SDBIF
SAN DIEGO
BRAIN INJURY FOUNDATION

# VOLUNTEER AGREEMENT

Volunteers are critical to the success of SDBIF. As such, we hold our volunteers in high regard and require that volunteers maintain the SDBIF standards of integrity and professionalism.

## GENERAL GUIDELINES

- Act with honesty, integrity, and respect. Treat others with respect and dignity.
- Ensure to always abide by California State Law.
- Volunteers are required to respect the opinions and actions of the people they interact with. Eve-ryone has different customs and values, please reserve judgement and respect that there may be a deeper meaning or reason for an individual's actions.
- Exercise caution when taking photographs of people. Always ask individuals for consent to take their photograph – especially those under 18 – with their consent or the consent of their legal guardians/ caretakers.
- A zero-tolerance policy toward the possession and use of legal and illegal substances and alcohol when volunteering, aggressive, disrespectful, and unruly behavior.
- Follow project rules/ instructions at all times.
- Dress in approved or professional attire for project/ service at all times.
- Any sexually predatory behavior or any reports of sexual harassment will immediately terminate you from participating in all SDBIF's programs

My signature below attests to the following:

- I will be responsible for my volunteer duties, asking for clarification or assistance from the Vol-unteer Coordinator or Program Director when needed.
- I will be dependable and on time for the activity/ event, letting my team leader or Volunteer Co-ordinator know if I'm unable to follow through on a scheduled serving commitment.
- I will confirm my role prior to an event and show I'm prepared to fulfill the assigned service.
- I am 18 years old or above.
- I understand that SDBIF is not responsible for any medical/ incidents/ flare-ups or personal prop-erty damage I may incur at any activity/ event.
- I understand that SDBIF reserves the right to request a drug test for any individual that is injured while participating at an event or activity.

Print Name

Date

Email

Signature

Cell Phone

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# EMERGENCY CONTACT INFORMATION

Emergency Contact's Name

Relationship to Volunteer

Emergency Contact's Email

Emergency Contact's Cell Phone

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# MEDIA RELEASE FORM

I, _____, do hereby give the San Diego Brain Injury Foundation, their assigns, licensees and legal representatives the irrevocable right to use my name, picture, photograph, portrait, visual likeness, or voice in all forms and media in all manner, including photo, film, audio and video representations, for non-profit, public purposes, and I hereby waive any right to inspect or approve the finished product that may be created in connection therewith. I have read this release and in full agreement.

_____ _____

Print Name of Client/Volunteer Date

_____

Signature of Client/Volunteer
or Legal Guardian

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# VOLUNTEER BACKGROUND CHECK AUTHORIZATION

Thank you for volunteering with our organization.
Please fill in all areas on this document and return to SDBIF or Program Director.

Name (as it appears on your ID)

Alternative/Former Name(s) Used

ID Number

Birthday

Street Address

City, State, Zip

Email

Cell Phone Number

## VOLUNTEER AGREEMENT

I certify that all the information I have provided is true and correct. I hereby authorize San Diego Brain Injury Foundation and its designated agents and representatives to conduct a comprehensive background check for purposes of volunteering with the organization. When I am working with or around vulnerable or youth clients/ participants.

Print Name

Date

Signature