CID CENTRAL INSTITUTE FOR THE DEAF

Where Children Learn to Listen, Talk, Read and Succeed

VOLUNTEER APPLICATION

Name: _____

Current age: (please check the appropriate range) ❑ 15 – 18 years ❑ 19 – 20 years ❑ 21 years or older

Address: _____ City: _____

State: _____ Zip: _____ - _____ Phone: (_____)_____

E-mail_____

Place of Employment/School Attending: (circle one) _____

Address: _____ City: _____

State: _____ Zip: _____ - _____ Phone: (_____) _____

Supervisor/Counselor (if applicable): _____

Please complete the following for United Way reporting purposes only (optional).

Ethnic Origin: ❑ African-American ❑ Caucasian ❑ Asian ❑ Hispanic ❑ Other

Sex: ❑ Male ❑ Female

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____

Phone: (home) (_____) _____ (work) (_____) _____

In which area(s) of CID would you like to volunteer? (Check all that apply.)

❑ Administration/Office Assistance ❑ Classrooms/Service Learning ❑ After School Programs

❑ Special Events ❑ Other (eg, Tennis, Family Support Group, etc.)

Please answer the following questions:

1. How did you hear about CID - Central Institute for the Deaf ?

   ❑ Friend ❑ School ❑ Newspaper ❑ Radio ❑ United Way

   ❑ Other _____

2. What do you hope to learn from your experience as a volunteer at CID?

_____

_____

_____

3. Is your volunteer work fulfilling any school or program requirement?

❑ Yes Program Name: _____

Supervisor: _____ Phone: (_____) _____

How many hours are you required to work? _____

During what period of time are you required to work?:

From: _____-_____ Through: _____ -_____
Date Date

❑ No

4. List any skills/talents that might benefit our organization including but not limited to the following: ❑ Sports ❑ Music ❑ Dance

   ❑ Teaching experience ❑ Administrative experience

   ❑ Other _____

5. Is there any other information that might assist us as we determine your assignment?

_____

_____

_____

Volunteer Release Form

Photo Release

CID - Central Institute for the Deaf is a not-for-profit organization funded in large part by public and private donations. CID's literature, brochures, videotapes, social media and advertisements often include individuals' photographs and images. Please give CID permission to use your photograph and image in promoting CID and oral education and in helping people around the world. I/We will allow CID to use my photograph and image in its written, video or published materials and in materials furnished to other media.

_____ _____

Signature Date

Confidentiality Form

The children at CID - Central Institute for the Deaf have a right to privacy. CID has the obligation to be sure this right is protected. Any information coming into your possession about CID students or staff is confidential and should be treated accordingly. This is your responsibility as a volunteer. Any incident in which this privacy is violated will result in permanent dismissal of the volunteer. I understand the need for confidentiality in my work at CID and agree to comply with this regulation.

_____ _____

Signature Date

Liability Release Waiver

I understand that as a volunteer with Central Institute for the Deaf I will be volunteering my services for activities which may involve physical activity and potential risks of injury. With full knowledge of the risks associated with such volunteer activities, I hereby release, indemnify and hold harmless Central Institute for the Deaf and all associated employees, directors, volunteers, agencies and funding sources from all liability and responsibility pertaining to any claims, demands and actions resulting from my participation in such volunteer activities including claims, demands and actions resulting from injuries, physical or mental, or property damage (including any injury or damage caused by negligence).

_____ _____

Signature Date

If the individual is a minor (under 18 years of age), the following should be signed by a Parent or Legal Guardian.

I hereby consent and agree, individually and as a parent or legal guardian of _____,
(minor)

to all the terms and provisions stated above.

Signature: _____

Address: _____

Relationship to minor: _____