



Background Check Authorization Form

After reading the Background Check Disclosure above, I, _____
_hereby authorize **MACC Development** and/or its agents to conduct a background check which may be used to determine my eligibility for employment, promotion, or retention. I understand that this report may contain personal information gained through personal interviews or found in any state or local files and public records, including but not limited to information about my character, reputation, living conditions, consumer reports, education, criminal record, drug testing, and previous employment.

I understand that the purpose of this background check is to verify the information included in my application and to obtain additional information that may be pertinent to my qualifications for employment. I understand that this disclosure is all-encompassing, allowing **MACC Development** to obtain background reports from third-party organizations throughout the course of my employment to the extent permitted by the law.

I understand that this background check is necessary if I wish to meet all the criteria for the position of Volunteer at **MACC Development** and that a successful background check is not a guarantee of employment. I also understand I can request a copy of my background report upon written request within a reasonable timeframe background report.

I agree that **MACC Development** may contact my references, previous employers, and any applicable third party to confirm that they have been included in my application. I hereby release all parties from any liabilities on account of this disclosure. I further authorize that a photocopy of this authorization may be considered valid as the original.

Full Name: _____

Date of Birth: _____

Signature: _____ Date: _____

Driver's License Number: _____ Issuing State: _____

Address(es) for the last 3 years: _____





Waiver and Release Form

ACKNOWLEDGMENT OF WAIVER AND RELEASE

IN CONSIDERATION of participation as undersigned below:

The undersigned, in a variety of blight-engaging activities, including but not limited to outdoor chores, trash pickup, the use of small and large powered and non-powered tools, and/or other equipment provided or used for participation in such activities administered, overseen, or otherwise managed by MACC Development.

ASSUMPTION OF RISK

I hereby assume all risk of participation inherent in all activities in which the Participant will engage, including by way of example, but not limited to any risks that may arise from the negligence or carelessness, defective premises, defective equipment, or other property leased, owned or maintained on the part of MACC Development, its' staff, managers, board members, volunteers, sponsors other participants (henceforward "Releasees") of any activity. Participant acknowledges activity may involve a test of participant's physical and mental limits that carries the risk of injury.

CERTIFICATION OF HEALTH.

The participant certifies that the Participant is physically fit and able to undertake the anticipated physical activity and has not been advised to avoid or limit participation by any qualified medical doctor, physician, or other qualified medical professional. There are no known health-related reasons or problems which preclude participation.

WAIVER & RELEASE

Participant hereby waives releases and discharges from fault and all liability, including but not limited to liability arising from the negligence or fault of any or all Releasees, from damages resulting from the injury, death, disability, property damage, property theft, or other incidents causing injury.

INDEMNITY & HOLD HARMLESS

The participant will indemnify and hold harmless any and all Releasees from all liabilities and claims made as to the result of participation, including claims brought by third parties.

CONSENT FOR FIRST AID & EMERGENCY SUMMONS

Participant consents to receiving first aid or medical care as deemed advisable in the event of accident or injury.

BINDING ON SUCCESSORS

This Acknowledgment of Waiver & Release shall be binding on participants' heirs, executors, administrators, beneficiaries, guardians, parents, custodians, and other assigns.

Signature of Volunteer

Date





Volunteer Confidentiality Agreement

This agreement applies to all volunteers associated with and involved in the activities or affairs of MACC Development. This includes all MACC Development activities at its principal office and all outreach site locations.

All data, materials, knowledge, and information generated through, originating from, or having to do with MACC Development or persons associated with our activities, including contractors, is to be considered privileged and confidential and not disclosed to any third party. All pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages (received or transmitted), resources, contacts, e-mail lists, e-mail messages, client, staff, or public information is confidential, and the sole property of MACC Development.

This also includes, but is not limited to, any information of, or relating to, our staff, clients, operations, and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including but not limited to hardcopy, photocopy, microform, automated, and electronic form.

Client information, including file information, is not disclosed to any third party under any circumstances without the consent of the MACC Development employee supervising you and the Executive Director.

Any disclosure, misuse, copying, or transmitting of any material, data, or information, whether intentional or unintentional, will subject you to disciplinary action and prosecution, according to the procedures set by MACC Development and any applicable laws.

Signature of Volunteer

Date





Emergency Contact Form

Emergency Contact #1:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Emergency Contact #2:

Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact #3:

Name: _____ Relationship: _____


Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Signature of Volunteer

Date





Media Release & Consent Form

I hereby permit **MACC Development/48214 CARE** to use:

- Photographs
- Visual Recordings
- Audio Recordings
- Other: _____

I hereby authorize **MACC Development/48214 CARE** to exhibit, distribute, and publish in print, video, and audio recorded productions and on the internet this material to publicize MACC Development/ 48214 CARE programs or other lawful purposes without payment or any further consideration.

By signing this document, I understand that.

- The materials will be used only for nonprofit/educational purposes.
- The individual named above/organization will not release the materials to any other nonprofit or community organization without seeking my permission.
- Any proceeds from the sale of published or printed matter containing the materials will be used to support the mission of **MACC Development/48214 CARE**.
- The materials will become the property of **MACC Development/48214 CARE** and stored in a place chosen by the organization.

In addition, I waive the right to inspect or approve the finished product, including a written or electronic copy, wherein my likeness appears for myself and/or my child(ren). I waive any right to royalties or other compensation arising or related to the use the materials for myself and/or my child(ren). I hereby release **MACC Development/48214 CARE** from all claims and demands, liabilities, and causes of action that I, heirs, representatives, executors, administrators, or any other persons acting on my behalf or my estate may have of this authorization.

This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. I have read this release before signing below, and I fully understand the contents, meaning, and impact.

Signature of Volunteer

Date





Volunteer Handbook Acknowledgment

By signing this form, I acknowledge I have received a copy of the MACC Development's 48214 CARE program Volunteer Handbook and:

- I understand it contains essential information about the Agency's policies.
- I understand I am expected to read the Volunteer Handbook, familiarize myself with its contents, and understand the policies that apply to me.
- I understand that the policies, procedures, and benefits contained in this Volunteer Handbook may be changed at any time at the Agency's discretion.
- I understand that the most current version of this Volunteer Handbook replaces any prior handbooks and policies of the Agency.
- I understand that MACC Development is an "at-will" agency. As such, my volunteer service with the Agency is not for a fixed term or definite period. It may be terminated at the will of either me as the Volunteer or MACC Development as the Agency, with or without cause, and with or without notice.
- I understand that nothing contained in this Volunteer Handbook or any other statement of policy or procedure may be construed as creating a contract of volunteering or a promise of future benefits with MACC Development.

If I have questions regarding this Volunteer Handbook, I will immediately bring them to the attention of the Volunteer Program Staff.

Volunteer's Full Name

Signature of Volunteer

Date

