if you have been charged with such an offense, please attach a statement or explanation, including nature of the offense charged, date, law enforcement agency making the charge, and any other relevant information. You do not need to disclose information contained in sealed or expunged records.

3. Has your driver's license ever been suspended or revoked in any state?
- Yes    No
4. Do you use illegal drugs?
- Yes                       No

5. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? If you answered yes, please attach an explanation to this form.

- Yes       No

5. Please list two non-family references whom we might contact:

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

7. How did you hear about us?

- Volunteer Duty Description       Advertisement       Volunteer Center  
 Referred by friend/volunteer       From agency/school  
 Other \_\_\_\_\_

Do you have a prior relationship with Louisville Urban League, National Urban League or any affiliate of the National Urban League? They may include employment, contract services or volunteerism.

No \_\_\_\_\_ Yes (please describe) \_\_\_\_\_

I hereby acknowledge that the information in this application is complete and correct to the best of my knowledge. I authorize any references listed to provide the Louisville Urban League (LUL) any information regarding my character and fitness for the volunteer position. I understand that if my character or ethical morals should be inappropriate and/or criminal at any time during my volunteer service, LUL will be entitled to terminate my assistance without express cause or prior notice, regardless of any other oral or written statements by LUL prior to, at, or following the date of volunteer service.

I understand that volunteerism constitutes the entire understanding and agreement of the parties and should there be prior agreements, understandings or representations they must be reviewed by Human Resources and department supervisors prior to the commencement of the volunteer duty. Potential volunteers will be asked to disclose current relationships with the League to ensure an optimum placement is achieved and that the volunteer benefits from a good experience.

At your request, I will provide to LUL both information and approval for a personal criminal record check, for the purpose of my protection against false allegations and the protection of those I serve. I understand that the results will be kept confidential. I will cooperate fully with the staff in the fulfillment of my duties and will keep all information I encounter in my role as a volunteer, confidential. As an approved volunteer, I agree to be accountable to the leadership and policies of the LUL. I hereby acknowledge receipt of a copy of such policies and agree to be bound thereby.

This agreement represents

False information will result in immediate removal from the assigned volunteer position.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

LUL Representative \_\_\_\_\_

Date \_\_\_\_\_

## **PRIVACY**

The Louisville Urban League understands your privacy is important and assures that personal information has always been held in the strictest confidence. You are receiving the notice in accordance with the newly applicable federal law because you are serving at the League and have been asked to provide certain relevant background information relating to your prior interactions.

We collect "nonpublic personal information" about you from the following sources:

- Information we receive from you on questionnaires, forms or other documents supplied by you to the League;
- Information about the services that you provide to the League, its staff, members or its programs.
- Information we receive from the references that you provide to us in connection with this application

"Nonpublic personal information" is nonpublic information about you that we obtain in connection with allowing you to participate as a volunteer in our programs and community activities.

We restrict access to "nonpublic personal information" about you to staff, board members, volunteers, and our attorneys on a need to know basis. Physical and electronic procedures are in place to safeguard your nonpublic information.

## **INDIVIDUAL VOLUNTEER SERVICE AGREEMENT AND PARTICIPANT ASSUMPTION OF RISK AND RELEASE**

I, \_\_\_\_\_, hereby volunteer my services to the Louisville Urban League, without compensation, and agree to perform only the services as agreed upon by Human Resources, the department lead, and myself.

I understand that my participation in Louisville Urban League's programs, operations, and/or maintenance activities is a voluntary activity and that I am donating my labor, free by choice, and agree to perform assigned tasks in a responsible manner. Furthermore, in consideration of permission to participate in said volunteer activity, I hereby agree to ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH associated with participation in this activity; I agree to RELEASE the Louisville Urban League, its employees, agents, representatives, and volunteers from any or all liability that may arise in connection with this activity; I agree that the terms hereof shall serve as an ASSUMPTION OF RISKS AND RELEASE for my heirs, estate, executor, administrator, assignees, and for all members of my family. Furthermore, I give my PERMISSION to have photos/video tapes taken, without recompense, during the Louisville Urban League volunteer activities and used for publicity purposes.

