



Angelwood, Inc.

Improving the Quality of Life for Children & Adults With Developmental Disabilities and their Families

PO Box 24925

Jacksonville, FL 32241 - 4925

www.angelwoodjax.org

Telephone (904) 288-7259

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October 2010

PRESIDENT
Bill Wendell

Dear Angelwood Volunteer Applicant,

BOARD OF DIRECTORS

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Sharon Dowe

Debra Hernke

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Thank you for your interest in volunteering with Angelwood, a local non-profit agency serving over 200 families in the Jacksonville area annually.

We offer a variety of services for children and adults with developmental disabilities such as Autism, Cerebral Palsy, Down syndrome, intellectual disabilities and Spina Bifida. These include Residential Group Homes, Respite Care, an arts based Adult Day Training Program, Employment Services and Behavior Services along with our Summer Day Camp for children. Our goal is to provide opportunities across the life span.

As a volunteer, you will be an integral part of our programs. You might be a buddy for someone, help set up carnival games or work in a kitchen. Regardless of the tasks, your volunteer job is important. You are a friend and added hands and eyes for some people who have special needs.

Attached you will find our volunteer application. Please complete the application and return it to my attention along with the personal reference form. If you are interested in volunteering on a regular basis that would go beyond 5 days in one month, please call me to arrange for your background screening.

Again, thank you for your interest in volunteering with Angelwood. We hope that you will have a meaningful experience in the time you spend with us. Should you have any questions about Angelwood or volunteering with us, please do not hesitate to contact me at (904) 288-7259 Ext. 19 or alexiswoods@angelwoodjax.org.

DIRECTOR EMERITUS
Nadine Gramling

EXECUTIVE DIRECTOR
Diane Tuttle

Sincerely,

ALEXIS M. WOODS

Community Resource Coordinator

Angelwood, Inc.
2010 VOLUNTEER INFORMATION FORM

Part 1- General Information

NAME: _____ Male/ Female (circle one)

First

Middle

Last

DOB: ___/___/____ Email _____

ADDRESS: _____ Zip Code _____

TELEPHONE- HOME: _____ WORK/CELL: _____

- **Please attach a copy of your current Driver's License, Florida ID Card. If you are under 15, you may use a Student ID. All volunteers under age 12 must be accompanied by their parent or guardian.**
- **Volunteers who are in contact with Angelwood participants more than 5 days in a month must complete a background screening and fingerprinting through the Jacksonville Sheriff's office. Angelwood will facilitate this process. Please contact Angelwood to have this done 6 weeks prior to your start date for volunteering. This will be at the volunteer's expense. Please have a non-family member adult complete the attached reference form and submit it with this application.**

Part 2 - About you- *Volunteers are not required to have previous experience. This section helps us decide where to place you to make your time more meaningful.*

How did you hear about Angelwood? _____

Why are you interested in becoming a volunteer at Angelwood? _____

What do you hope to gain from your volunteer experience? _____

What talents, experience, skills, knowledge, etc. do you feel you can bring to Angelwood? _____

Please list any previous volunteer experience: (list organizations, length of service, responsibilities and supervisors) _____

Do you have experience working with children and/or people with developmental disabilities? If so, please describe: _____

Part 3- CPR Training (For Summer Day Camp volunteers only) *Before Summer Day Camp, we offer CPR and First Aid Training to our staff and it is optional for volunteers. Please indicate if you are interested in this transferable training. The cost is \$30.00*

Are you currently certified for CPR/First Aid? ___ Yes ___ No Are you interested in CPR/ First Aid training ___ Yes ___ No

Do you have any other education or certifications that we should be aware of? _____

Part 4 - Volunteer Service Hour Documentation

Will you be volunteering to fulfill school, club, organization, or court ordered community service hours? ___ Yes ___ No

If Yes, please provide the necessary form to the volunteer coordinator and/or the name and address of the contact person who will need your hours verified. _____

Part 6 - Background Information- All questions must be answered.

1. Do you use illegal drugs?	Yes	No
2. Have you ever been convicted of a criminal offense?	Yes	No
3. Have you ever been criminally charged with neglect, abuse, or assault?	Yes	No
4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?	Yes	No
5. Have you ever been the subject of a court order involving sexual abuse or physical abuse of a minor which restricts or did restrict contact with a minor or minors?	Yes	No
<i>If you answered yes to any of the above questions, please explain. Use additional sheets of paper if necessary)</i>		

Part 6- Emergency Contact Information

Name of Contact: _____ Relationship: _____

Telephone: _____ Cell: _____ Work: _____

Do you have any potential emergency health conditions? Yes/ No

If "Yes", please list: _____

Primary Care Physician: _____ Telephone: _____

Preferred hospital: _____

Volunteer Signature: _____ **Date:** _____

If under 18:

I, _____, parent/guardian of _____

Grant permission for my child to volunteer with Angelwood, Inc.

