



12550 AURORA AVE. NORTH
SEATTLE, WA 98133
TEL 206.363.7303 FAX 206.361.5628

VOLUNTEER APPLICATION

Equal access is available to all persons. If you require accommodations to the application process, please contact the Human Resources Department.

Name _____ Date _____
Last First MI

Address _____
Street City State Zip

Home Phone _____ Cell phone _____

Email _____

Preferred method of communication? EMAIL PHONE CALL

Date of Birth _____ Educational background (highest year of school completed) _____

We have many opportunities for volunteers to share their time and talents. Which of the following volunteer positions interest you at this time? *(Please check all that apply.)*

- | | |
|---|--|
| <input type="checkbox"/> Conversation Partner | <input type="checkbox"/> General and Special Event/Fundraising Support |
| <input type="checkbox"/> Assistive Technology Clinic (working with computers, software, & other various tech) | <input type="checkbox"/> Home Care Maintenance |
| <input type="checkbox"/> Auction Procurement (phone calls, contacting businesses, item pickup, etc.) | <input type="checkbox"/> AAC Support |
| <input type="checkbox"/> Photography Volunteer | <input type="checkbox"/> AAC Super Modeler |
| <input type="checkbox"/> Activity Partner (gardening, reading, etc.) | <input type="checkbox"/> Pro-Bono Consulting |
| | <input type="checkbox"/> Other _____ |

How did you learn about PROVAIL (select all the boxes that apply):

- Volunteer Match
- United Way of King County website
- Idealist
- Email from PROVAIL
- PROVAIL website
- Other: _____

Why are you interested in volunteering at PROVAIL?

Please describe your experience working with children or adults with disabilities, if any:

Please describe any other volunteer experiences you have had, if any:

Do you know American Sign Language? Yes No

Do you have any other skills, training, or education that would be helpful in volunteering?

VOLUNTEER AGREEMENT

All information in this application is accurate to the best of my knowledge.

Communication Release - I hereby give to PROVAIL, my consent to allow my picture or likeness to appear in any official document with or without identification of me by name, in sponsor advertisement, newsletter, email, website, and/or television coverage of PROVAIL without compensation to me.

Liability Release - I understand and agree that PROVAIL is not responsible for death, personal injury, or damage, destruction, or disappearance of property I sustain as a direct or proximate result of my volunteer work. Further, PROVAIL does not maintain accident, health, medical, disability, automobile liability, worker's compensation, or any other forms of insurance that inures to my benefit.

If my volunteer duties involve driving any vehicle, including my own, I agree to provide evidence of automobile liability insurance in amounts and with insurers satisfactory to PROVAIL. Further, I agree to provide a copy of my driver's license and PROVAIL may use the information thereon to obtain a report of my driving record.

If, under any circumstances, PROVAIL clients will visit my residence or any premises or property I own, operate, or control, I agree to provide evidence of liability insurance in amounts and with insurers satisfactory to PROVAIL.

Name *(please print clearly)* _____

Applicant signature _____ Date _____

CONFIDENTIALITY AGREEMENT

This Agreement is made between _____ and **PROVAIL**, on _____.
(Name) (Date)

The volunteer will perform services for PROVAIL which may require PROVAIL to disclose confidential and proprietary information ("Confidential Information") to the volunteer. (Confidential Information is any information of any kind, nature, or description concerning any matters affecting or relating to the volunteer's services for PROVAIL, the business or operations of PROVAIL, and/or the products, donations, donors, drawings, plans, processes, or other data of PROVAIL). Accordingly, to protect PROVAIL Confidential Information that will be disclosed to the volunteer, the volunteer agrees as follows:

A. The volunteer will hold the Confidential Information received from PROVAIL in strict confidence and shall exercise a reasonable degree of care to prevent disclosure to others.

B. The volunteer will not disclose or divulge either directly or indirectly the Confidential Information to others unless first authorized to do so in writing by PROVAIL.

C. The volunteer will not reproduce the Confidential Information nor use this information commercially or for any purpose other than the performance of his/her duties for PROVAIL.

D. The volunteer will, upon the request or upon termination of his/her relationship with PROVAIL, deliver to PROVAIL any drawings, notes, documents, equipment, and materials received from PROVAIL or originating from its activities for PROVAIL.

E. PROVAIL shall have the sole right to determine the treatment of any information **that is part or project specific** received from the volunteer, including the right to keep the same as a trade secret, to use and disclose the same without prior patent applications, to file copyright registrations in its own name or to follow any other procedure as PROVAIL may deem appropriate.

F. PROVAIL reserves the right to take legal or disciplinary action, up to and including termination for violations of this agreement.

The volunteer represents and warrants that he/she is not under any preexisting obligations inconsistent with the provisions of this Agreement. Signing below signifies that the volunteer agrees to the terms and conditions of the agreement stated above.

PROVAIL

VOLUNTEER

Volunteer Coordinator Signature

Volunteer Signature

Date

Date