



## Stores VOLUNTEER APPLICATION & WAIVER

Society of St. Vincent de Paul of Alameda County  
3777 Decoto Road, Fremont Ca, 94555  
1817 2nd Street, Livermore, Ca, 94550

I AM A CURRENT OR FORMER VOLUNTEER

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Email address \_\_\_\_\_  Please add me to your monthly coupon list!!

Group, organization or affiliation \_\_\_\_\_

Emergency Contact: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Please list allergies, medical conditions, other health-related issues or any physical constraints that we should consider when placing you:**

\_\_\_\_\_

**Please indicate what day(s) of the week you are able to volunteer:**

Sunday (Thrift Stores only)       Monday (Thrift Stores only)       Tuesday       Wednesday

From \_\_\_\_ to \_\_\_\_      From \_\_\_\_ to \_\_\_\_      From \_\_\_\_ to \_\_\_\_      From \_\_\_\_ to \_\_\_\_

Thursday       Friday       Saturday

From \_\_\_\_ to \_\_\_\_      From \_\_\_\_ to \_\_\_\_      From \_\_\_\_ to \_\_\_\_

**My availability is:**  One-time     Ongoing     From this date \_\_\_\_\_ to this date \_\_\_\_\_

**Do you need to fulfill any special obligations** (such as community service hours)? If yes, please explain: \_\_\_\_\_

**Number of hours needed and required completion date** \_\_\_\_\_

**What skills, knowledge, professional, or life experience would you bring to the organization?**

\_\_\_\_\_

**Please indicate any special projects or programs you are interested in or site(s) you are interested in:**

Livermore Store     Fremont Store

## Release and Waiver of Liability

This Release and Waiver of Liability is executed on this day by the signee below in favor of the Society of St. Vincent de Paul of Alameda County, a non-profit organization, its directors, officers, employees and agents. The Volunteer desires to work as a volunteer for the Society of St. Vincent de Paul and engage in the activities related to being a volunteer. The Volunteer does hereby freely, voluntarily and without duress execute this release under the following terms:

1. **Waiver and Release** – Volunteer does hereby release and forever discharge and hold harmless the Society of St. Vincent de Paul and its successors, and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for the Society. Volunteer does hereby release and forever discharge any liability or claim that the volunteer may have against the Society of St. Vincent de Paul with respect to any bodily injury, personal injury, death or property damage that may result from Volunteer's work for the Society of St. Vincent de Paul whether caused by the negligence of Society of St. Vincent de Paul, it's officers, directors, employees, agents or otherwise. Volunteer also understands that the Society of St. Vincent de Paul does not assume any responsibility for, or obligation to, provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
2. **Medical Treatment** – Except as otherwise agreed to by the Society of St. Vincent de Paul in writing, Volunteer does hereby release and forever discharge the Society of St. Vincent de Paul from any claim whatsoever that arises, or any which arise hereafter on account of any first aid, treatment, or service rendered in connection with the volunteer's work with the society of St. Vincent de Paul.
3. **Assumption of the Risk** – Volunteer expressly and specifically assumes the risk of injury or harm in these activities and releases the Society of St. Vincent de Paul from all liability for injury, illness, death, or property damage resulting from the activities of volunteer's work for the Society of St. Vincent de Paul.
4. **Insurance** – Volunteer understands the Society of St. Vincent de Paul does carry and maintain volunteer medical accident policy insurance coverage that is a secondary payer for all volunteers, with the volunteer's own primary medical accident policy serving as primary coverage.
5. **Photographic Release** – Volunteer does hereby grant and convey unto the society of St. Vincent de Paul all right, title and interest in any and all photographic images and video or audio recordings made by the Society of St. Vincent de Paul during the volunteer's work for the Society of St. Vincent de Paul, including, but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings.
6. **Other** – Volunteer expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this release shall be governed by and interpreted in accordance with the laws of the State of California. Volunteer agrees that in the event that any clause or provision shall not otherwise affect the remaining provisions of this release which shall continue to be enforceable.

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**Signature of Volunteer (if Over 18)**

**Date**

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing it, I am giving up certain legal rights and remedies.

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**Signature of Parent/Legal Guardian (if Volunteer is Under 18)**

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing it, I am giving up certain legal rights and remedies.

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**NAME (please print)**

Revised 8/17/16

**\*\*Please review and initial below\*\***

**Codes of conduct at St. Vincent de Paul**

**1) Confidentiality:**

- a. Information about staff, volunteers and clients is confidential. Do not share it without expressed consent of the client, volunteer or staff person.
- b. Do not give out your address, phone number, etc. to clients, and do not provide any information about clients to anyone outside of the SVdP staff. **2) Exceptions – you may:**
  - a. Give information to medical authorities if a client requires emergency treatment.
  - b. Give information to relevant authorities if there is a child protection or public safety issue after consultation with SVdP's staff.

**3) Guidelines and Boundaries:**

- a. Follow all directions and guidelines issued by SVdP staff, at all times.
- b. All volunteers and staff members must treat clients and each other with dignity and respect.
- c. If you are uncomfortable with an assignment or duty, it is always okay to let your supervisor and volunteer coordinator know. Expressing your concerns will help SVdP place you in a more suitable environment.
- d. Do not fraternize with clients outside of work time, or accept gifts offered from clients. **4) Drinking and Drugs:**
  - a. The manufacture, distribution, dispensation, possession or use of controlled substances is prohibited in all facilities and service areas of the Society.
  - b. Individuals who use illegal or legal substances in a manner that impairs their work performance will be subject to corrective action. **5) Safety:**
    - a. SVdP staff is trained to deal with unexpected incidents. If you are injured or encounter any issues during your volunteer service, inform a supervisor immediately.
    - b. Appropriate attire: dress casually and understand that your clothes may be susceptible to dirt or staining. No provocative or revealing clothing is permitted while on SVdP premises.
    - c. Hygiene: SVdP volunteers and staff are expected to maintain an acceptable level of hygiene and professionalism. However, shower facilities, hygiene bags, laundry and towel services are available at the Community Center; please contact the Volunteer Coordinator if you would like access to these services.

**X\_\_\_\_\_ Initial**