

School/Program Assigned: (TOP use only) _____

Volunteer Information and Confidentiality Statement

Tuscaloosa's One Place, A Family Resource Center

Volunteer Information

<u>Name:</u>	<u>Phone #:</u>
<u>Email:</u>	<u>Address:</u>
<u>Gender:</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Ethnicity:</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other
<u>Professor & Class or Organization/Group Name:</u>	
Please list any special skills, talents, or interests you feel might benefit the program:	
<u>Day(s) of Availability:</u>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<u>Emergency Contact:</u>	Name: Number:

Confidentiality Statement

As a Volunteer/Mentor with the Tuscaloosa's One Place, A Family Resource Center, I understand that all information about children and their families must be kept confidential. I will abide by all state and federal laws and regulations and agency policies regarding the confidentiality of any information pertaining to person served by the agency. I further release Tuscaloosa's One Place from any liability in the unlikely event that I am injured while participating in the After School Programs. By signing, I acknowledge that I have read the Volunteer Orientation Packet and agree to the conditions therein.

Signature:	Date:
Witness Signature:	Date: