



FamilyMeans
A BETTER LIFE IS POSSIBLE

FamilyMeans Volunteer Orientation - Training

In addition to a volunteer orientation – training for my role as a FamilyMeans volunteer, I have also reviewed the FamilyMeans policies and agree to abide by them.

<https://www.familymeans.org/volunteer-training.html>

1. Go to FamilyMeans.org
2. Click the about us tab in the left hand corner then click "Volunteer"
3. Once redirected to the volunteer page there will be a blue box on the screen that says "getting started" click the link titled "Volunteer Training"

If you prefer a paper copy one will be provided for you.

Participant Name: _____

Signature: _____

Date: _____

FamilyMeans Staff Member: _____

Date: _____



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Statement of Confidentiality

I, _____, understand that in assuming my responsibilities as a FamilyMeans volunteer I may have access to personal, medical and financial information about families that are receiving services from FamilyMeans.

I also understand that in keeping with the professional standards and ethics of FamilyMeans, I will consider all client identifiable information to be strictly confidential and therefore not to be shared with or discussed with any unauthorized person, either inside or outside the agency.

Signature: _____

Date: _____



FamilyMeans

NON PROFIT ORGANIZATION
Acct. #T514394840

Criminal Background Check

I authorize the release of all criminal records maintained by the Bureau of Criminal Apprehension, State of Minnesota and/or the Department of Justice, State of Wisconsin and/or from the states in which I have resided within the previous five years, to FamilyMeans. I understand this information will become part of my employment record with FamilyMeans and may be used to determine my eligibility for employment or continued employment with FamilyMeans.

I hereby unconditionally release FamilyMeans and the criminal system utilized, and their agents, employees, officers or directors, from any and all legal liability in any way related to or arising from the provision or utilization of such records.

A photo copy of this release shall have the same force and effect as the original release signed by me. This release expires one year from the date below. The existence of a criminal record will not automatically disqualify you from the job for which you applied.

The following individual has made application with this agency as a(n)

Last Name (please print) _____

First Name (please print) _____

Middle (full-please print) _____

Maiden, Alias or Former (pleaseprint) _____

Date of Birth _____ Sex _____ M _____ F
Month/Day/Year

Social Security Number: (optional) _____

Signature

Dated

Subscribed and Sworn to before me this
_____ day of _____ 20____

(Seal)

Notary Public



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Photo and Information Release

I, _____, give my permission for FamilyMeans to distribute, display or otherwise use for business purposes the photographs, video or audio recordings taken of _____ during the course of FamilyMeans program activities.

FamilyMeans may use these in agency newsletters, brochures, annual reports, and other materials as well as for print or broadcast media opportunities to help communicate the impact of the agency's programs and services to the general public.

If you do not want your name used with your photo, please check the box below.

___ I am willing to have my photo used per the reasons listed above, but do not wish to have my name appear.

Participant Name: _____

Signature: _____

Date: _____



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Transportation Waiver

I, _____, am aware that when I use my personal vehicle to transport a FamilyMeans client, I am choosing to do so at my own risk knowing that transportation is not part of my role as a FamilyMeans volunteer. Therefore, I realize that FamilyMeans has no liability regarding such transportation and any accidents must be covered by my insurance.

I have a valid driver's license and my vehicle has active insurance coverage.

Printed Name: _____

Signature: _____ Date: _____

____ I do not wish to transport FamilyMeans client's at any time.

I understand that I am not allowed to transport a FamilyMeans client at any time without first signing this waiver.

I give my minor child _____ permission to transport a FamilyMeans client.

Parents Signature: _____ Date: _____

FamilyMeans Staff Member Signature: _____ Date: _____