



VOLUNTEER APPLICATION

We believe that every person has talents and experiences they wish to share and express with others. We believe that adults with special needs should be embraced for who they are, encouraged to share their talents, and appreciated as valuable members of their community. The mission of Palooza Activity Center, Inc. is to create an environment in which these exceptional adults have the opportunity to form and foster friendships, build community connections, share their talents, and develop skills that will enrich and support their adulthood.

**INSTRUCTIONS: Read pgs. 1 - 4
Complete and return pgs. 1 - 3.**

Personal Information

Name: _____ Birth Date _____

Address: _____ Gender: _____

Primary Ph: _____ Second Ph: _____

Email: _____

Experience

Occupation: _____

Volunteer Experience: _____

How would you describe yourself: _____

Have you been involved with individuals with special needs? _____ If so, how? _____

What concerns, if any, do you have about volunteering in a Palooza activity? _____

Continued on back side

Background

Have you ever been convicted of a crime? _____ If yes, please explain. _____

Please provide a copy of the following background checks before the start of class.

You may go to the websites below: (an information and instruction page is attached. See pg. 4)

- 1) State Police Clearance, Act 34, Request for Criminal Record Check, (\$10.)
- www.psp.state.pa.us
- 2) Child Abuse Clearance, Act 151, Child Abuse History Clearance, Form CY-113, (\$10.)
- www.dpw.state.pa.us

Health Information

Do you have any health concerns (including medicines you're taking) you want us to be aware of? _____

If yes, please explain. _____

Allergies (food and medicine): _____

Emergency Information

Emergency Contact: _____ Relationship to You _____

Primary Ph: _____

Second Ph: _____

Insurance Information (Carrier, ID #, and Name of Policy Holder)

PUBLICITY RELEASE

I grant Palooza Activity Center, Inc. permission to release and use my photograph in any official publication for Palooza Activity Center, Inc.. Publicity pieces also include, but are not limited to, news releases, publications, videos, DVD's, and web use.

Print Name: _____

Address: _____

Primary phone: _____

Signature: _____ Date: _____

NOTE: IF AT A FUTURE DATE YOU WISH TO CHANGE YOUR PHOTOGRAPH RELEASE STATUS, YOU MUST NOTIFY US IN WRITING.

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LIABILITY WAIVER STATEMENT

I, (PRINT NAME) _____, hereby RELEASE, WAIVE, DISCHARGE, AND COVENEANT NOT TO SUE Palooza Activity Center, Inc., administration, board, volunteers, staff, and host site, _____ from any and all liability, claims, demands, action and causes of actions whatsoever arising of or related to any loss, damage or injury that may be sustained by me, or to any property belonging to me, while participating, or while on or upon the premises of the host location.

If any medical services are necessary in an emergency situation, I give permission for these services to be rendered.

I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this activity.

I HAVE READ THE LIABILITY WAIVER STATEMENT, FULLY UNDERSTAND ITS TERMS, AND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

SIGNATURE

DATE

PALOOZA Activity Center, Inc. P.O. Box 302 Spring House, PA 19477

Background Clearance Information and Instructions

Palooza Activity Center, Inc. is a not for profit organization that serves and directly works with adults who have disabilities. It is our responsibility to ensure the safety and protection of all members, staff, and volunteers. We expect all Palooza staff and volunteers to complete the application process, which includes a thorough background clearance.

Please refer to the list of three required clearances below to help you complete the application process. If you have a financial hardship that prevents you from completing the clearances, please communicate openly with the directors. Your concern will be addressed in confidence.

1) State Police Clearance, Act 34, Request for Criminal Record Check, (\$10.)

- www.psp.state.pa.us

- Use this link: <https://epatch.state.pa.us/>

- Click on "submit a new record check" and do it on line (with a credit card) and print out the results.

2) Child Abuse Clearance, Act 151, Child Abuse History Clearance, Form CY-113, (\$10.)

- www.dpw.state.pa.us

- Form and instructions can be printed out:

http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/form/s_001762.pdf