

SCULLY LEARNING CENTER FOUNDATION

VOLUNTEER APPLICATION FORM

Scully Learning Center (SLCF) Foundation requires volunteers to be involved with Developmentally Disabled youth and adults living in the Foothills area. Volunteers fill roles such as coaches, chaperones, mentors, team leader, and "experience" leaders. This application to be a SLC volunteer must be completed and submit to: Scully Learning Center Foundation PO Box 7920 Cave Creek, AZ 85327 or electronically submitted to Scullylcf@gmail.com prior to participation with SLC Foundation. All pages of this application must be completed.

In addition to this form, ALL volunteers must complete an orientation.

Part I – General Information –All Information is required unless indicated as optional

*Required for background check; cannot verify without this

Please Print

*Name:		
*Address:		
*City	State:	Zip Code:
Mailing Address (if different):		
Email Address:		
Phone:		
Cell Phone:		
*DOB:		
*Social Security Number :		
Occupation:		
Emergency Contact:		
Emergency phone:		

Part II- Volunteer Interest- please indicate the area(s) for which you would like to volunteer

- "Experience" leader _____ (please specify)
 Chaperone Mentor Coach "Fundraising" Special Events
 Public Relations Other _____ (please specify)

Part III- Previous Volunteer or Work Information

Organization:		
Address:		
City:	State:	Zip Code:
Contact Person:		
Organization:		
Address:		
City:	State:	Zip Code:

CODE OF CONDUCT

Scully Learning Center Foundation

As a Scully Learning Center Foundation (SLCF) volunteer, I agree that while serving as a volunteer, I will:

- Provide for the general welfare, health and safety of all SLCF participants and volunteers,
- Dress and act in an appropriate manner at all times.
- Follow the established rules and guidelines of SLCF and/or any agency involved with SLCF.
- Report any emergencies to the appropriate authorities after first talking immediate action to ensure the health and safety of all participants.
- Abstain from the consumption or use of alcohol, tobacco products and illegal substances while involved with any SLCF event.
- Not engage in any inappropriate contact or relationship with participants and volunteers of SLCF.

Signature

Date

Volunteer Confidentiality Agreement

This agreement applies to all volunteers associated with and/or involved in the activities or affairs of the Scully Learning Center Foundation ("SLCF"). This includes all activity associated with SLCF at its main facility and all other locations.

All data, materials, knowledge and information generated through, originating from, or having to do with SLCF or member organizations or persons associated with our activities, including consultants, is to be considered privileged and confidential and is not to be disclosed to any third party. All pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages (received or transmitted), resources, contacts, e-mail lists, e-mail messages, client, staff or public information is confidential and the sole property of the SLCF.

This also includes, but is not limited to, any information of, or relating to, our board members, participants, operations and activities. This privilege extends to all forms and formats in which the information is maintained or stored, including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form.

Membership information, including all file information, is not to be disclosed to any third party, under any circumstances, without the consent of the SLCF Volunteer Coordinator and the Executive Director.

Any disclosure, misuse, copying or transmitting of any material, data or information, whether intentional or unintentional, will subject you to disciplinary action and/or prosecution, according to the procedures set by SLCF and any applicable state and federal laws.

My signature signifies I agree to these terms and will abide by, adhere to and honor all of the above.

Signature of Volunteer:

_____ Date: _____

Signature of SLCF Volunteer Coordinator:

_____ Date: _____