



102 Benoni Avenue
Fairmont, West Virginia 26554
Phone: 304-366-3213 Email: jsole@disabilityactioncenter.com

VOLUNTEER APPLICATION AND CODE OF CONDUCT

FULL LEGAL NAME; _____

Address: _____

Phone (home) _____ Work/Cell _____ E-mail _____

Date of Birth ____/____/____ Emergency Contact _____

Please check yes or no to the following:

- | | | |
|---|----------|---------|
| 1. Do you use illegal drugs? | Yes ____ | No ____ |
| 2. Have you ever been convicted of a criminal offense? | Yes ____ | No ____ |
| 3. Have you ever been charged with neglect, abuse or assault? | Yes ____ | No ____ |
| 4. Has your driver's license ever been suspended or revoked in any state? | Yes ____ | No ____ |

Please describe your education and work history.

Please describe any previous experience working with individuals with intellectual or developmental disabilities.

What special skills or talents do you hope to share with the Disability Action Center?

Why do you wish to volunteer with the Disability Action Center?

Please check the following programs for which you would be interested in volunteering:

- | | | |
|---|--|--|
| <input type="checkbox"/> Lunch and Learn | <input type="checkbox"/> Cooking Club | <input type="checkbox"/> Computer Lab or Classes |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Book Club | <input type="checkbox"/> Friday Night Out |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> People First | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Member Mentor | <input type="checkbox"/> Office Coverage | <input type="checkbox"/> Fitness or Exercise |
| <input type="checkbox"/> Other (Please Explain) _____ | | |

Please provide two references with whom we can verify your personal character:

1. Name _____
Address _____
Phone _____ Cell _____ Work _____

2. Name _____
Address _____
Phone _____ Cell _____ Work _____

PLEASE READ BEFORE SIGNING:

- Some of the information that I have provided may be verified, and I give permission to The DAC to check my references.
- In the course of volunteering for The DAC, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- In relationship between The DAC volunteers is an “at will” arrangement, and that it may be terminated at any time without cause by either the volunteer or The DAC.
- I hereby agree to release, discharge and hold harmless The Disability Action Center, its officers, agents, its director and employees of and from all causes, liabilities, damages, claims or demands on account of any injury or accident arising out of my attendance and participation as a volunteer with The Disability Action Center.
- I will respect the rights, dignity and worth of the members, other volunteers, parents, officers, board members and friends of The DAC.
- I will treat everyone equally regardless of sex, ethnic origin, religion or ability and be a positive role model.
- My language, manner and presentation will demonstrate high standards.
- I will display control, respect, dignity and professionalism to all involved with The DAC.
- I will not drink alcohol, smoke or take illegal drugs while representing those involved with The Disability Action Center.
- I will refrain from any form of personal abuse towards our members, volunteers, officers, board members and parents, including inappropriate or unwanted sexual advances on others, verbal, physical and emotional abuse.

I understand that if I violate this Code of Conduct I will be subject to a range of consequences, up to and including being prohibited from volunteering for The Disability Action Center.

Signature _____ Date _____