

# Rural Human Services Volunteer Forms

#F111007

(Program Manager please refer to # P30707)

## **Program or Volunteer Area:**

## **Volunteer Information:**

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

\_\_\_\_\_  
Home Phone / Cell Phone

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Mailing Address

## **Emergency Contacts:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone / Cell Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone / Cell Phone

## **Statement of Confidentiality**

As a condition of Volunteering for Rural Human Services, Inc., I agree not to divulge any information regarding clients obtained in the course of such Volunteering, to unauthorized persons. I also agree not to publish or otherwise make public any information regarding persons who have received services.

## **Drug & Alcohol Testing**

I agree to not engage in the use of, or be under the influence of a controlled substance, and that RHS may conduct drug testing at any time, during my Volunteer work hours, for Rural Human Services.

## **Photo Release Waiver**     **Accept**     **Decline**

I grant permission to any media source acting on behalf of Rural Human Services (RHS) and its affiliated programs, to use my image in any format, without compensation to me. Such images may be included for the promotional purposes of the agency. I understand that RHS will not release the use of my image to any individual or entity for use or profit without my express permission.

***I have been notified, and understand the stipulations listed above.***

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

## **\*If a minor, Signature of a parent or guardian is required below:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

**Volunteer's Proof of Driver's License and Insurance Coverage**

Rural Human Services requires all volunteers who drive on behalf of the agency, to possess valid vehicle operator licenses and automobile insurance prior to engaging in any RHS travel related business or activities.

I, \_\_\_\_\_, certify that I hold a valid Driver's License # \_\_\_\_\_, issued by the state of \_\_\_\_\_.

I further certify that I carry the minimum insurance coverage required by California Law. I understand that should, at any time, my license become invalid for any reason and/or should my insurance lapse, I may not drive any vehicle on any RHS business, under any circumstance. I agree to keep RHS' Human Resources Department updated with current copies of my driver's license and proof of insurance upon the expiration and subsequent renewal of each.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**Volunteer's No License/Insurance Agreement**

I understand that because I do not have a valid driver's license and/or carry automobile insurance on any vehicle I own, that I may not, under any circumstance, drive any vehicle belonging to RHS. I am also aware that I am not to drive any vehicle, on any RHS business, at any time.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**Volunteer's RHS Vehicle Usage Agreement and Authorization**

In addition to having a valid driver's license and current personal automobile insurance, any volunteer that drives a company vehicle must also be listed with Rural Human Services' company insurance carrier.

I, \_\_\_\_\_, have the need to drive an agency vehicle and have verified with Human Resources, as of the authorization date indicated below, that I am authorized by RHS' company insurance carrier to drive such vehicle. I also understand that in order to drive an agency vehicle, I must never operate any RHS vehicle or my own vehicle on RHS business, while I am under the influence. I must at all times possess and have on file with Human Resources, a copy of my valid driver's license and current personal insurance policy. I understand I am required to keep the above mentioned documents current and valid and that it is my responsibility to provide Human Resources with copies of it immediately upon renewal or other changes.

By my signature below, I affirm that I understand and agree to comply with all the above conditions as a prerequisite to my use of any RHS agency vehicles.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

***Thank you for your contribution of time and hard work on behalf of Rural Human Services for the people of Del Norte County.***