



## **VOLUNTEER AGREEMENT**

- \* Assurance of confidentiality is critical to program success. No information concerning program participants or their families will be discussed without the express consent of the *Airway Science* CEO and participants.
- \* The Volunteer Application must be completed in full.
- \* Three references must be furnished.
- \* No program participant is permitted to leave the program site alone with an *Airway Science* volunteer unless the *Center Manager* or *Airway Science* CEO is aware of it first and signed permission from a guardian is secured.
- \* The *Center Manager* or *Airway Science* CEO must handle severe discipline problems. Any and all problems, regardless of severity, must be reported to the *Center Manager* before day's end or the *Airway Science* CEO before the next class day
- \* Physical contact with a program participant when done with anger or as a means of discipline or any form of corporal punishment or abusive or vulgar language are totally unacceptable and will call for your immediate dismissal. Sexual contact with any program participant will be reported to the authorities immediately.
- \* No activities can be conducted outside the *Center* without the consent of the *Airway Science* CEO. For example: fundraisers, transporting program participants, and/or public relations work.
- \* The Warren Lee Strickland Foundation, Inc. does not sanction the activities of volunteers with program participants outside *Center*-sponsored activities.
- \* None of the *Airway Science* program materials, including software and curriculum will be used for personal or commercial benefit.

## **VOLUNTEER COMMITMENT**

As a volunteer for the WLS *Centers for Airway Science*, I understand the above rules and will comply with them and other standards that may be set.

\_\_\_\_\_

Volunteer Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Airway Science CEO Signature

\_\_\_\_\_

Date

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**VOLUNTEER APPLICATION**

(Please attach a resume including 3 references)

This information is confidential, will be kept secure and maintained only for use by the Foundation.

NAME: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
State Number

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

REFERRED BY \_\_\_\_\_

Education: High School \_\_\_\_\_ College Degree \_\_\_\_\_ Major \_\_\_\_\_  
Yes/No Type

Previous Volunteer Experience: Yes \_\_\_ No \_\_\_. If yes, what organization and city \_\_\_\_\_

When? \_\_\_\_\_ What did you do? \_\_\_\_\_

Please provide the name of the volunteer manager and phone number of the organization:

What skills are you interested in sharing with participants in the program? \_\_\_\_\_

How much time can you give? \_\_\_\_\_

Time of day \_\_\_\_\_ Day(s) of week \_\_\_\_\_

Are you available for occasional weekend field trips? Yes \_\_\_ No \_\_\_

I certify that the above statements are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. With my signature I further declare and understand that all statements are subject to investigation, including a check of my fingerprints, police records, and former employers, volunteer managers, etc. I also understand that all information given will be considered in reviewing my statement and is subject to investigation. The information will be maintained in strict confidence for use only by *Centers for Airway Science*.

\_\_\_\_\_  
Volunteer Applicant's Signature

\_\_\_\_\_  
Date

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