

VOLUNTEER AGREEMENT

Application

Date: _____

Application for:

Tutor: 3 pm - 6 pm

Classroom Assistant

Summer: 12 pm - 5 pm

School year: 3 pm - 6 pm

Program Assistant

Summer: 9 am - 5 pm

School year: 10.30 am - 6.30 pm

Event Volunteer: dates and times vary and will be scheduled individually

Last Name: _____ First Name: _____

Address: _____

City / Town / State: _____ Zip Code: _____

Phone: _____ Email: _____

In Case of Emergency, Please Notify:

Name: _____ Phone: _____

Relationship: _____

Are you 18 years old or older? __ YES __ NO

If no, birthdate: ____/____/____

Are you a U.S. citizen? __ YES __ NO



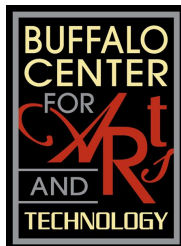
Please answer the following questions:

Why are you interested in volunteering at BCAT?

If you are interested in a particular area or assignment, please indicate your preferences:

Please list previous volunteer experience:

Do you have any special interests or talents?



Education

Are you currently in school? **YES** **NO**

School: _____

Major: _____

If you are volunteering through a school organization, please list it below:

Organization: _____

School Contact: _____ Department: _____

Title: _____ Phone: _____

Employment

Are you currently employed? **YES** **NO**

Employer: _____

Title or Position: _____

Address: _____ Phone: _____

Supervisor Name: _____ Phone: _____



Please list one personal reference (not a relative):

Name: _____ Phone: _____

Please Note: We perform a Background Check on all Volunteers

Your Signature: _____ Date: _____

PLEASE RETURN TO

Buffalo Center for Arts and Technology
Brandi Cane- Youth Arts Program Director
1221 Main Street
Buffalo, New York 14209

-OR-

info@bufcat.org



VOLUNTEER AGREEMENT

Confidentiality

I agree to treat as confidential all information concerning clients, former clients, our staff, volunteers, and financial data, and business records of Buffalo Center for Arts and Technology during the performance of duties as confidential and proprietary to BCAT.

No information may be released without appropriate authorization. This is a basic component of client care and business ethics. Staff / Volunteer / Intern and BCAT will protect identifying student data including but not limited to the names of youth and families, and any associated identifiable information in accordance with HIPAA (Health Insurance Portability & Accountability Act), and FERPA (Family Educational Rights and Privacy Act) laws. Should student data sharing be necessary with other organizations and/or other partner agencies, such information must have a previously signed Interagency Release Form signed by student and parent or guardian, BCAT and partner agency representative.

The board of directors, staff, and our clients require volunteer staff and interns to conform to this rule of confidentiality, and I understand that it would be a violation of policy to disclose such information, which will lead to termination of the volunteer opportunity.

Staff or Faculty Volunteer Intern

If "Intern," what is your sponsoring agency? _____

Name: _____ Date: _____

Signature: _____



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Contract

By signing this form, I acknowledge that I have been given a copy of the Buffalo Center for Arts and Technology Volunteer Handbook. I understand that it summarizes Buffalo Center for Arts and Technology's volunteer guidelines and expectations of me as a volunteer. I agree to abide by the Policies and Procedures laid out in the Volunteer Handbook.

By signing this form, I agree to:

- Honor my commitment to the program
- Cooperate with the BCAT staff and fellow volunteers
- Be prompt and reliable
- Notify the Youth Volunteer Coordinator of any changes to my commitment as a volunteer
- Keep all communications with or concerning the youth in our program confidential
- Maintain professional behavior, through both dress and decorum
- Discuss any and all issues of concern with BCAT staff person
- Promote the safety of the youth, staff, and volunteers by adhering to all BCAT rules and guidelines
- Allow photographs or videos taken of me at BCAT to be published

Print Name: _____

Signature: _____

Date: _____

