



## Alabama SHIP Volunteer Application and Agreement

Please submit completed applications to Ashley Lemsky via email at [alemsky@uwca.org](mailto:alemsky@uwca.org) or mail to P.O. Box 320189, Birmingham, AL 35232.

### Contact Information

Name	
Street Address	
City/State/ZIP Code	
Home Phone	
Cell Phone	
Email Address	
Emergency Contact Name	
Emergency Contact Relationship	
Emergency Contact Phone	

What is your preferred method of contact? Select all that apply.

☐ Phone call ☐ Text ☐ Email

### Demographic Information

Date of Birth	
Gender	
Race	

### Schedule Availability

Our office hours are Monday-Friday 8 a.m.-4:30 p.m. We occasionally have weekend opportunities where volunteers are needed to go and set-up a resource tables at organization events. Would you be interested in an opportunity like this?

☐ Yes ☐ No

How often would you like to volunteer?

☐ Once/month ☐ Twice/month ☐ Once/week ☐ Other

### Previous Experience

No previous experience is necessary, but please let us know if you have skills that might interest us:

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## Source of Volunteer Opportunity

How did you hear about this volunteer opportunity?

## Our Policies

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. All volunteers must complete a background screening prior to serving in the program.

## References

Please list the names and contact information of two people that can vouch for your reputation and character. Please include people that you have known for at least two years.

Name	Relationship	Phone Number	Email Address

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

### I. AGREEMENT to MAINTAIN CONFIDENTIALITY

I understand that I will have access to certain files and other sensitive information about the clients, including medical, insurance, financial and other personal data of a sensitive or confidential nature.

I agree to keep such information confidential and to use it only to perform my duties as a SHIP volunteer, to the extent that a client explicitly authorizes.

### II. BACKGROUND CHECKS

Volunteers applying for any position of trust with SHIP shall be subjected to an identity background check and a national-level criminal background check.

The identity background checks may vary according to volunteer role and shall include verification of:

- Identity
- Volunteer history and experience
- Employment history and experience
- Education
- Social Security Number

Prospective volunteers whose responsibilities require operation of a motor vehicle shall be subjected to a driver's record check.

### III. NON-CONFLICT OF INTEREST

SHIP volunteers cannot promote private or personal interests as they perform the duties described in the SHIP program policies and guidelines. To comply with this requirement, I agree to the following:

- I will in no way attempt to conduct market research;
- I will not solicit or persuade clients to purchase or enroll in a specific type of health insurance coverage, to switch from one carrier to another, to replace existing insurance coverage, or to go to a specific provider of service for treatment;
- I will not direct a client to a specific agent/broker or to any profit-based billing service.

- I will not disclose or use confidential or other personal information obtained from a client through my association with SHIP for personal gain or the gain of any other party.

#### IV. AGREEMENT

- I agree to serve as a volunteer with SHIP under supervision of the SHIP Coordinator.
- I agree to complete the online training modules and certification test.
- I agree to respect the confidentiality of the clients and to exercise good faith and integrity in performing the duties as a SHIP volunteer.
- I understand that a breach of this agreement will result in the termination of my volunteer service and may subject me to liability for harm that I cause to a client through a breach of confidentiality or acting outside of the scope of my responsibilities.

Signature <i>(If Participant is a minor, signature of Parent or Guardian)</i>	
Participant's Name <i>(printed clearly)</i>	
Date	

## Volunteer Agreement and Release

I, the undersigned, wish to volunteer my services to one or more community service organizations or projects through or with United Way of Central Alabama, Inc. ("UWCA") or one of its affiliates. In consideration of UWCA locating, arranging, coordinating, or making available volunteer opportunities, I hereby agree as follows:

**Risks.** I acknowledge and agree that the volunteer services which are typically performed by UWCA volunteers, and which I may perform as a volunteer, may involve (a) physical activity (including work with heavy tools and materials), (b) contact with unidentified and unfamiliar persons, (c) travel to and from various unspecified locations, and (d) other potential risk of injury, including exposure to the COVID -19 virus and other diseases, as partially described in the attached COVID-19 and Health Procedures Addendum I willingly and freely agree to volunteer and hereby assume any and all risk and liability in connection with my participation as a UWCA volunteer or in any related project or activity, including without limitation risk of any accident or injury to person or property which I may sustain or which I may cause.

