



VOLUNTEER AGREEMENT

Airway Science for Kids

www.airwayscience.org

- * Assurance of confidentiality is critical to program success. No information concerning program participants or their families will be discussed without the express consent of the *Airway Science* CEO and participants.
- * The Volunteer Application must be completed in full.
- * Three references must be furnished.
- * No program participant is permitted to leave the program site alone with an *Airway Science* volunteer unless the *Center Manager* or *Airway Science* CEO is aware of it first and signed permission from a guardian is secured.
- * The *Center Manager* or *Airway Science* CEO must handle severe discipline problems. Any and all problems, regardless of severity, must be reported to the *Center Manager* before day's end or the *Airway Science* CEO before the next class day
- * Physical contact with a program participant when done with anger or as a means of discipline or any form of corporal punishment or abusive or vulgar language are totally unacceptable and will call for your immediate dismissal. Sexual contact with any program participant will be reported to the authorities immediately.
- * No activities can be conducted outside the *Center* without the consent of the *Airway Science* CEO. For example: fundraisers, transporting program participants, and/or public relations work.
- * Airway Science for Kids, Inc. does not sanction the activities of volunteers with program participants outside *Center*-sponsored activities.
- * None of the *Airway Science* program materials, including software and curriculum will be used for personal or commercial benefit.

VOLUNTEER COMMITMENT

As a volunteer for the *Airway Science for Kids*, I understand the above rules and will comply with them and other standards that may be set. I authorize ASK to perform an annual background check on me.

Volunteer Signature

Date

Airway Science CEO/Board President Signature

Date

Serving Portland, Hillsboro, and Vancouver
Please visit our website at www.airwayscience.org

IRS 501(c)(3) Tax Exempt #94-3163800

VOLUNTEER APPLICATION

(Please attach a resume including 3 references)

This information is confidential, will be kept secure and maintained only for use by ASK

NAME: _____ Male ___ Female ___
First Middle Last

ADDRESS _____

Social Security #: _____ Driver's License # _____
State Number

Date of Birth _____ Home Phone _____ - _____ Work Phone _____ - _____

E-MAIL ADDRESS _____

REFERRED BY _____

Education: High School _____ College Degree _____ Major _____
Yes/No Type

Previous Volunteer Experience: Yes ___ No ___. If yes, what organization and city _____

When? _____ What did you do? _____

Please provide the name of the volunteer manager and phone number of the organization:

What skills are you interested in sharing with participants in the program? _____

How much time can you give? _____

Time of day _____ Day(s) of week _____

Are you available for occasional weekend field trips? Yes ___ No ___

I certify that the above statements are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. With my signature I further declare and understand that all statements are subject to investigation, including a check of my fingerprints, police records, and former employers, volunteer managers, etc. I also understand that all information given will be considered in reviewing my statement and is subject to investigation. The information will be maintained in strict confidence for use only by *Centers for Airway Science*.

Volunteer Applicant's Signature

Date

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