



Lackawanna Blind Association
"Serving the Blind & Visually Impaired"
228 Adams Avenue • Scranton, PA • 18503-1602
Phone (570)342-7613 • Toll Free (866)662-5300 • Fax (570)348-1813
www.lackawannablind.org

VOLUNTEER APPLICATION

The Lackawanna Blind Association has been assisting blind and visually impaired persons in Lackawanna County since 1912. Volunteers of all ages and backgrounds are welcome! Volunteer opportunities include one-time events and on-going programs and training by our professional staff is provided free of charge.

Full Name _____ **Date** _____

Address _____

Permanent Address (for college students in dorm or other temporary residence):

Phone _____ **Email** _____

Emergency Contact Name/ Phone _____

INTERESTS:

SPECIAL EVENTS

_____ **HELEN KELLER DAY:** An annual fashion show & luncheon held each Spring; this is the Association's biggest fundraising event. Volunteers are needed to assist in numerous aspects of preparation for this event, including raffle ticket and program ad sales, and acquisition of raffle prize donations.

ON-GOING PROGRAMS

_____ **SENSORY DEVELOPMENT PROGRAM:** Assist with crafts & activities designed to improve our blind & visually impaired clients' ability to function independently by enhancing their other senses.

_____ **DRIVERS:** Provide our clients with round-trip transportation for grocery shopping, doctor's appointments and other errands, using your own vehicle (you will be reimbursed for mileage).

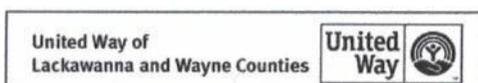
AVAILABILITY:

Flexible Weekdays Evenings Weekends

Do you own or have access to a reliable vehicle? Yes No

Please contact the Blind Association at (570)342-7613 if you have any questions.
We look forward to hearing from you!

Lackawanna Blind Association reserves the right to refuse any individual contact with clients, use of Association vehicles, or any volunteer opportunities at any time.





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VOLUNTEER RELEASE AND CONSENT

I, _____ hereby release, indemnify and hold harmless the Lackawanna Blind Association (the "Association"), the organizers, sponsors, and supervisors of all its activities, from any and all liability in connection with any injury (including any caused by negligence), in conjunction with any and all volunteer activities conducted for the Association, whether such activities are performed at the Association's offices located at 228 Adams Avenue, Scranton, PA, or at any other location. In addition, I hereby grant the Association and its assigns permission to utilize any photographs or videos taken of me.

Signature _____ Date _____

Witness _____ Date _____

CONSENT

The Lackawanna Blind Association reserves the right to conduct a criminal background check on any volunteer at any time. In addition, Lackawanna Blind Association Volunteer Drivers are required to submit a copy of their current driver's license and insurance card.

I, _____ Social Security Number _____ understand that the Lackawanna Blind Association may request that a criminal background check be conducted before approving my application to volunteer. I hereby consent to such request.

Signature _____ Date _____

Witness _____ Date _____

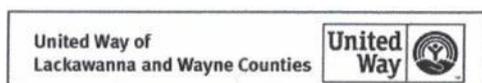
AUTOMOBILE LIABILITY INSURANCE (if applicable)

I understand that all volunteers using personal automobiles in connection with any volunteer activities conducted on behalf of the Association are required to maintain automobile liability insurance in the amounts of \$100,000/\$300,000 for bodily injury and \$50,000 for property damage. I hereby certify that my automobile liability insurance coverage meets or exceeds this minimum standard, and that the copies of my automobile insurance documents I have provided to the Association are current and complete. I further certify that if there is any change of any kind whatsoever in regard to such policy, I will immediately provide copies of my new insurance documents to the Association.

I further understand that the Association requires volunteer drivers to have a clean driving record, which is defined as no moving violations or major accidents for the past five (5) years. I further certify that my driving record is clean according as so defined, and that I will immediately inform the Association if I receive any moving violation or am involved in any major accident.

Signature _____ Date _____

Witness _____ Date _____





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CONFIDENTIALITY POLICY AND AGREEMENT FOR EMPLOYEES, VOLUNTEERS, AND BOARD

Respecting the privacy of our clients, donors, members, staff, volunteers and of the Lackawanna Blind Association itself, is a basic value of Lackawanna Blind Association. All information concerning clients, former clients, our staff, volunteers, and financial data and business records of the Lackawanna Blind Association, is confidential. "Confidential" means that you are free to talk about Lackawanna Blind Association and about your program and your position, but you are not permitted to disclose clients' names or talk about them in ways that will make their identity known. No information may be released without appropriate authorization. This is a basic component of client care and business ethics, and as such is the express policy of the Lackawanna Blind Association. The board of directors, staff, and our clients rely on paid and volunteer staff to conform to this confidentiality policy.

The Lackawanna Blind Association expects you to respect the privacy of clients and to maintain their personal and financial information as confidential. All records dealing with specific clients must be treated as confidential. General information, policy statements, or statistical material that is not identified with any individual or family is not classified as confidential. Staff members are responsible for maintaining the confidentiality of information relating to other staff members and volunteers, in addition to clients.

Confidentiality is the preservation of privileged information. By necessity, personal and private information is disclosed in a professional working relationship. Part of what you learn is necessary to provide services to the applicant or client; other information is shared within the development of a helping, trusting relationship. Therefore, most information gained about individual clients through an assignment is confidential in terms of both ethical standards for client care as well as the law. Disclosure of such information therefore violates both normative ethical standards for social service professions as well as the policy of the Lackawanna Blind Association; in addition, such disclosure could also result in personal legal liability. Most importantly, such disclosure could damage your relationship with the client and make it difficult to help the person.

Failure to maintain confidentiality may result in termination of your employment, or other corrective action.

CERTIFICATION

I have read the Lackawanna Blind Association's policy on confidentiality and the definition of confidentiality presented above. I agree to abide by the requirements of this policy and to inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my service with the Lackawanna Blind Association.

Signature _____ Date _____

Witness _____ Date _____

