



**SPINA BIFIDA ASSOCIATION
OF CENTRAL FLORIDA**

Dear Prospective Volunteer:

Thank you for your volunteer interest in the Spina Bifida Association of Central Florida. Without the time and dedication of each volunteer, SBACFL would not be able to provide the much needed activities and services for families affected by Spina Bifida.

This is the first step of your volunteer journey. Please complete the entire application and do not leave any blanks. If you have any questions about the application, please call the Volunteer Coordinator at (407) 248-9210. We will be happy to help you.

Once you complete your application, please return it to SBACFL at 7643 Persian Court, Orlando, FL 32819. We will contact you to discuss volunteer opportunities. *A background check will be conducted on volunteers over the age of 18.* Volunteers between the ages of 16 and 18 may volunteer with parental consent; volunteers between the ages of 12 and 16 may only volunteer with a parent or guardian present. Personal information requested will be used internally and will not be shared without your permission. Your social security number will be deleted from our records once your information has been processed.

Again, thank you for your interest. We look forward to developing our relationship with you!

With warmest regards,

Volunteer Coordinator
SBA of Central Florida



**SPINA BIFIDA ASSOCIATION OF CENTRAL FLORIDA
VOLUNTEER APPLICATION**

Contact Information

Name _____
Street Address _____
City, State, Zip _____
Home Phone _____
Alternate Phone _____
E-Mail Address _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Person to Notify in Case of Emergency

Name _____
Street Address _____
City, State, Zip _____
Home Phone _____
Alternate Phone _____
E-Mail Address _____

Our Policy

It is the policy of Spina Bifida Association of Central Florida to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

SBACFL USE ONLY

Date Application Received: _____ Date of Contact: _____
Date Background Check Completed: _____ Background Check Completed By: _____

AUTHORIZATION FORM FOR CONSUMER REPORTS

In connection with your employment/volunteer application or retention as an employee, consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including, but not limited to consumer credit, criminal records, driving record, education, prior employer verification, employment history including all personnel files, birth records, social security number verification, date of birth verification, current and previous residences, character references, workers compensation claims, and others. These reports may include experience information along with reasons for termination of past employment. Information from various Federal, State, local, and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize and request, without any reservation, that any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you furnish any and all background information in their possession regarding you, in order that your qualifications may be evaluated. You further authorize ongoing procurement of the above mentioned reports at any time during your employment, contract, or tenancy. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original. You may, upon providing proper identification and paying any legally permissible fees, request that the provider(s) of any consumer or investigative consumer reports provide you with a copy of the information on you in its files at the time of your request.

By signing below, you hereby release Spina Bifida Association of Central Florida, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to you, your heirs, family or associates because of compliance with this authorization and request to release information. You may be contacted as indicated below. A copy of this authorization (if not previously destroyed in accordance with record retention policies) will be given to you, provided you request it in writing.

Name (First, Middle, Last, Suffix): _____

Street Address: _____

City, State, Zip: _____

Social Security Number: _____

Drivers License State: _____ License Number: _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY): _____

Other or Former Names (including maiden name, if applicable): _____

Signature: _____ Date: _____



**SPINA BIFIDA ASSOCIATION
OF CENTRAL FLORIDA**

SPINA BIFIDA ASSOCIATION VOLUNTEER AGREEMENT

The following Agreement will remain in full force and effect and may be relied on by Spina Bifida Association of Central Florida (“SBACFL”) until such time as I notify Spina Bifida Association of Central Florida in writing to the contrary:

1. Volunteering at SBACFL Events and Activities: I, as a volunteer in SBACFL events or as a parent or legal guardian of a volunteer under 18 years of age, understand that participation in SBACFL events and activities is voluntary and any injuries that are sustained to my person and/or property, including but not limited to personal injuries, including death, theft and/or damage to my property while volunteering in any and all activities associated with SBACFL, shall be my sole responsibility. If the undersigned is the parent or guardian of a minor child, the undersigned agrees to defend, indemnify and hold the SBACFL Releasees harmless from any failure of the child to fully comply with this Agreement or any attempt by any party to disaffirm or challenge this Agreement.

2. Release, Waiver and Indemnity: The undersigned irrevocably, waives, releases and discharges any and all claims that the undersigned (and my child if the undersigned is a parent or guardian) now has/have or may, in the future, have against SBACFL and its officers, directors, members, employees, agents, representatives and their respective successors, or assigns (the “SBACFL Releasees”), including any and all claims for damage or personal injury, whether or not caused by the negligence of any of them, arising out of or relating to this Agreement (including, without limitation, any participation in SBACFL events or activities) or any related function, together with any costs, including attorneys’ fees, incurred as a result of such a claim (“Released Matters”). This release has been executed voluntarily and knowingly by the undersigned and extends to all claims against the SBACFL Releasees, whether or not known.

The undersigned agrees to indemnify and hold harmless the SBACFL Releasees against any and all claims, demands or causes of action that the undersigned (and my child if the undersigned is a parent or guardian) or any one or more of my or our executors, administrators, heirs, next of kin, successors, or assigns, or any third party, may assert that are in any way connected with the Released Matters, and against any costs and expenses, including attorneys’ fees, with respect thereto. Such indemnification will extend to any claim asserted by others against the undersigned (and my child if the undersigned is a parent or guardian) that also names the SBACFL Releasees.

3. Representations and Warranties: I, as a volunteer in SBACFL events and activities, or as a parent or legal guardian of a volunteer under 18 years of age, make the following representations and warranties to SBACFL:

(a) I am carrying, or during the duration of SBACFL events or activities shall be carrying, full and adequate medical insurance, including any additional coverage which may be required as a result of my or my minor child/ward’s volunteering at SBACFL events and activities, or that I assume the risk and personal responsibility of failing to carry adequate medical insurance;

(b) in requesting SBACFL to allow myself or my minor child/ward to volunteer at SBACFL events and activities, I am not relying upon nor have I received any counsel or advice from SBACFL with respect to the advisability of or the risks attendant to the SBACFL event or activity.

4. Governing Law: This Agreement shall be governed by the internal laws of Florida without regard to conflict of laws provisions.

5. Grant of Right of Publicity: In consideration of SBACFL's fulfillment of events and activities, I, as a volunteer or as a parent or legal guardian of a volunteer under 18 years of age, together, and each of them individually, hereby irrevocably grant to SBACFL all rights of all kind and character whatsoever in all media and languages now known or hereafter devised throughout the universe in perpetuity to use my and my minor child/ward's, names, voices, photographs, biographies, and likenesses in such manner as SBACFL deems appropriate (including, but not limited to, advertising and promotion purposes).

Note: If you want to limit or restrict SBACFL's right of publicity in any way, you must place your initials in the spaces provided below.

This Publicity Release is limited in the following respects:

- SBACFL's internal use only (no public release of photos or other details).
- Publication of photos or other identifying information is prohibited.

6. Miscellaneous. This Agreement is binding on all heirs, executors, next of kin, successors, representatives, and assigns of each and all the parties hereto. This Agreement can only be modified by a writing signed by SBACFL.

IMPORTANT: BY SIGNING BELOW, I AFFIRM THAT I HAVE READ AND UNDERSTOOD THE FOREGOING AGREEMENT AND AGREE TO BE BOUND TO ITS TERMS.

Print Name(s) of Volunteer(s) in SBACFL events and activities

Print Name (Parent/Guardian if minor(s) listed above)

Signature (Parent/Guardian if minor)

Date

Address

City, State, Zip

County