

STUDENT VOLUNTEER APPLICATION

First Name	Last Name				
Address		City	Zip		
Phone numbers		Birthday:			
Email:	Month Day onlyAdd me to the MBKOC e-newsletter list:Yes				
How did you hear ab	oout MBKOC (please select all (please list)				
Online SoSchool: ((please list) Friend/Current MBKOC Volun ource (MBKOC Website/Volun please list if currently in scho please list)	nteer Match/Volunteer I ool)	Houston, etc.)		
Previous volunteer e	experience:				
What do you hope to	o accomplish as a volunteer a	т МВКОС?			
	ivities:				
-	f any?				
In case of emergency	y contact: Name	Relationship	 Phone Number		
	gies, medical conditions or ha				
s, talents or hobbies:		Availability:			
mputer support	_Receptionist	Day(s) of the week:			
and crafts	_Job Counseling	MonTues V	Wed ThursFriSat		
ndyman	_ Writing	Time of day:MorningAft	ternoonEvening		
		— ///////// — ////			

In order to better utilize your skills and talents, please complete the following:				
General areas of interest:				
Emergency (Client) ServicesEnglish SchoolAdministrationFacility MaintenanceFundraising				
As a volunteer at My Brother's Keeper Outreach Center ("MBKOC"), I support this mission statement and agree to abide by all policies and procedures of MBKOC in this endeavor. Accordingly, I understand and agree that I will abide by these policies and procedures at all times while I am engaged in volunteer services for MBKOC. In addition, I acknowledge that my services for MBKOC are purely voluntary and neither MBKOC nor I intend to create any employment, consultant or independent contractor relationship now or at any time in the future. I understand that I will not receive any pay, health and welfare benefits or other privileges of employment for performing volunteer services for MBKOC. Moreover, I understand that I am not eligible for workers' compensation benefits in case of any injury or illness that result from the volunteer work.				
Signature of volunteer/student Date				
CONFIDENTIALITY POLICY				
I hereby agree that I will hold confidential at all times all communications, observations and information made by, between or about clients of My Brother's Keeper Outreach Center ("MBKOC"). This includes, but is not limited to, all client service and administrative records and computer records, including any and all logs and/or records resulting from telephone contacts or any other work product of staff or volunteers related to recipients of service. In addition, I agree that I will not, at any time, directly or indirectly divulge, disclose, or communicate to any person, firm, or corporation any confidential information concerning any matters affecting or relating to the business of MBKOC, including, without limitation, the names of any of its other volunteers or any other information concerning MBKOC's manner of operation, its plans or any of its processes. Information is deemed "confidential" if it is not readily known and available to the general public. I hereby agree that I am bound by this confidentiality agreement both during and upon leaving my services as a volunteer for MBKOC and there ever after. I agree to the above confidentiality policy.				

Signature of volunteer/student

Date

I agree to the above confidentiality policy._



Dear Parent,

Your son/daughter has expressed an interest in volunteer opportunities at My Brother's Keeper Outreach ("MBKOC"). Many students volunteer at MBKOC throughout the year and are able to bring a wonderful, youthful enthusiasm to the MBKOC community. We hope that we can make your child's experience at MBKOC a meaningful one. Students under the age of 18 need parental permission and any student under the age of 16 needs to be accompanied by an adult while volunteering at MBKOC. Thank you for your support. Please read and sign the Permission, Waiver and Release below. Return this form to the Volunteer Coordinator at MBKOC. If you have any questions, please feel free to email us at volunteer@mybkoutreach.org.

Permission and Release

My child ______ has my permission to volunteer at My Brother's Keeper Outreach Center ("MBKOC"). I do hereby specifically release, waive, discharge and covenant not to sue My Brother's Keeper Outreach Center (MBKOC), its staff, volunteers, agents and governing bodies, for any action or causes of action including but not limited to personal injury, property damage or wrongful death, which may exist or which may hereafter arise during and following the participation of the above child in activities at My Brother's Keeper Outreach Center (MBKOC).

I understand that my child may be exposed to some foreseen and unforeseen risks on account of my child's participation as a volunteer for MBKOC. I knowingly accept such risks and, fully understanding such risks, nonetheless grant permission for my child to participate as a volunteer for MBKOC. Therefore, on my own behalf and on behalf of my child, heirs, representatives, administrators and assigns, and to the extent permitted by law, I hereby forever waive, discharge and release any and all liability, claims, demands, causes of action, suits and rights of whatever kind or nature, either in law or in equity, I or my child, or anyone else on my or my child's behalf, might have against MBKOC or its officers, directors, agents, representatives, employees, volunteers, successors and assigns (collectively, the "MBKOC Affiliated Persons"). Further, I agree that I will not, nor will I allow anyone else acting on my or my child's behalf to, bring or maintain any lawsuit or other action against MBKOC or any MBKOC Affiliated Person for any claim that I or my child might have arising out of my child's participation in any activities sponsored by, sanctioned by or approved by MBKOC or any MBKOC Affiliated Person. For the purpose of implementing a full and complete release, I understand and agree that this waiver is intended to include all claims, if any, which I or my child may have and which neither I nor my child now know or suspect to exist in my or my child's favor against MBKOC and this waiver extinguishes those claims.

I understand and acknowledge that this Permission, Waiver and Release discharges MBKOC and any MBKOC Affiliated Person from any liability or claim that I or my child may have against MBKOC or any MBKOC Affiliated Person with respect to any bodily injury, illness, death, or property damage that may result from my child's participation as a volunteer for MBKOC, whether or not caused by the negligence, gross negligence, or intentional conduct of MBKOC or

any MBKOC Affiliated Person. I also understand that, except as otherwise agreed to by MBKOC in writing, neither MBKOC nor any MBKOC Affiliated Person is responsible for or obligated to provide financial assistance to me or my child or to anyone else, including but not limited to medical, health, or disability insurance, in the event of injury or illness.					
Signature of parent/guardian	Date	Phone #			
or other likeness of my childpublications. Photos may also be used MBKOC website and MBKOC Faceboo	d for media spots k page. This inclu or as background	er ("MBKOC") permission to display photographs on the MBKOC bulletin board or in MBKOC s/interviews and online marketing including the udes any photographs or videos in which he/she d. I understand that neither I nor my child will hotograph or video or other likeness			
Signature of parent/guardian	D	 Date			