

# UNITED WAY OF HUDSON COUNTY GROUP VOLUNTEER APPLICATION

**Group/Organization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:**

\_\_\_\_\_ (street) (City) (State) (Zip)

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

\* We will add your information to our mailing list.\*

**Approximate number of members interested in volunteering:** \_\_\_\_\_

**Please provide us with names and contact information for your volunteers.** (The attached form may be used)

**Please describe your group and its focus:** \_\_\_\_\_

**Preferred Volunteer Area:**

**Community Services:**

Painting, gardening, cleanup  
 Literacy and education  
 Food and hunger

**Fundraising:**

Assisting, coordinating  
 Grant writing  
 Event planning, support

**Administrative Support:**

Data entry, filing, etc.  
 Volunteer coordination  
 Reception

Other ideas or focus: \_\_\_\_\_

**Has your group ever volunteered in any capacity?** Yes No

**If so, where?** \_\_\_\_\_

Next to the days of the week, specify the times that your group will be available to volunteer.  
(Many of our activities take place in the evenings)

**Monday Time Available** \_\_\_\_\_

**Tuesday Time Available** \_\_\_\_\_

**Wednesday Time Available** \_\_\_\_\_

**Thursday Time Available** \_\_\_\_\_

**Friday Time Available** \_\_\_\_\_

**Saturday Time Available** \_\_\_\_\_

**Sunday Time Available** \_\_\_\_\_

## **GROUP VOLUNTEER POLICY**

### **Liability Disclaimer**

By submitting this application, I confirm that all of the above information is correct. I hereby agree to hold harmless and indemnify UWHC from any and all claims, suits, causes of action and liability arising out of any claims, suits or causes of actions of any kind. I realize that UWHC will not be held responsible for any accident or injury that may occur while I am a volunteer. I understand that I will receive no compensation of any kind for services performed.

Group volunteers under the age of 18 years of age must be accompanied by a responsible adult during the periods of volunteering. A signed parental consent form should have been presented to the group contact, which must remain on file prior to and during the volunteer period of service.

### **Confidentiality disclaimer**

I agree and maintain the confidentiality of all client information to me through my position and uphold a professional relationship with all UWHC staff and residents while I am a volunteer with this organization.

Volunteers working with minors must complete additional paperwork.

### **Group volunteer policy**

Group volunteers must identify a group contact prior to the start of a project who will serve responsible for the safety and wellbeing of all group members. The group contact agrees to:

- Provide coordination and supervision for groups while volunteering
- Ensure all members adhere to rules, regulations, and procedures.
- Report to UWHC any behavior, actions, or language inappropriate for the established activity, location, or group which may endanger the health and/or well-being of the individual or other group members.

**I, the group coordinator, have read, understood, consent to, and have had the chance to ask questions regarding this agreement.**

\_\_\_\_\_  
(Signature of Applicant/Group Coordinator)

\_\_\_\_\_  
(Date)

UWHC Representative: \_\_\_\_\_