

HopeKids, Inc.
Volunteer Application Form
Arizona Chapter

January, 2016



HopeKids Organizational Information

Our Vision:

To restore hope and transform the lives of children with life-threatening medical conditions, their families and the communities in which we serve.

Our Mission:

HopeKids provides ongoing events, activities and a powerful, unique support community for families who have a child with cancer or some other life-threatening medical condition. We surround these remarkable children and their families with the message that hope can be a powerful medicine.

Our Guiding Principles:

- Our vision, mission and motivation are driven by our desire to serve in the name of Jesus Christ in response to and out of our gratitude to God. (*Colossians 3:17*) It is through God's love and the eternal hope we find in Jesus that we want to love and offer hope to those in need.
- We cling to the promise that "Hope does not disappoint." (*Romans 5:5*) We also believe that hope comes from God, and provides joy and peace in a way that nothing else can. These biblical truths form our belief that hope is a powerful medicine, and all our activities, resources, and time are to be directed to restoring hope for the future to the children and families we serve.
- We strive to promote integrity, honesty, and openness in the manner in which we conduct our daily financial and management operations. We will be good stewards of all resources that God has blessed us with.
- The HopeKids program is open to all children with life-threatening medical conditions and their families without regard to religion, background, race, or ethnicity.
- HopeKids welcomes supporters and volunteers who recognize and are willing to serve within our guiding principles.

Our History:

HopeKids was founded in Phoenix, Arizona in 2001. HopeKids has local chapters in Phoenix, Arizona, Denver, Colorado, Minneapolis/St. Paul, Minnesota and Dallas/Fort Worth, Texas.

Our Website: www.hopekids.org

Volunteer Application Overview

Thank you for your interest in volunteering with HopeKids Arizona! Our volunteer program is designed to give each volunteer a rewarding experience while working towards fulfilling our mission.

How do I become a volunteer?

All volunteers are asked to meet a series of requirements before becoming an active volunteer including completing the volunteer application, reference check and agreeing to be subject to a relevant background investigation. Volunteer Paperwork takes about 2 weeks to process. After your paperwork is processed, you will receive a welcome email and will be added to our volunteer database. After completing these requirements, you are an official volunteer. You will then start receiving regular emails containing information about current volunteer opportunities we have. You will also start receiving *HopeNotes*, our monthly newsletter that highlights the previous month of HopeKids events.

Can anyone be a volunteer?

HopeKids requires that all volunteers be 18 years or older. Anyone younger than 18 years old wishing to volunteer must be accompanied by a supervising adult.

Who do I contact with questions?

Our team is always happy to answer any questions or concerns that you may have. Please contact Andrea Malinski at (602) 317-1511 or andrea@hopekids.org.

How do I submit my application?

We accept applications via fax, email or mail.

HopeKids Arizona
Attn: Volunteer Manager
PO Box 28471
Scottsdale, AZ 85255

Email: adminphx@hopekids.org

Fax – (888) 418-3980

HopeKids Arizona

Volunteer Application Form

Name: _____
First *Last*

Address: _____
Number *Street* *Apt No., Unit No., P.O Box*

City/Town *State* *Zip Code:*

Email: _____

Occupation: _____ **DOB:** _____ **Sex (M/F):** _____

Home #: _____ **Cell #:** _____

Name of person to contact in the event of an emergency: _____

Relationship to you: _____ **Daytime number:** _____

Please describe special medical conditions (allergies, etc.) or special accommodations that you would like us to be aware of:

First Aid Certified (Yes/No): ____ **CPR Certified (Yes/No):** ____ **Other Medical Training:** _____

Bilingual (Yes/No): ____ **Languages:** _____

How did you hear about HopeKids and its Volunteer Program?

Why are you interested in volunteering? What specific areas would you like to assist in?
(i.e. Special Events, Administrative Assistance, Fundraising)

Would you be interested in coordinating either a coin drive or gift card drive at a school you are affiliated with? (Yes/No) _____

If "Yes" please list and we will follow up with you: _____

Do you have any personal or corporate connections for donated events such as private suites or season tickets to sports you would be willing to help connect with? (Yes/No): _____

If "Yes" please list and we will follow up with you: _____

List Two Previous Employers:

	<i>Organization</i>	<i>Position/Major Responsibility</i>	<i>Dates of employment (yy/mm)</i>	
			<i>From:</i>	<i>To:</i>
1	_____	_____	_____	_____
2	_____	_____	_____	_____

List Any Previous or Current Volunteer Experience:

	<i>Organization</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>	
			<i>From:</i>	<i>To:</i>
1	_____	_____	_____	_____
2	_____	_____	_____	_____

List the Qualifications and Skills that you bring to the Volunteer Position:

What is your preferred method of contact? (please check one) Email Phone

Preferred email address or phone number: _____

References:

Please list two people we may call who are NOT family, one of whom may be your religious leader, teacher, employer or relationship other than personal friend.

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

General Safety Requirements

Background Information:

Because the nature of our work requires us to work with children, HopeKids requires its Volunteers to provide background information as a matter of policy.

Have you ever been convicted of a crime, including sex-related and child-abuse offenses?

(Yes/ No): _____ If you indicated, "Yes", When: _____

If "Yes", please explain the nature of the conviction:

Conduct:

Volunteers are required to work in an injury-free manner displaying accepted levels of behavior. Conduct or language that places the volunteers or others at risk, or that threatens, intimidates or offends others, is forbidden.

Drugs and Alcohol:

Use and/or possession of illegal drugs or alcohol while volunteering or on volunteer time are forbidden. Reporting as a representative of HopeKids while under the influence of illegal drugs or alcohol is forbidden.

