

Cuba Township Volunteer Application

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Is your volunteer time a requirement? Yes No

If yes, what is the volunteering for School Church Court-Ordered

How many hours are required? _____ When if the required Completion Date _____

Previous Volunteer Experience _____

Occupation (past occupation if retired) _____

Languages spoken _____

Availability

Pantry volunteer hours vary. If you enjoy sorting products, availability is limited to Monday, Wednesday, Thursday, and Friday from 10 AM – 4 PM.

If you prefer working on Pantry Day with our recipients, availability is limited to Tuesdays from 9:30 AM – 2:30 PM. **See Confidentiality Agreement.* We also have landscaping and lending closet opportunities as well.

Please list your preferences below:

Sorters, Landscaping, Lending Closet Volunteers

Mornings (Mon Wed Thu Fri) _____

Times _____

Pantry Day Volunteers

Tuesdays – Shop with recipients: 10 AM – 12 PM 11 AM – 1 PM Noon – 2 PM

Tuesday – Clean-up crew: 1:30 PM – 3:30 PM

Emergency Notification

Person to contact in case of emergency _____ Phone _____

Relationship _____

Have you ever been convicted of violation of Illinois laws, traffic or otherwise? Yes No

If Yes, please explain: _____

I certify the information provided in this application is true and complete to the best of my knowledge.

Signature

Date

**VOLUNTEER WAIVER, RELEASE, HOLD HARMLESS AND
INDEMNIFICATION AGREEMENT**

I have agreed to serve as a volunteer for Cuba Township, 28000 W. Cuba Rd., Barrington, IL 60010, and I recognize that my volunteer participation is a privilege afforded to me by Cuba Township. I fully understand, appreciate and assume all of the risks associated with my volunteer duties. In exchange for my participation, I hereby agree to the following:

1. I voluntarily waive, release and hold harmless Cuba Township, its Board of Directors, officers, employees, agents and other volunteers from any and all claims, causes of action and damages for bodily injury or death that I may suffer as a result of, or in any manner connected with, directly or indirectly, my participation as a Cuba Township volunteer. I understand that this waiver and release precludes my right to recovery of damages in the event I am injured in the course of performing my volunteer duties.

2. I shall defend, hold harmless and indemnify Cuba Township, its Elected Officials, Board of Directors, officers, employees, agents and other volunteers, from and against all damages, claims, liabilities, causes of action, judgments, settlements, costs and expenses (including, but not limited to, reasonable expert witness and attorney fees) that may at any time arise or be claimed by any person as a result of bodily injury, death or property damage, or as a result of any other claim or cause of action of any nature whatsoever, arising from or in any manner connected with, directly or indirectly, my volunteer duties.

I have read, fully understand and agree to the assumption of risk, waiver, release, hold harmless and indemnification terms set forth above.

Date

Volunteer Signature Printed Name

Volunteer Date of Birth Emergency Telephone Number

NOTE: If the volunteer is under 18 years of age, a parent or legal guardian must sign this agreement on behalf of the volunteer.

Date

Signature of Parent or Legal Guardian Printed Name

**THIS AGREEMENT MUST BE SIGNED AND RECEIVED BY CUBA
TOWNSHIP PRIOR TO ANY VOLUNTEER WORK BEING PERFORMED**

CONFIDENTIALITY AGREEMENT

As a volunteer of Cuba Township's Food Pantry, I am aware that I may come in contact with Confidential Information regarding clients and the work being done on their behalf as well as confidential information regarding the Agency. I am aware that improper disclosure of Confidential Information has a negative impact on the Agency's ability to serve the best interests of the clients and may be a violation of certain laws and statutes. I am also aware that the need for confidentiality in these matters remains in force throughout and after my relationship with Cuba Township.

THEREFORE, I AGREE AS FOLLOWS:

1. While working for Cuba Township's Food Pantry or while having access to its premises I agree that:
 - a. I will not use any Confidential Information for any purpose other than to fulfill specific responsibilities determined by Cuba Township;
 - b. I will not divulge or disseminate any Confidential Information to any person except as authorized by Cuba Township and as necessary to fulfill specific responsibilities by Cuba Township. I understand it is essential to be particularly careful about discussing Confidential Information in any setting outside of Cuba Township.
 - c. I will not remove, copy or reproduce in any tangible form, any documents, notes or other tangible materials relating to Confidential Information from Cuba Township's clients, or Cuba Township's premises.
 - d. I will notify the Food Pantry Coordinator immediately if I become aware of any disclosure of Client or Agency information.

BY SIGNING BELOW I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY AGREEMENT, AND THAT I UNDERSTAND THAT ANY VIOLATION OF THIS AGREEMENT INCLUDES TERMINATION OF VOLUNTEERING WITH CUBA TOWNSHIP AND THAT I MAY ALSO BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES.

Print Name

Signature

Date