

Volunteer Profile



Volunteer Contact Information

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____ Are you over 18? Yes No

Employer: _____

Primary phone: _____ Cell Home Work

Alternative phone: _____ Cell Home Work

Email: _____

Preferred method of contact (check all that apply): Email Home phone Work phone
 Cell phone: Text Voicemail

Emergency contact name: _____ Relationship: _____

Emergency contact phone: _____ Cell Home Work

Any health problems we should be aware of? No Yes: _____

Any special dietary needs? No Yes: _____

Any allergies staff need to be concerned about? No Yes: _____

Any medications needed during Camp Amanda*? No Yes: _____

*At Amanda the Panda, your health is of utmost concern to our volunteers and staff. Please inform us of any medication needs that will take place during your participation at Camp Amanda (example: rescue inhaler for asthma, as needed with physical activity). Adult participants are responsible for their own medication administration.

Which volunteer opportunity are you interested in? (check all that apply)

Programming	Other	Fundraising/Event
<p>Camp</p> <ul style="list-style-type: none"> <input type="checkbox"/> Activity Coordinator <input type="checkbox"/> Cook <input type="checkbox"/> Counselor <i>(see other application)</i> <input type="checkbox"/> Helper <input type="checkbox"/> Nurse <input type="checkbox"/> Prep <p>Support Group</p> <ul style="list-style-type: none"> <input type="checkbox"/> Childcare <input type="checkbox"/> Facilitator <i>(see other application)</i> <input type="checkbox"/> Meal prep/serving <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Friends and Family Night <input type="checkbox"/> Fun Day <input type="checkbox"/> Dress Up As Our Mascot 	<ul style="list-style-type: none"> <input type="checkbox"/> ATP Ambassador <input type="checkbox"/> Baking/Cooking Meals <input type="checkbox"/> Cheer Box <input type="checkbox"/> Cleaning/Organizing <input type="checkbox"/> Errands/Shopping Runner <input type="checkbox"/> General Office Assistant <input type="checkbox"/> Photographer <input type="checkbox"/> Translator Languages: _____ <input type="checkbox"/> Yard Work/Landscaping 	<ul style="list-style-type: none"> <input type="checkbox"/> General Fundraising <input type="checkbox"/> Golf Tournament

What age groups are you comfortable working with? (check all that apply)

- Childcare (0-5)
- Kindergarten-2nd Grade
- 3rd-5th Grade
- Middle School (6th-8th)
- High School (9th-12th)
- Young Adults (18-24)
- Adults (18+)

What other volunteer experiences have you had? _____

Anything else you may want us to know? _____

How did you hear about Amanda the Panda?

<input type="checkbox"/> Amanda the Panda Website	<input type="checkbox"/> United Way's Volunteer Website
<input type="checkbox"/> Friend or family member	<input type="checkbox"/> Volunteer Match
<input type="checkbox"/> Mental health professional	<input type="checkbox"/> Work
<input type="checkbox"/> Previously received services	<input type="checkbox"/> Other: _____
<input type="checkbox"/> School: _____	

Acknowledgment

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be accepted to serve as a volunteer for Amanda the Panda.

I authorize Amanda the Panda to investigate all statements contained in this volunteer application to include criminal, child and dependent adult abuse information as well as my character and qualifications. I release Amanda the Panda from all liability for acts performed in good faith and without malice in connection with evaluation of my application.

If accepted to serve as a volunteer, my service can be terminated at will, with or without a showing of cause, and with or without notice by either myself or Amanda the Panda. I agree that if accepted to serve as a volunteer, I will abide by all policies, procedures, rules and regulations established by Amanda the Panda.

The use of tobacco is restricted throughout facilities, offices and vehicles operated or owned by HCI Care Services. I understand that tobacco use by employees and volunteers is prohibited anywhere on the grounds of any HCI Care Services location or at any time employees and volunteers are representing HCI Care Services. Employees and volunteers may not smoke or use any type of tobacco product on paid time or in service as a volunteer at any time or any location.

I also understand that if I am offered service as a volunteer, the offer is conditioned on acceptable criminal/abuse background check paid by Amanda the Panda.

Volunteer printed name

Volunteer signature

Date

Printed name of parent/guardian if under 18 years of age

Signed name of parent/guardian if under 18 years of age

Date

Amanda the Panda does not discriminate in hiring or any other decision on the basis of race, creed, color, sex, sexual orientation, gender identity, citizenship, national origin, religion, veteran status, genetic information, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

Next Steps: Return this form to info@amandathepanda.org and schedule a time to come in for volunteer orientation or small group facilitator training.