



VOLUNTEER APPLICATION

Mr. Ms. Mrs. Other ____ Name: _____ Date: __/__/__

Email: _____ Phone: ____-____-_____

Veteran: Yes No Birth date (Year not necessary): _____

Address: _____ City _____ State _____ Zip _____

If seasonal resident, out-of-town address _____

Months Away from Jupiter. Leave: _____ Return: _____

Emergency Contact Name _____ Relationship _____

Phone: _____

Time/day of week availability (ie: Monday & Tuesday afternoons). _____

Circle one: I speak Spanish fluently. I speak some Spanish. I do not speak Spanish.

Occupation/work background: _____

Any relatives volunteering at El Sol? If so, list their name and relationship to you: _____

I am/was employed by _____ (Corporations such as GE, FPL, PNC, Boeing, etc., offer matching dollars for your service hours.

Circle/Highlight area or areas of interest: ESOL * Kitchen * Fundraising/Finance * Computers/IT

Sewing * Grant writing * Special Events * Arts & Crafts * Vocational Development * Case Management Contractor Mentor * Garden *

A background security check is required of any volunteers who will be serving our minor clients.

By completing the volunteer application, volunteers agree to allow El Sol to use images of them in promotional materials. If a volunteer does not wish to be potentially included in such promotions, he/she should advise staff before any images of him/her are taken.

Volunteer Orientation is held at 10:30 a.m. typically on the second and fourth Wednesday of every month. Email Volunteer@friendsofelsol.org to reserve your spot.

BE SURE TO SIGN CODE OF ETHICS (Next Page) BEFORE SUBMITTING APPLICATION to Volunteer@friendsofelsol.org

Volunteer Coordinator/Volunteer Services Assistant CHECK LIST

Service start Date: ____/____/____ Application filed to online drive: ____

Handbook ____ Completed Orientation: ____/____/____ Name Tag: ____



CODE OF ETHICS

In order for El Sol to preserve its integrity and trustworthiness, members of the board of directors, staff, and volunteers shall abide by the following principles:

I pledge to maintain the highest professional standards of behavior, treat all others with respect, honesty, and fairness, and follow all laws, regulations, and policies that apply to me.

I pledge to be honest and fair in my dealings with clients, staff, volunteers, and board members.

I pledge to disclose situations in which a personal interest conflicts with my El Sol obligations, and to take action to avoid all actual and perceived conflicts of interest.

I pledge not to use my position with El Sol to benefit myself financially, and if I am a board member to recuse myself from votes on matters which could give me a financial benefit.

I pledge not to disclose any client or other confidential information that I may learn directly or indirectly through my responsibilities at El Sol.

I pledge to honor El Sol's status as a not-for-profit, non-sectarian, 501 (c) 3 organization.

I pledge to not involve El Sol in any political matter unless El Sol has specifically authorized such involvement.

I acknowledge receipt of the "Sexual Harassment Policy" of El Sol and will abide by said policy.

I have read this code of ethics and agree to abide by it.

Signature

Date



Waiver and Liability Release Form

Waiver must be filled out completely or participation in the activity will be denied.

Participation Release Portion

In consideration of being allowed to volunteer or participate in any way at El Sol, Jupiter Neighborhood Resource Center Inc. (El Sol)'s programs, related events, and activities, the undersigned acknowledges, appreciates, and agrees that:

1. There may be a risk of injury from the activities I participate in, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of staff employees, agents, and representatives of **El Sol** or others, and assume full responsibility for my participation or that of my minor child or ward for whom I am signing for as legal guardian of a minor; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I may remove myself or a minor who I have signed for from participation and bring such to the immediate attention of the nearest staff employee; and
4. I, for myself, or my minor child/ward and on behalf of my heirs, assigned, personal representatives and next of kin, hereby release and hold harmless **El Sol** their officers, staff employees, agents, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of said premise used to conduct the event, (collectively the releasees"), with respect to any and all injury disability, death or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise.
5. This is to certify that I, with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releasees, and, for myself, any heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releasees from any and all liabilities incident to the involvement or participation of my minor child in these programs as provided above. I agree to this even if injury or death arises from the negligence of the releasees. This release is absolute and to the fullest extent permitted by law. I further certify that I have health insurance coverage on myself, or my minor child/ward, and the coverage



will remain in full force and effect during the period I, or my child/ward remains enrolled with **El Sol**. I understand that the failure of El Sol, JNRC, Inc. to verify this information does not waive my responsibility to comply.

