



Gilda's Club Evansville (GCEVV)

Volunteer Application and Information Form (rev 4-20-18)

Name: _____ Date: _____

Group Name (if applicable): _____ Shirt Size: _____

School Attending _____ Year in School: _____

In what ways are you interested in helping at GCEVV? (see attached list of Volunteer Opportunities) ***Please list times that work best for you.***

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

1. Please share any limitations, physical or otherwise, we should know about so we can make your volunteer experience the best it can possibly be (this includes contagious medical conditions):

2. Have you had any personal experiences with cancer? (self, family, friends, etc.)

3. Previous volunteer experience (include strengths and special talents):

If you are interested in volunteering with children at GCEVV, please answer the following (also understand a criminal history background check will be conducted):

1. I am interested in working with children in GCEVV's children/teen program because:

2. My strengths and special talents for working with children include:

3. My previous experience working with children includes:

NOTE: The information contained in this section of the Application may be used for a criminal history background check through an independent third party contractor.

Full Name _____ Birth Date _____

Street Address _____

City, State, Zip _____

Social Security Number _____ Phone _____

Email: _____

1. Have you ever been convicted of a misdemeanor or felony crime or do you have any pending charges?

If yes, please explain:

2. Have you ever been convicted of, charged with, or do you have any pending charges for child abuse or neglect?

If yes, please explain:

3. Do you currently, or have you within the past year, used controlled substances? If yes, please explain:

By signing below, I acknowledge I have read this form in its entirety and have had the opportunity to review, discuss, and ask questions, and accept the terms contained herein. I further certify the information on this form is true and correct to the best of my knowledge, and I will notify GCEVV should any changes occur in regard to this information. I understand I am giving permission for GCEVV to perform a criminal history/background check utilizing this information, and the information will be kept confidential. I understand any violation of this agreement may be cause for immediate termination of my volunteer services with GCEVV.

Printed Name: _____ Signature: _____

Legal Authority to Sign (please circle): Parent of minor child Legal guardian Power of attorney

Witness: _____ Date: _____

For more information about volunteer opportunities, please contact Angie Bakel, Clubhouse & Volunteer Coordinator at 812-402-8667 or angie@gcevv.org.

THANK YOU!

Gilda's Club Evansville's Volunteer Opportunities

All Volunteers: MUST be outgoing, have a positive attitude & always smiling! YOU as a volunteer represent Gilda's & could be the 1st impression for an individual. That's why your volunteer role matters to our success!

At the Clubhouse:

___ **Office Supporter (OS):** May answer phones. Meet/greet members/visitors to the Clubhouse & sign them in; data entry; make telephone calls as instructed by CC. ***Prior customer service/telephone experience a must!*** Help with large mailings; data entry; assembling info packets; or other type "stuffing" of packages.

___ **Clubhouse Host (MCH/ACH/ECH):** Help prepare the Clubhouse for morning/afternoon/evening guests and members. Set up for Program activities, take pictures as directed by CC, and help clean up after activity.

___ **Gilda's Lunch/Dinner Hosts (GLDH):** Hosting a breakfast/lunch/dinner! Can be made at home & brought in, can be made at Clubhouse, & can be purchased & brought in. Prepare, serve, and clean-up.

___ **Program Assistance (PA):** Assist instructors & attendees during Healthy Lifestyle activities. Take pictures, help set up & clean up.

___ **Gilda's Resident Artist (GRA):** Create/design artwork/info on our chalkboard & dry erase boards every other week & 1 bulletin board once a month by using your artistic creativity & input from staff. Create Program/Outreach/Fundraising flyers as needed.

___ **Family Connect Activities (FCA)** Helping set up, working games, crafts, taking pictures, & cleaning up after event. These opportunities can be for families/groups to volunteer together.

Outside Support:

___ **Gilda's Gettin' It Done Gang (GGD):** Visit dentist offices & discuss having a Jean's Day and/or displaying a donation box. Visit businesses about donating in-kind products and/or gift cards. Visits will be coordinated with the CC's list.

___ **Gilda's Goodie Gang (GGG):** Come to the Clubhouse & make treats to be delivered to treatment centers and/or donors on a monthly basis. OR provide individually wrapped or packaged baked goods, healthy snacks, fruit, drinks & supplies for Clubhouse activities & special events to have on hand for attendees to enjoy. Can be purchased/made & brought in or made in Ann's Kitchen.