I hereby identify that I am capable of performing the duties as agreed upon by myself and Human Resources without accommodation or with the following accommodation(s):

I understand that I am to report to: \_\_\_\_\_

(location) \_\_\_\_\_ at \_\_\_\_\_ (time), and ask

for \_\_\_\_\_ (supervisor).

- I understand additional questions regarding this volunteer opportunity should be directed to Human Resources at 502 566-3414.
- I understand that I will not be permitted to appear for any type of volunteer service under the influence of any drugs (prescribed/illegal) or alcohol.
- I understand that my responsibilities include staying at my assigned area until authorized to leave by a supervisor.
- I understand I will complete my volunteer log sheet upon arriving and departing from my assignment. I would like a copy of my time log sheets(s) when completed to verify my volunteer hours \_\_\_ yes \_\_\_ no.
- I understand that I am to report any on-site injury or illness, no matter how minor, to my volunteer supervisor or Human Resources.
- I consent to the Louisville Urban League performing a background check into my history and waive any right of privacy for the limited purpose of the League considering it for determining my suitability as a volunteer if needed.
- I understand that this agreement represents the entire understanding and agreement of the parties and that all prior agreements, understandings or representations are hereby canceled in their entirety.

- I understand that I am subject to an annual criminal background records check.
- I understand that I or the League may terminate this Agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.
- I acknowledge that I understand the policies listed above and have had the opportunity to ask any questions.

This Agreement will be in effect for the duration of my volunteer services beginning this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

BY SIGNING THIS VOLUNTEER AGREEMENT AND ASSUMPTION OF RISKS AND RELEASE, I ACKNOWLEDGE THAT I HAVE READ ITS CONTENTS AND WARNINGS, AND THAT I AGREE TO ITS TERMS.

\_\_\_\_\_  
Participant (signature and date)

\_\_\_\_\_  
Guardian (signature and date)  
(required if participant is under 18 years of age)

\_\_\_\_\_  
Participant (print)

\_\_\_\_\_  
Guardian (print name)

\_\_\_\_\_  
Participant Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip



**AUTHORIZATION FOR BACKGROUND RECORDS CHECK**

**PLEASE PRINT FULL NAME CLEARLY (Including Middle Name)**

Volunteer Position(s) Desired: \_\_\_\_\_

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

Maiden/Previous Name(s): \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Address (If less than four years at current address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

List additional addresses on the back of this form if more than one address has been used in the last four years.

Driver's License: # \_\_\_\_\_ Exp Date: # \_\_\_\_\_  
Month Day Year

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize the Louisville Urban League to search any police record(s) for any arrest, conviction(s) or information they may have regarding me, and to make this information available to the Louisville Urban League. I do understand that, depending on program policies and requirements, previous or current information regarding me may be needed. I agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file with the Louisville Urban League and will stay in effect for a year and one month from the date signed.

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

**Signature of Person Requesting Above:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Parental Consent Form**

In order for your child to become a volunteer with Louisville Urban League or its affiliates, we need your consent and your participation in helping them have a productive experience. Please read and sign this parental consent form if you would like us to continue our process of considering your child as a possible volunteer. Please call Human Resources at 502 566-3414 if you have any questions, would like further information, or would just like to discuss this with someone.

Organization Name: **Louisville Urban League**

Name of prospective youth volunteer: \_\_\_\_\_

1. Description of anticipated volunteer work: \_\_\_\_\_

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2. Anticipated number of hours per week and schedule for volunteer work:

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3. Expected duration of volunteer work: \_\_\_\_\_

*I understand that my child named above wishes to be considered for volunteer work and I hereby give my permission for them to service in that capacity, if accepted by the agency. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirements of the position, including regular attendance and adherence to agency policies and procedures. I understand that they will not receive monetary compensation for the services contributed.*

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

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

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