Parent/ Guardian Signature _____ **Date:** _____

ANGELWOOD, INC. RELEASE AND WAIVER OF LIABILITY, ACCEPTANCE OF TERMS

Please initial each section and sign in the signature section.

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably, if included. I understand that Angelwood, Inc. may refuse to allow me to volunteer if I provided any incorrect information or omission.

_____ (Initial here)

The relationship between Angelwood, Inc. and volunteers is an "at will" arrangement, and I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of Angelwood, Inc. or at my option and that Angelwood, Inc. may, in its sole discretion, decline to accept my application for volunteer with or without cause.

_____ (Initial here)

I grant Angelwood, Inc. permission to use my likeness, voice, and words in or on television, radio, print, film, radio and on Angelwood, Inc. Website(s), or in any other form, format, or media, to promote Angelwood, Inc. in its mission and to raise funds for Angelwood, Inc.

_____ (Initial here)

I understand that in the course of volunteering for Angelwood, Inc., I may be dealing with confidential information and I agree to keep said information in the strictest confidence.

_____ (Initial here)

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Angelwood, Inc., its administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims, demands, costs, or damages that I (and/or my minor child) may incur as a result of my participation and/or criminal background check and further agree that if, despite this 'Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement,' I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

_____ (Initial here)

VOLUNTEER CODE OF CONDUCT

- I will respect the rights, dignity and worth of the people I serve at Angelwood.
- I will treat everyone equally regardless of sex, ethnic origin, religion or ability.
- I will dress and act at all times in a manner which will be appropriate to my assigned responsibilities and a credit to myself, and those in Angelwood programs.
- I will display control, respect, dignity and professionalism to all involved including program participants, campers, counselors, staff, other volunteers, parents/families, administrators, program visitors and media. Profanity and taunting are not permitted.
- I will provide for the general welfare, health, and safety of any Angelwood, Inc. program participant in my charge during the course of my assigned duties.
- I will respect the property of all locations where Angelwood, Inc. programs are held.
- I will not take part in the consumption of alcoholic beverages and/or controlled substances while volunteering with Angelwood, Inc. Nor will I take part in smoking or chewing tobacco at any Angelwood, Inc. program.
- I will not engage in any type of inappropriate behavior, sexual activity, and/or verbal or physical abuse with Angelwood, Inc. staff, program participants or other volunteers.
- The Code of Conduct is designed to assist each volunteer in abiding by the philosophy of Angelwood, Inc. and its mission. Any volunteer who does not follow this Code of Conduct can be prohibited from participation. By signing this form and providing a copy my photo identification I acknowledge that I have read the Volunteer Code of Conduct and all releases and notifications and agree to adhere to said terms.

Volunteer's Signature: _____ **Date:** _____

Signature of Parent or Guardian if Volunteer is a Minor – under 18 (form has been explained to minor by parent/guardian):

_____ **Date:** _____

Personal Reference Check for Volunteers

*To complete this form, you must have known this applicant for a minimum of one year, be at least 18 years of age and cannot be related to the applicant.
For students, a teacher or youth leader recommendation is preferred.*



Angelwood, Inc.

Applicant Name: _____

Applicant Address: _____

_____ **Zip Code** _____

This applicant is applying to volunteer with Angelwood, Inc. working with children or adults with developmental disabilities such as Autism, Cerebral Palsy, Down syndrome, intellectual disabilities and Spina Bifida.

Please answer the following questions regarding the applicant:

- In what capacity have you known the applicant (i.e. teacher, employer, supervisor, religious leader, friend)?

_____ For how long? _____

- To your knowledge, has applicant ever been convicted of a crime? ____ Yes ____ No

If yes, please explain. _____

- Do you think this person has the capacity, ability to learn, and maturity necessary to work with individuals with developmental disabilities? ____ Yes ____ No

If no, please explain. _____

- If you had a family member with a disability would you feel comfortable with this applicant interacting with your relative? (*Note: all volunteers will be supervised by trained Angelwood staff members*)

____ Yes ____ No If No , please explain. _____

- Additional Comments: _____

Signature of reference

(____) _____
Telephone number

Print name of reference

Date completed

Complete mailing address of reference: _____

_____ **Zip Code** _____

***Thank you for helping the Angelwood volunteer's experience to be meaningful
for both the volunteer and those we serve!***