___ **Gilda's Go-Getters (GO):** Pick up & deliver donations to the Clubhouse as directed by the CC.

In the Community:

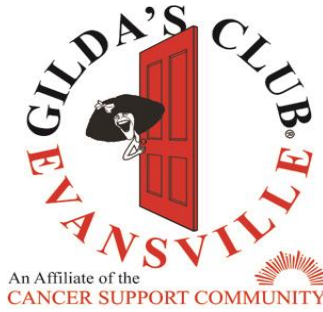
___ **Special Events Team Member (SETM) *(REQUIRES SPECIAL TRAINING)*:** Manning booths at special events, health fairs, fundraising or community events. Helping plan & execute clubhouse activities as directed by PD & CC.

___ **Gilda's on the Go (DEL):** Delivering treats/calendars/goodie bags/comfort kits/painted rocks to healthcare facilities and/or donors.

___ **Gilda's Gabbers (GB) *(REQUIRES SPECIAL TRAINING)*:** Speak at churches, businesses, community outreach events, etc.

___ **Gilda's Grateful Gang (GGR):** Act as a hostess in the lobby of our recurring in-kind donors. Welcome patrons to the building, open doors, inform them the establishment supports GCEVV. Upon departure, open doors & give them Gilda Swag.

___ **Team RED (RED):** A group of young professionals who help us get the word out about Gilda's Club thru community activities, including water stations at races, Give Back events, socials and more. For more information, contact Melanie at 812-402-8667 or melanie@gcevv.org.



**ACKNOWLEDGMENT OF
RECEIPT OF VOLUNTEER HANDBOOK**

I acknowledge I attended Volunteer Orientation on _____.

I affirm during Volunteer Training I was provided a Volunteer Handbook. I have been educated as to the contents thereof and have had the opportunity to review the Handbook and ask questions to my satisfaction. I understand I am responsible for upholding the procedures outlined in the Handbook, and as a condition of my role as a volunteer, I hereby agree I will follow the guidelines listed therein. I further agree to follow procedures for managing confidential information and proprietary material as outlined in the Volunteer Handbook during and after my association with Gilda's Club Evansville (GCEVV).

By signing below, I acknowledge I have read the above and accept the terms contained herein. I understand any violation of this agreement may be cause for immediate termination of my volunteer services with GCEVV.

Volunteer Name (print)

Volunteer Signature

Date

Witness Signature

Date

MEMBER/VOLUNTEER AGREEMENT

Gilda's Club Evansville

PRIVACY AND CONFIDENTIALITY:

I understand that GCEVV is a community of many people and although GCEVV will make every attempt to respect my privacy, my confidentiality cannot be guaranteed. I understand that confidentiality will be broken and the proper authorized person(s) notified if I disclose that I wish to harm myself or someone else; or if I disclose that there is a child in a potentially harmful environment or situation. In respect of other members' privacy, I will not share their personal information outside of GCEVV.

SURVEY AND EVALUATION:

As a member or volunteer of Gilda's Club, I am aware that my feedback is important and I may be invited to voluntarily participate in brief program activity surveys and an Annual Membership Survey to assist in gauging member interest and satisfaction.

PERMISSION TO CONTACT MEDICAL PROVIDERS AND EMERGENCY CONTACTS:

In case of an emergency, I give GCEVV permission to contact my listed emergency contact(s) or my physician. If I attend offsite programming at Tri-State Athletic Club I grant permission for GCEVV to share my Emergency Contact Information with *Tri-State Athletic Club* for the intended sole purpose of use in an emergency.

PHOTOGRAPHS IN THE CLUBHOUSE:

Occasionally workshops and lectures at GCEVV may be photographed or videotaped for marketing and website or outreach purposes. If I do not want my photo, taken, I will notify the photographer or GCEVV staff member present. This applies also to children or other minors that may be under my care while at GCEVV.

CLUBHOUSE RESPONSIBILITIES:

I agree to take responsibility for my personal belongings while engaged in any GCEVV group, class or activity. GCEVV claims no responsibility for lost or stolen property. I agree to avoid wearing heavy scents/perfumes while in the clubhouse. I agree to refrain from visiting the clubhouse if I am ill with fever, vomiting or diarrhea or have any known contagious conditions. I agree to make efforts to RSVP for program activities as well as retract my RSVPs when unable to attend. I can always call the clubhouse at 812-402-8667 to leave a message, or email angie@gcevv.org

Participation in any Support or Networking Group will require additional steps of: Meet individually with a program staff member, complete a distress screening, review & sign additional member agreement related to group participation and rules.

