

SOUTHWEST CENTER FOR INDEPENDENT LIVING
RAMP CAMP Volunteer Application

Name: _____

Date: _____

Address: _____

Phone: _____

Street

City

State

Zip Code

Have you ever been convicted of a felony or misdemeanor, or have you been charged with or convicted of any crime (other than minor traffic violations)? No Yes If yes, please describe the nature of the crime, place and date of conviction, and disposition of the crime, or nature of the investigation:

Do you have any previous construction/building experience? No Yes If yes, please explain:

Do you own any power tools (drill, nail gun, etc.) that you would be willing to use during RAMP CAMP? No Yes If yes, please list tools:

How did you hear about RAMP CAMP?

- Previous participation in RAMP CAMP
- Television
- Radio
- "Our Voice" Newsletter
- RAMP CAMP Flyer (if so, where was it posted?) _____
- Other _____

If you would like to participate in other SCIL volunteer opportunities, please complete the remainder of the application. Thanks!!

Please review the list of tasks below and check all that you are interested in and/or skilled in:

- | | |
|--|---|
| <input type="checkbox"/> Ability to climb ladders | <input type="checkbox"/> Internet research / internet skills |
| <input type="checkbox"/> Attention to detail | <input type="checkbox"/> Labeling |
| <input type="checkbox"/> Basic tools (screwdriver, wrench, etc.) | <input type="checkbox"/> Listening skills |
| <input type="checkbox"/> Bulk mail (folding, stuffing envelopes, etc.) | <input type="checkbox"/> Maintenance / repair (hanging / installation, repairs) |
| <input type="checkbox"/> Clean driving record / driving skills | <input type="checkbox"/> Manual labor (lifting, carrying, moving, etc.) |
| <input type="checkbox"/> Cleaning / light housework | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Collating / sorting | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Communication (written / verbal) | <input type="checkbox"/> Photography / videography |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Problem-solving |
| <input type="checkbox"/> Copying | <input type="checkbox"/> Public relations |
| <input type="checkbox"/> Customer service / phone skills | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Database management | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Driving experience | <input type="checkbox"/> Switchboard |
| <input type="checkbox"/> Editing | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Experience with those with disabilities | <input type="checkbox"/> Technical writing |
| <input type="checkbox"/> Faxing | <input type="checkbox"/> Tutoring / one-on-one instruction |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Web development |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Working with children / youth |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Yard work (raking, mowing, trimming, etc.) |
| <input type="checkbox"/> Graphic Design | |
| <input type="checkbox"/> Highlighting | |

If "Computer skills" is checked, please list software/programs in which you are proficient:

Were there any skills not listed that you would like to offer in your volunteer experience?

If you are a student, towards what degree are you working? _____

Do you have any other information you wish to share with us?

**Southwest Center for Independent Living
RAMP CAMP Volunteer
Waiver of Liability**

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

In accordance with the spirit of volunteerism and service, I, the undersigned, assume full and complete responsibility for any injury or accident that may occur to me during SCIL-sponsored ramp building projects, or while I am on the premises of any SCIL consumer/homeowner receiving such a service. I hereby acknowledge that the participation in this event and the use of equipment during this participation may be dangerous, and hereby assume all risks of personal injury, death or property damage arising out of participating in the event. I hereby release and hold harmless the Southwest Center for Independent Living (SCIL) from liability for injuries and damages sustained to me, whether caused by the negligence of the sponsors, other persons, or entities associated with this event. I agree to indemnify and hold SCIL harmless from any and all loss, cost or expense, including attorney's fees and costs associated with any suit brought in relation to any personal injury or property damage claimed during the ramp building project.

I am over 18 years of age YES NO

Signature: _____ Date: _____

Witnessed by: _____ Date: _____

If consumer is a minor, parent or guardian must sign below.

I hereby certify that I am the parent or guardian of above mentioned model and do give consent without reservations to the foregoing contract on behalf of him or her.