**Release of Liability.** I hereby release UWCA and its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, volunteers, representatives, guests and affiliates (collectively, the "UWCA Related Parties") from, and covenant not to sue any UWCA Related Party for, any and all liability, claims and causes of action, whether known or unknown, arising out of, based upon or relating to my participation as a UWCA volunteer or in any related activity or project.

**Children and Criminal History.** I acknowledge that UWCA is involved in working with or assisting organizations and associations which may from time to time be involved with childcare and related matters. I hereby confirm, represent and warrant that I have never been convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection with any of the foregoing.

**Abuse and Harassment.** UWCA strives to promote and maintain an environment free of abuse, discrimination, and harassment of any kind. I will not engage in racist, sexist, ethnic, or other offensive jokes or comments or inappropriate physical contact or any other type of unlawful abuse, discrimination, or harassment, no matter the context or audience. Furthermore, I will report any abuse, discrimination, or harassment that I experience or witness, and I understand that I may do so by contacting any UWCA representative or anonymously by calling 1-855-506-0302. All allegations or claims of abuse, harassment or discrimination will be fully investigated, and UWCA will not retaliate in any way against persons making such reports or allegations.

**Consent for Pictures or Media.** I further irrevocably grant to UWCA and its assigns and successors my consent and full right to use my name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity, in connection with my participation as a volunteer.

**Confidentiality.** I understand in the course of working as a volunteer that I may have access to information regarding individuals seeking assistance or otherwise participating in programs, or to other information that UWCA may deem confidential. I agree that I shall not disclose to anyone any such information for any reason unless required by that particular program or by law.

This Agreement and Release shall inure to UWCA's benefit, as well as to the benefit of its successors, licensee, agents, employees, affiliates and assigns. This Agreement and Release shall be governed by the laws of the State of Alabama.

I have read the statement above and fully understand its contents.

Signature	
Participant's Name (printed clearly)	
Date	

## Volunteer Agreement and Release-COVID-19 and Health Procedures Addendum

The COVID-19 virus continues to disrupt in-person gatherings around the world. The safety of its volunteers, staff, and clients is extremely important to the United Way of Central Alabama, but UWCA cannot guarantee safety in all circumstances. In addition to the risks stated in the Volunteer Agreement and Release, I understand that:

- (1) There is no cure for the COVID-19 virus;
- (2) The COVID-19 virus can be transmitted in a number of ways and that coming into close contact with other persons increases the risk of transmission; and
- (3) The COVID-19 virus can be spread by persons who do not feel sick or have any symptoms of the COVID-19 illness.

In order to protect myself and others, I agree to follow Center of Disease Control (CDC) and local health district guidelines and UWCA policies and procedures for social distancing to reduce the spread of Novel Coronavirus, or COVID-19. This will require me to:

- (1) maintain six (6) feet of distance between myself, fellow volunteers, UWCA staff, and all other persons as much as possible;
- (2) wear masks or cloth face coverings to reduce the risk of exposure to myself and others;
- (3) wash or sanitize my hands after using the restroom, sneezing, and coughing, and before eating or preparing meals or other materials or supplies for distribution;
- (4) wear and utilize sterile gloves as directed by UWCA representatives; and
- (5) take other precautions as directed by UWCA representatives.

I also will stay at home if:

- (1) I am feeling ill or exhibit any symptoms of COVID-19 illness;
- (2) I have had close contact with a sick person or anyone who has tested positive for the COVID-19 virus in the last 14 days; or
- (3) I have tested positive for the COVID-19 virus, unless I present a doctor's note stating that I have recovered and am not at risk of infecting other persons).

I will also promptly notify staff if I feel ill while I am volunteering.

Failure to comply with these written instructions or oral instructions from staff may result in my volunteer privileges being removed and I may be asked to leave the premises.

My signature below indicates my understanding of and agreement to the matters discussed above.

Signature	
Participant's Name (printed clearly)	
Date	

**Thank you for your willingness to serve!**