MINOR CHILDREN: I understand that unsupervised minors are not permitted at GCEVV. If I am attending a Support or Networking group for adults and have minor children, I will make arrangements for them to be cared for by someone outside the Clubhouse.

GILDA'S CLUB STATEMENT REGARDING MEMBER SOLICITATION:

GCEVV is a free, not-for-profit cancer support community for people living with cancer. GCEVV is supported by donations from individuals, corporations and foundations. In keeping with our philosophy, Gilda's Club will not solicit our membership for donations if they do not wish to be. However, we welcome voluntary donations from members, as well as overall help in our fundraising efforts.

Please answer: I would like to get donation & fundraising information from GCEVV: _____ Yes or _____ No

MEMBER/VOLUNTEER RELEASE OF LIABILITY FOR PROGRAM ACTIVITY:

As a member/volunteer of Gilda’s Club Evansville (GCEVV) I will voluntarily choose to participate in various program activities based on my ability and interest. Activities may include Social Connections (i.e. potlucks, dinners, seasonal parties), Healthy Lifestyle activities (i.e. Yoga, exercise classes, dance), Educational lectures & workshops, Support Groups and/or Individual Support sessions. Some activities are more physical in nature and program descriptions are available. GCEVV reserves the right to have members sign this Release of Liability Form as a condition of participation in any program activity. GCEVV also reserves the right to request a medical release and/or refuse an individual from participating in a physical activity program if they are deemed unable or at risk for the level of activity offered.

It is my responsibility to ascertain that there is no medical reason to prevent my participation in said activities and to abide by any limitations that might be set by my medical providers. While participating in any program activity at GCEVV or at their offsite partner locations, I agree to take full responsibility for not exceeding my personal limits and I take full responsibility for any injury I might suffer during my participation.

I do hereby agree for myself, my heirs, assigns, executors and administrators (and for any other party who may claim under or through me) to RELEASE, ACQUIT, WAIVE, DISCHARGE, and FOREVER HOLD HARMLESS, Gilda’s Club Evansville and The Cancer Support Community, its officers, directors, employees, agents, volunteers, affiliates, all partner agencies, subsidiaries and predecessors from any and all claims, demands, costs, expenses, rights and causes of action of any kind and nature whatsoever at law or in equity on account of all foreseen or unforeseen injuries and damages resulting from my participation in any program activities provided by GCEVV and coming to or upon leaving any such activities. This includes program activity held onsite at GCEVV’s clubhouse and offsite at partner locations (see current list of partners on file). In order to maximize my own safety, I agree to the following:

- *If I deem necessary, I will discuss my participation in program activity with my medical provider.
- *By signing this form I state that I am medically sound and able to use the facilities and participate in GCEVV program activity with no risk to my health.
- *I agree that if any changes in my physical situation could affect my continued participation in the class I will seek approval from my medical provider to continue.
- *I agree to follow guidelines set out by the program activity instructor or facilitator.
- *I agree to sign in for each program activity I attend.

ACKNOWLEDGEMENT: My signature below indicates I have read this form in its entirety and I understand its content. I agree to the terms and conditions with respect to Privacy and Confidentiality, Survey & Evaluation, Permission to Contact Medical Providers & Emergency Contacts, Photographs in the Clubhouse, Clubhouse Responsibilities, Minor Children, member Solicitation, Member/Volunteer Release of Liability for Program Activity.

Member/Volunteer Name – PRINT: _____

Member/Volunteer-Signature: _____

Date: _____

GCEVV Rep. -Signature: _____

Date: _____



Volunteer Data Sheet

Name: _____ Date: _____

Birthday: _____ Shirt Size: _____

Favorite Snack: _____ Favorite Sweet Treat: _____

Favorite Beverage: _____ Favorite Meal: _____

Favorite Sport: _____ Hobbies: _____

Favorite Color: _____ Favorite Animal: _____

Favorite Movie: _____ Favorite TV Show: _____

How can we make you feel appreciated during your volunteer experience? _____

Suggestions for your volunteer position: _____

Suggestions in general that would help you grow in your volunteer experience
(what can GCEVV do to help you achieve your full potential as a volunteer):

Best Time to Meet: Day: _____ Time: _____