



175 Green Lane • Philadelphia, PA 19127 • T215.483.4800 • F215.483.6728 • northlightcommunitycenter.org

## Volunteer Confidentiality Agreement

This agreement applies to all volunteers associated with and/or involved in the activities of North Light Community Center. This includes all activity associated with North Light at its main office and any off-site activities.

All data, materials, knowledge and information generated through North Light, or having to do with North Light, or persons associated with our activities, is considered to be privileged and confidential and is not to be disclosed to any third party. All pages, forms, information, documents, printed matter, conversations, messages (received or transmitted) resources, email lists, email messages, client, staff, or public information is confidential and the exclusive property of North Light.

This also includes any information pertaining to our staff, clients and volunteers.

Any disclosure, misuse, or transmitting of materials and information whether intentional or unintentional could be cause for dismissal and /or prosecution according to applicable laws.

My signature signifies that I agree to these terms and conditions.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Volunteer's age (if under 18)\_\_\_\_ Signature parent/legal guardian\_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_



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### Photo/Video Release Form

*North Light Community Center occasionally uses photographs of volunteers/clients/patrons and events in its publications and on its website. Please sign this release form to grant North Light permission to use your phot/video.*

**I hereby grant permission to North Light Community Center to use my photograph on its website or in other official printed publication. I understand that once my image is posted on North Lights' website, the image can be downloaded. Therefore, I agree to indemnify and hold harmless from any claims the following:**

- Board of Directors**
- All Employees, North Light Community Center**

North Light Community Center reserves the right to discontinue use of photos without notice.

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

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

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

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

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

Signature: \_\_\_\_\_

Volunteer's age (if under 18) \_\_\_\_\_ Signature of parent/legal guardian \_\_\_\_\_

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



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## Volunteer Intake Form

First and Last Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Which Volunteer Opportunity is of interest to you?

- Art/Music/Dance\*
- Board Membership
- Childcare (school age)\*
- Computer/Technology
- Food Cupboard
- Fundraising
- Gardening
- Housecleaning
- Office Help/Mailings
- Photography/Videography
- Special Events
- Sports/Recreation
- Teaching – College Prep\*
- Other \_\_\_\_\_

**\*References required**

What age group would you like to work with?

- Children     Teens     Adults

What general skills/experience/education would you like to share in your volunteer work?

\_\_\_\_\_

**AVAILABILITY: Mark available times**

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9:00 am - 12:00 am							
12:00 am - 3:00 pm							
3:00pm- 6:00pm							
6:00pm- 9:00 pm							

**FREQUENCY:**

Weekly  Bi-weekly  Monthly  Seasonal  Occasional  Special Projects

Are you currently certified in CPR?  Yes  No First Aid?  Yes  No

Do you have clearances\*?  Child Abuse  Criminal  FBI **\*Not older than 36 months**

List previous volunteer work you have done \_\_\_\_\_

\_\_\_\_\_

**Referral Source:**  Website  Family or Friend  Staff referral

Volunteer Match  Other \_\_\_\_\_

**References**

First and Last Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

First and Last Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Declaration (to be signed by all applicants)**

I certify that I have, and will provide truthful and complete information throughout the volunteer application process.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Volunteer's age (if under 18)\_\_\_\_ Signature of parent/legal guardian\_\_\_\_\_

**Notes:**



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### Volunteer Emergency Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

MEDICAL CONDITION IF ANY: \_\_\_\_\_

\_\_\_\_\_

#### **Emergency Contact #1**

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

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

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

Phones: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### **Emergency Contact #2**

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

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

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

Phones: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_