

Volunteer Application and Consent Form

22 Northampton Street Buffalo, New York 14209 Tel: 716.348.3412

VOLUNTEER INFORMATION										
Last	First									
Name	Name_									
Address	Phone									
City	Cell/Text									
State Zip	Email _	Email								
Have you ever been charged with a crime? (violation, misdemeanor or felony)										
Have you ever been charged with any type of sex	or or felony)	□ No	☐ Yes							
If yes, to either, explain (attach additional sheet if necessary)										
REFERENCE										
Name										
Address										
Relationship to Reference	Phone	Phone								
Number of Years Known	Email									
EMERGENCY CONTACT										
Name										
Relationship	Phone									
AVAILABILITY										
Inventory Sorter Monday-Thursday 9am-noon	Sort product and prep	pare for store	One Time	Weekly	Other*					
Warehouse Assistant Monday-Thursday 9am-noon	Re-stock shelves w	ith product	One Time	Weekly	Other*					
Product packer Monday-Thursday 9am-noon	Package product w (Ideal for families with y		One Time	☐ Weekly	Other*					
Store AssistantTuesdays2:30 - 5pmStore AssistantWednesdays2:30 - 5 pmStore AssistantSaturdays9am - noon	Help teachers with	n shopping	One Time	☐ Weekly	Other*					
*Other - describe										

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STATEMENT OF UNDERSTANDING AND INDEMNIFICATION, RELEASE AND HOLD HARMLESS AGREEMENT

I, the volunteer applicant (parent, guardian, legally responsible person or organization or if applicant is less than 18 years of age) understand that I am not an employee, agent, subcontractor, or independent contractor of The Teacher's Desk, Inc. I understand that my volunteer position is not a contract for hire, expressed or implied, and is with no promise of compensation or employment. I further understand that The Teacher's Desk, Inc. will not provide me with any pay, compensation, insurance coverage, worker's compensation or any other benefits to which an employee may be entitled.

I hereby release, forever discharge and agree to defend, indemnify and to hold harmless, The Teacher's Desk, Inc. and The William and Diane Hein Foundation and all of their officers, directors, employees, agents, contractors, representatives and subcontractors, from and against any and all liability, claims, action or actions, cause and causes of action, suits or demands for personal injury, bodily injury, sickness or death, as well as property damage, including without limitation, expenses, attorneys' fees and court costs and any and all other liabilities of any nature whatsoever which may arise from, during, out of, or in any way be related or pertain to my activities or participation as a volunteer and/or my presence in any capacity whatsoever at The Teacher's Desk, Inc. This Statement of Understanding And Indemnification, Release and Hold Harmless Agreement further includes and applies to the disclosure or release of any information by The Teacher's Desk, Inc., pertaining to referrals, references and background investigations of or pertaining to me as an applicant or volunteer.

I further agree that any and all controversies, disputes or claims which may arise out of or related in any way to this Statement of Understanding And Indemnification, Release and Hold Harmless Agreement will be settled by an arbitration panel of three (3) arbitrators administered by the American Arbitration Association.

I understand that as a volunteer I am to present myself with modest dress. I also give The Teacher's Desk, Inc. permission to video or photograph me while on premises, without reward or compensation. No volunteer has the authority to enter into any agreement expressed or implied or to make any representations or agreements on behalf of The Teacher's Desk, Inc. or The William and Diane Hein Foundation, without their express written consent. I understand that The Teacher's Desk, Inc. reserves the right to accept or not to accept a Volunteer Application with or without cause at the discretion of The Teacher's Desk, Inc.

APPLICANT SIGNATURE AND AUTHORIZATION

I, the volunteer applicant, parent, guardian, legally responsible person or organization (if applicant is less than 18 years of age), acknowledge that all the information in this application is true and accurate. I authorize The Teacher's Desk, Inc. and their authorized personnel to complete at their discretion a criminal history, sex offender record check, motor vehicle violation check, to verify professional licenses and to conduct reference checks. I understand that this information may be used to determine my eligibility for a volunteer position with The Teacher's Desk, Inc. I also understand that as long as I remain a volunteer, these record checks may be repeated at any time. I understand that The Teacher's Desk, Inc. may choose not to extend a volunteer appointment and may dismiss me based on the results. I also understand that all information remains the property of The Teacher's Desk, Inc. I have read and agree to all of the above. I also have read and fully understand the Statement of Understanding and Indemnification, Release and Hold Harmless Agreement and agree to all of the terms, statements and conditions thereof.

Applicant Signature										Date//
PARENT, GUARDIAN OR LEGAL REPRESENTATIVE (if applicant is less than 18 years of age)										
Signature										Phone ()
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We are incredibly grateful you have chosen to work along side us as we do our best to help students in need, encourage teachers and provide purpose through volunteerism.



716.348.3412

volunteer@theteachersdesk.org

www.theteachersdesk.org

Because it really is more blessed to give than to receive. Acts 20:35