



Dear Potential Volunteer:

Thank you for your interest in V² National Association of Foster Youth Inc. (V² NAFYI) without our volunteers our program would not be possible. Whatever opportunity you decide to volunteer for, just know you are making a huge difference in the lives of youth impacted by foster care will leave the system feeling safe, connected, and loved.

There are a few different volunteer opportunities to choose from:

- **On a Retreat**—Your main responsibility is to be a family pal. Each volunteer will be paired with one family. Your role is to assist that family with any needs they might have during the retreat weekend. You will stay onsite for the entire 3-day weekend.
- **In the Office**—You can help with office tasks such as stuffing envelopes, making phone calls, filing, putting together retreat packets, etc. You can do some of these things from home too!
- **At an Event**—You can help with registration, parking, silent auction, raffle, etc. (tasks will vary depending on the event).
- **Auxillary**—You can assist V² NAFYI by joining our seasoned professionals group, The Change Team, in helping to fundraise for the cause or by joining a special event committee to help us with event planning and logistics.

To be eligible to be a volunteer you must first fill out the volunteer application. When it has been completed you can either mail your application to **(list the address information)** or email your application to volunteer@V2fosteringchange.org. When we receive your application, the initial step is to complete our (length of time) orientation process. Our volunteer opportunities are based on the need of the organization therefore during the orientation process we can discuss how your skillsets and or strengths can contribute to V² NAFYI.

Again, thank you for your interest in our program. If you have any questions, please do not hesitate to contact me **(who is this and where is the point of contact information)**.

Sincerely,

Events Coordinator



Volunteer Application

Please print clearly and fill out the application in its entirety

Name *(first, middle and last)* _____
Home Address _____ Apt/Suite _____
City _____ State _____ Zip _____
Phone Numbers _____ Cell Number _____
Please include area codes cell/ home/ work

Preferred method of communication *(please circle)*: cell/ home/ work Best time to call: _____
Male () Female () Email _____
Date of Birth _____
*T-Shirt Size _____
(\$5.00 payment not necessary with application)

Employment:

Employer _____ Position _____
Work Address _____
City _____ State _____ Zip _____

Why are you interested in volunteering with V² Foster Change?

How did you hear about V² NAFYI? () Word of Mouth () Newsletter () DTD event
() Other _____

I would like to be considered for the following volunteer opportunities: *(you may select more than one)* () Retreats – *must be 18 years of age* () Office () Event () Auxiliary
If you selected retreats please fill out the two stated questions below

*Which weekend(s) are you interested in volunteering for:



*What age group do you enjoy working with the most: *(you can circle more than one group)*

Infants (ages 0-1) Tots (ages 2-4) Youth (ages 6-12) Teens (ages 13-18) Adults (18 & older)

Please list any languages that you speak, read and/or write fluently, in addition to

English: _____

Have you volunteered for other organizations? ___ Yes ___ No *(if you checked yes, please list the below)*

Organization Name: _____

Point of Contact: _____

Email: _____ Phone Number _____

Describe volunteer service below:

Organization Name: _____

Point of Contact: _____

Email: _____ Phone Number _____

Describe volunteer service below:

Please describe any work or personal experience you think might be relevant to our program:

Do you have any hobbies or special talents?



References

Name: _____ Address: _____
 Phone Number: _____
 Length of Relationship: _____
 Type of Relationship: () Personal () Professional

Name: _____ Address: _____
 Phone Number: _____
 Length of Relationship: _____
 Type of Relationship: () Personal () Professional

Name: _____ Address: _____
 Phone Number: _____
 Length of Relationship: _____
 Type of Relationship: () Personal () Professional

Have you ever been charged with or convicted of the following: *(please check yes or no)*

- a) Felony? ___Yes ___No Type: _____
- b) Any crime involving a sexual offense, an assault or the use of a weapon? ___Yes ___No
- c) Any crime involving the use, possession or the furnishing of drugs or hypodermic syringes?
 ___Yes ___No
- d) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger?
 ___Yes ___No

If you answered Yes to any of the above four items, please explain _____

V² NAFYI has my permission to:

Please check below

- Please provide your social security number: _____
- Run a background check on me _____ Yes ___ No
Only needed if volunteering for a retreat. Number is kept in a secure location.
- Run a motor vehicle records check on me if I decide to operate a DTD vehicle. ___Yes ___No
- Verify the 3 references I have provided. _____ Yes ___ No

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer for V² NAFYI.

 Your Signature _____
Date



Release for Publication

During the course of the V² NAFYI experience, there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation.

By initialing below, you may choose to grant or deny V² NAFYI, Inc. permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, website, online, brochures, special fundraising activities, scrapbook, videos and photo albums for use in public understanding and support of the V² NAFYI program.

By granting permission below, you hereby release and hold harmless V² Fostering Change, Inc. from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes. V² NAFYI

Please initial below:

_____ “YES, I grant permission” _____ “NO, I deny permission”
(Initial) (Initial)

****If you are not signing up to volunteer for a retreat please stop filling out the application****



Permission to Participate & Release of Claims

I, _____ (*print your name*) hereby give permission to travel to the V² NAFYI Retreat Weekend Program (hereinafter “the Weekend”) as a volunteer in the program.

I understand that I will travel by company van or drive my personal vehicle to the V² Foster Change Retreat Weekend program.

I understand that while at “the Weekend”, depending on the venue, I may be offered *physical activities* including, but not limited to swimming, boating, arts & crafts, basketball and other outdoor recreational activities. (*Please note activities are subject to change depending upon the venue).

In consideration of participation in “the Weekend”, I, for myself, heirs, executors, and administrators, hereby personally, release, indemnify, save and hold harmless, acquit, forever discharge and waive any claims or causes of action which I may now or hereafter have against V² NAFYI, Inc. other participating agencies.

This includes all corporate sponsors and collaborators, and their respective subsidiaries and affiliates and any and all of their officers, directors, trustees, agents, servants, associates, employees, representatives, shareholders, beneficiaries, successors, and assigns, of all liabilities, claims, actions, damages, costs, or expenses which they or I may now or hereafter have arising out of or in any way connected with participation in V² NAFYI, including, but not limited to, travel to or from “the Weekend” and injuries which may be suffered before, during, or after “the Weekend”.

I understand that this waiver includes any claims based on negligence, action, or inaction of the above parties. I understand that I am assuming the risk for any activities we participate.

Your Signature

Date



Medical History and Information

All of this information is kept confidential and will only be shared with the medical professional attending the retreat. It is extremely important that you list all current allergies to medication and or foods, along with any over the counter or prescription medications.

Do you have allergies to any food, medicines or any substance? () Yes or () No
If yes, please list:

Allergies: _____
Reaction: _____

Allergies: _____
Reaction: _____

Allergies: _____
Reaction: _____

Do you have any food restrictions? (*vegetarian, no meat, gluten free, etc.*)
() Yes or () No

If yes, please list:

Do you have any health conditions that may limit your participation?
() Yes or () No

If yes, please explain:

Due to the high emotional demands of this job, is there anything V² Foster Change needs to be made aware of to ensure that your experience is a pleasant one?
() Yes or () No

If yes, please explain:

Your Signature

Date