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**Complete and mail to:**

**United Way of Yavapai County**

PO Box 12935

Prescott, AZ 86304



**United Way of Yavapai County**

**Please contact United Way of Yavapai County with any questions**

**Phone: 928.778.6605**

**Or attach to email and send to:**

admin@yavapaiuw.com

**Group and Individual Volunteer Application**

**PLEASE PROVIDE THE FOLLOWING INFORMATION** (please print clearly)

I wish to schedule a group volunteer project I wish to volunteer as an individual for a project

**For group:**   
Business / Group Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact info.  
Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Phone# :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

One of our staff members will contact you to schedule your team builiding vounteer project.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For individual volunteers:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age Category: **□** Adult **□** Teen **□** Child

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Volunteer Experience**:

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| --- | --- |
| **Agency/Location** | **Title/Responsibilities** |
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**What would you like to volunteer for**?

**□** ***Campaign* □** Campaign Accounting **□** Long-Term Office **□** Special Events **□** Community Investment

**□** Data Entry  **□** Disaster Relief **□** Projects as needed **□** other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When are you available?** **□** Mon **□** Tue **□**  Wed **□** Thu **□** Fri **□** Sat **□** Sun **□ Morning □ Afternoon □ Either**

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| --- |
| **Tell us about any special training, education or talents you have:** |
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I consent that I am at least 18 years of age. If under 18 years of age you must have a parent or guardian signature to volunteer.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(All volunteers will be required to sign a Release and Consent, Confidentiality Agreement and Code of Ethics)



**United Way of Yavapai County**

**Volunteer Emergency Contact**

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of an emergency:**

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**United Way of Yavapai County**

**Volunteer Release and Consent Form**

I understand that I may receive personal information regarding United Way participants and I understand that this information is confidential and no such information obtained from United Way participants including addresses and contact information, will be disclosed by me to any outside party or agency either in a written or verbal form.

**Release of Liability**

I hereby release, indemnify and hold harmless United Way of Yavapai County officers, directors and employees, the county and local governments, the State of Arizona, the participating agencies, the coordinating agencies, the organizers, sponsors, and supervision from any and all liability in connection with any injury I may sustain, including any injury caused by negligence, in conjunction with any volunteer efforts in which I participate. I will abide by all safety instructions and information provided to me during any and all volunteer efforts. Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Arizona, and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read to the foregoing release and indemnification, and understand the contents thereof, and sign this release as my own free act.

**Communications Release**

I hereby grant permission to the United Way of Yavapai County to use my photograph, video, or statements taken during volunteering on its World Wide Web site, in other marketing materials, or in other public publications without further consideration, and I acknowledge United Way’s right to crop or treat the photograph at its discretion. I also acknowledge that United Way may choose to use my photo at its own discretion, and to authorize any newspaper, company or other organization to use, publish, republish or exhibit said photograph with or without identification of me by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of United Way of Yavapai County and any of its activities.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Consent/Release –** If the individual is under 18 years of age, the following must be signed by a parent or legal guardian. I hereby consent and agree, as a parent or legal guardian of to all the terms and provisions above.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**United Way of Yavapai County**

**Confidentiality Agreement**

As a volunteer with United Way of Yavapai County (UWYC), you will receive a variety of information of a confidential nature. Information may be in print, verbal or electronic. All materials provided will be treated with confidentiality as follows:

* You recognize and acknowledge the confidential nature of this information, including without limitation the identity of donors and prospective donors (“Donors”), Donor charitable giving history and charitable preferences, personal and financial information about Donors or UWYC or its staff (collectively, “Confidential Information”).
* You agree that the Confidential Information will be solely used for the purpose of performing the responsibilities of your position with UWYC.
* You agree to maintain information as strictly confidential and not share with UWYC competitors or third party.
* You agree to not share any UWYC financial, legal, business and strategic Confidential Information that is not a matter of public knowledge.
* You agree that you will not, except for the purpose of your internal review, copy or otherwise duplicate any of the Confidential Information without the written consent of UWYC.
* You agree that you will return any and all materials as requested by UWYC.
* It is agreed that an action for violation of this Confidentiality Agreement may be brought in law for damages or equity for injunctive relief.

I have read and understand the terms of this Confidentiality Agreement.

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Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_



**United Way of Yavapai County**

**Ethics and Conflict of Interest Policy**

In accordance with the United Way of Yavapai County’s commitment to our values-based leadership, the Board of Directors, employees and volunteers will adhere to the following code of ethics and scrupulously avoid conflicts of interest between the interests of the United Way and one’s person, professional, and business interests on the other.

**Policy**

UWYC’s Board of Directors shall ensure that Board members, officers, employees and volunteers observe high standards of integrity, business ethics and fair dealings, and shall avoid any actions which are or may appear to be inconsistent with such standards.

**Intent**

To foster the ability of Directors, employees and volunteers to protect the best interests and reputation of United Way of Yavapai County and its stakeholders. In carrying out their responsibilities and duties, Directors, employees and volunteers must build and sustain relationships based on social and person trust with stakeholders and the public.

I understand that the purposes of this policy are to protect the integrity of the United Way of Yavapai County’s decision-making process, to enable our constituents to have confidence in our integrity, and to protect the integrity and reputations of volunteers, staff, and Board members.

In the course of meetings or activities, I will disclose any interest in a transaction or decision where I (including my business or other nonprofit affiliations), my family and/or my significant other, employer, or close associates will receive a benefit or gain. After disclosure, I understand that I will be permitted to participate in the discussion, but will not be permitted to vote on the question, and I have the option to leave the room for the vote if I so desire.

I understand that this policy is meant to supplement good judgment, and I will respect its spirit as well as its wording.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organizations with whom I have a relationship as of this date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_