Parent/Guardian Signature: _____

Address: _____ Date: _____

Witnessed by: _____ Date: _____

SOUTHWEST CENTER FOR INDEPENDENT LIVING
RAMP CAMP Volunteer
CODE OF ETHICS

I understand and support the purposes and goals of the Southwest Center for Independent Living (SCIL). I know that as a volunteer, my services and involvement are greatly appreciated, and, in fact, essential to the continued success of SCIL. I know I can expect consideration and support from the staff and the Board of Directors and I know that I can come freely to them with my questions, opinions and concerns.

Whenever I am working with an individual who is a consumer of SCIL's services, I will respect the integrity and freedom of choice of that individual. If a conflict between my personal interests and values and those of any individual with whom I am working develops, I will refrain from using my position as a volunteer to exert undue influence. I will do my best to remember that every individual consumer has his or her own value system and choice of lifestyle.

I will respect the privacy of the people with whom I have contact during my work as a volunteer for SCIL. This includes consumers of services, other disabled persons, the Board of Directors, staff and my fellow volunteers. I understand that any information about those seeking and receiving services through SCIL is considered confidential and is not to be discussed elsewhere. I will make every effort to monitor my own conversation so as not to cause anyone embarrassment and to protect and extend the positive image of SCIL in the community.

I will distinguish clearly between my statements and actions as an individual and as a representative of SCIL. I understand and agree that I will act as a representative of SCIL only in circumstances in which I am specifically requested to do so. At such times, the limits of my authority to represent SCIL will be decided by the staff and ultimately the Board of Directors. I will make it my responsibility to clarify limits of my authority whenever they are not absolutely clear to me. I understand that I can be held personally liable for any unauthorized financial commitments I made under the guise of representing SCIL.

I will maintain records of my volunteer hours accurately. I hold myself responsible for the quality of my work, and will agree to do only those things that I plan to complete.

I understand and agree to the principles contained in this code of ethics.

Volunteer's Signature Acknowledges Understanding

___ / ___ / ___
Date Signed

SOUTHWEST CENTER FOR INDEPENDENT LIVING
RAMP CAMP Volunteer
Photo Release

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

I hereby irrevocably consent to authorize SCIL and its assigns the absolute right and permission to copyright and/or publish, in conjunction with my own or a fictitious name, publicly display, or otherwise use any and all photographs which you take or have taken of me, or my property, or which I may be included in whole or in part.

I hereby waive any right that I may have to inspect and/or approve the finished product or the editorial copy that may be used in connection herewith, or the use to which it may be applied.

I hereby release, and agree not to hold SCIL or any of its assigns to any liability by virtue of any blurring, distortion, alteration, retouching, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in reproduction of the finished product.

I am over 21 years of age YES NO

Signature: _____ Date: _____

Witnessed by: _____ Date: _____

If consumer is a minor, parent or guardian must sign below.

I hereby certify that I am the parent or guardian of above mentioned model and do give consent without reservations to the foregoing contract on behalf of him or her.

Parent/Guardian Signature: _____

Address: _____ Date: _____

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SOUTHWEST CENTER FOR INDEPENDENT LIVING RAMP CAMP VOLUNTEER ORIENTATION

The policies and procedures in the Volunteer Orientation presentation have been established by the Volunteer Committee with the approval of the Board of Directors of the Southwest Center for Independent Living. The purpose of the orientation is to provide further explanation and guidelines for the volunteers so that they understand their duties and responsibilities and can have reasonable expectations of their role as a volunteer at RAMP CAMP.

The policies and procedures are not intended as a legally binding contract, but rather a statement of normal operating procedures. In the event of unusual circumstances, the Southwest Center for Independent Living Board of Directors shall have the power to make necessary modifications without notice in the application of these policies and procedures.

As a volunteer of Southwest Center for Independent Living, I have reviewed the volunteer orientation presentation and understand the policies and procedures outlined in the orientation.

Signature

Date

Print name

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