I hereby release and agree to hold El Sol harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the gym, or that may otherwise arise in any way in connection with any services received from El Sol. I understand that this release discharges El Sol, from any liability or claim that I, my heirs, or any personal representatives may have against the gym with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from El Sol. This liability waiver and release extends to the gym together with all owners, partners, and employees.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND THE TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Signature of Participant or Parent/Guardian if applicable:

Print Name: _____

Signature: _____

Date: _____



El Sol, JNRC

Staff
Confidentiality Policy

It is the policy of El Sol, JNRC staff of El Sol, JNRC (El Sol) will not disclose client or former client and their families confidential information belonging to, or obtained through their affiliation with El Sol to any person, including their relatives, friends, and business and professional associates, unless El Sol has authorized disclosure. This policy is not intended to prevent disclosure where disclosure is required by law. Staffs is cautioned to demonstrate professionalism, good judgment, and care to avoid unauthorized or inadvertent disclosures of confidential information and should, for example, refrain from leaving confidential information contained in documents or on computer screens in plain view.

Upon separation of service to El Sol, he or she shall return all documents, papers, and other materials, that may contain confidential information. Failure to adhere to this policy will result in discipline, up to and including separation of service with El Sol.

ACKNOWLEDGEMENT OF CONFIDENTIALITY OF CLIENT INFORMATION I agree to treat as confidential all information about clients or former clients and their families that I learn during the performance of my duties as _____ (position title), and I understand that it would be a violation of policy to disclose such information to anyone without checking first with my supervisor.

Signature of Staff Member/Volunteer _____

Date _____ Name _____



Volunteer Handbook Acknowledgement Form

Unless specifically stated, these policies apply to all volunteers in all programs and projects undertaken on behalf of El Sol, Jupiter's Neighborhood Resource Center (El Sol). This Handbook is not intended to constitute, either implicitly or explicitly, a binding contract. El Sol reserves the exclusive right to amend or modify these policies at any time without prior notice. Because it is impossible to anticipate every situation that may arise, El Sol reserves the right to address a situation in a manner different from that described herein if, at its discretion, the circumstances so warrant. Any questions about the information presented in this Volunteer Manual should be directed to the Development Manager.

I have received a copy of the El Sol Volunteer Manual:

Name Date

Signature



Image/Content Release Form

I, the signer, _____, authorize El Sol, Jupiter's Neighborhood Resource Center to use my image or other content for any promotion, education, or community outreach proposal. I understand that my image/Story may be posted on the El Sol website and social media pages.

I know that I have the right to enter into this agreement voluntarily. I release El Sol from all privacy claims, defamation, lawsuits that I could have regarding my image. El Sol appreciates your willingness to share your image/Story.

Formulario de Autorización para Imágenes / Contenido

Yo, el firmante, _____, autorizo a El Sol, Jupiter's Neighborhood Resource Center a usar mi imagen/testamento u otro contenido para cualquier propuesta de promoción, educación, o acercamiento con la comunidad. Entiendo que mi imagen puede ser puesto en el sitio web y páginas de los redes sociales de El Sol.

Sé que tengo el derecho de entrar en este acuerdo voluntariamente. Libero a El Sol de todos los reclamos de privacidad, difamación, demandas que podría yo tener con respeto a mi imagen. El Sol aprecia su disposición de compartir su imagen.

_____ **I DO NOT AUTHORIZE EL SOL TO TAKE PICTURES OR USE MY IMAGES OR OTHER CONTENT.**

_____ **NO AUTORIZO A EL SOL A UTILIZAR FOTOGRAFÍAS U OTRA INFORMACIÓN PERSONAL EN EL SITIO WEB O PÁGINAS DE LAS REDES SOCIALES**

(Name/Nombre)

(Date/Fecha)

(Signature/Firma)

(Date/Fecha)

(Parent or Guardian/Padre o Guardia)

(Date/Fecha)