Child Protection:

All volunteers working with children and young people must recognize they are vulnerable to accusations of abuse. Allegations made could be false, malicious or misplaced, and may be either deliberative or innocent of such intent. It is necessary for volunteers to be mindful of the need to minimize the opportunities for such allegations.

To ensure that allegations of abuse are prevented:

- Always be publicly open when working with children and young people, avoiding where possible situations where a volunteer and an individual child or young person are left alone.
- If physical contact is necessary, for the purposes of coaching or instruction, this should be done openly.

Conflict of Interest and Ethics Statement

As a volunteer of HopeKids (the organization), I have an obligation to the organization and the constituencies it serves to comply with the highest standards of ethical conduct. I will not commit acts contrary to those standards, and I will promptly report to appropriate organization representatives any such acts by others within the organization. I understand that my responsibilities include the following:

Ethics and Legal Assurance:

- I will at all times: (a) perform my duties in accordance with relevant laws, regulations and organization policies and standards; (b) promote the attainment of the organization's legitimate and ethical objectives; and (c) represent the interests of all constituencies served by the organization and not favor special interests inside or outside the organization in connection with organization business.
- I will refrain from: (a) violating any criminal or civil law or regulation, the violation of which may reflect poorly on the organization; and/or (b) engaging in or supporting any activity that would discredit the organization.

Conflict Of Interest:

- I will either avoid, or will promptly disclose and recuse myself from any decisions involving, any activity or practice which conflicts with, or can be perceived as conflicting with, the interests of the organization, including but not limited to situations where I, or a relative, friend or business acquaintance of mine, proposes to provide goods or services to the organization for consideration.
- I will refrain from using organization property or resources for personal profit or advantage, or for any purpose not related to the activities of the organization.
- I will refuse any personal gifts, loans, favors or other consideration of more than nominal value from any organization vendor, sponsor or other outside party that would influence, or could be perceived as influencing, my actions or the actions of others.

Confidentiality:

- During my involvement with the organization and thereafter, I will maintain the confidentiality of any information regarding the organization, HopeKids children and their families, donors and volunteers that has not been released publicly, unless legally obligated to do otherwise.
- I will refrain from using or appearing to use confidential information acquired in the course of my service for unethical or illegal advantage, either personally or through third parties.

By signing this form I attest that the information supplied is true and accurate. I understand that submitting this application form does not automatically register me as a volunteer.

I have read, understand and agree to be bound by the above standards.

Printed Name: _____ Date: _____

Signature: _____

HopeKids, Inc.
Release and Waiver of Liability
for Volunteers

Name: _____

Address: _____

E-mail: _____ Phone: _____

This Release and Waiver of Liability, (the "Release") executed on this ___ day of _____, 20___, by _____, the Volunteer, in favor of the HopeKids, Inc., a not-profit organization, their directors, officers, employees and agents.

The Volunteer desires to work as a volunteer for HopeKids, Inc. and engage in activities related to being a volunteer (the "Activities"). The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. RELEASE AND WAIVER: Volunteer, for him/herself and his or her legal representatives, spouse, heirs and assigns, does hereby release and forever discharge and hold harmless HopeKids, Inc. and its officers, directors, trustees, employees, agents, insurers and representatives, successors and assigns from any and all liability claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with HopeKids, Inc..

Volunteer understands that this Release discharges HopeKids, Inc. from any liability or claim that the Volunteer may have against HopeKids, Inc. with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with HopeKids, Inc., whether caused by the negligence of HopeKids, Inc. or its officers, directors, employees, or agents or otherwise. Volunteer covenants not to bring any action against HopeKids, Inc. for any such injury or damage. Volunteer also understands that HopeKids, Inc. does not assume any responsibility for or obligation to provide financial or other assistance including but not limited to medical, health or disability insurance in the event of injury or illness.

2. MEDICAL TREATMENT: Volunteer does hereby release and forever discharges HopeKids, Inc. from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with HopeKids, Inc.. Volunteer authorizes HopeKids, Inc. to act, in its best judgment, on Volunteer's behalf in case of an emergency.

3. ASSUMPTION OF THE RISK: The Volunteer understands that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to, event setup and cleanup, loading and unloading supplies, interacting with clients and providing clerical support in HopeKids, Inc. offices.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases HopeKids, Inc. from all liability for injury, illness, death, or property damage resulting from the Activities.

4. VOLUNTARY SERVICE: Volunteer understands and acknowledges that he/she may decline any volunteer role or position at any time if he/she feels such role or position presents a risk to health or safety or for any other reason. Volunteer agrees to advise HopeKids, Inc. of any preexisting conditions that would preclude involvement in any activity.

5. INSURANCE: The Volunteer understands that HopeKids, Inc. does not carry or maintain health, medical, disability or Workers Compensation insurance coverage for any volunteer.

6. OTHER: Volunteer expressly agrees that the Release is intended to be as broad and inclusive as permitted by local, state and federal laws, and that this Release shall be governed by and interpreted in accordance with all local, state and federal laws. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which will continue to be enforceable. Volunteer represents that he/she is 18 years of age or older.

7. PHOTOGRAPHIC RELEASE: Volunteer does hereby grant and convey unto HopeKids, Inc. all right, title and interest in any and all photographic images and video or audio recordings made by HopeKids, Inc. during the Volunteer's Activities with HopeKids, Inc., including, but not limited to, any donations, proceeds, or other benefits derived from such photographs or recordings.

IN WITNESS WHEREOF, Volunteer has executed this Release as to the day and year first written.

Volunteer Signature: _____