



Date _____

Volunteer Data Form

Thank you for your interest in Iona College. We offer unique opportunities that we believe will be mutually beneficial to the volunteer and our institution. Your application will be processed when all the requested information is provided.

Please note that all highlighted fields are required. In addition, you must read and agree to the Statement/ Terms and Conditions before submitting this information statement.

Please indicate the department for which you will be volunteering _____

First Name _____ Last Name _____

Home Address Street _____ Apt. _____

City: _____ State _____ Zip Code _____

Mailing Address (If different from Home Address)

Street _____ Apt. _____

City: _____ State _____ Zip Code _____

_____ Email Address _____ Home Number _____ Cell Number _____

Have you worked or volunteered with Iona College previously? _____ Yes _____ No

If yes, please indicate position and dates

How were you referred to Iona College?

Do you have any friends or relatives working at Iona College? _____ Yes _____ No

If yes, please provide a list of names, departments and relationships

Have you ever been convicted of a felony crime? _____ Yes _____ No

(exclude crimes that have been sealed or expunged)

If yes, provide date, charge and disposition for all

Have you ever been convicted of a sexual offense? _____ Yes _____ No

(exclude offenses that have been sealed or expunged)

If yes, provide date, charge and disposition for all

Are any sexual offense charges currently pending against you? _____ Yes _____ No

If yes, provide date, charge and disposition for all

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Do you attend an institute of higher learning with courses leading to a degree, certificate or diploma? _____ Yes _____ No

School/College _____ Year in School _____

Major _____ Minor _____

Expected Graduation Date _____

Present & Past Work Experience (include paid or volunteer positions)

1. Employer _____ From _____ To _____

Description of Duties

2. Employer _____ From _____ To _____

Description of Duties

3. Employer _____ From _____ To _____

Description of Duties

Skills, abilities and interests that may related to a volunteer role

When are you available to begin volunteering _____ Approximate hours available/week _____

What are your objectives for participating in the Iona College Volunteer Program?

By signing below, I certify that the answers given in this form are true and complete and to the best of my knowledge. I understand and agree that any misstatement or omission made by me on this form and /or attachments I have submitted is sufficient cause for revocation of any offer to volunteer with this institution.

Signature

Date



Volunteer Release & Waiver of Liability

Please read carefully. This is a legal document that affects your legal rights.

I want to participate in the volunteer activities of Iona College and as an Iona Volunteer, I freely, voluntarily, and without duress, execute this Release under the following terms:

- College Policies. I hereby agree that I will adhere to all policies of the College and that my role as volunteer may not be modified without consultation and approval by the Office of Human Resources.
Assumption of risk. I understand that my volunteer activities for Iona may include activities that are hazardous and/or physically strenuous, and I may be exposed to personal injury or damage to my property as a result of my activities, the activities of other persons, or the conditions under which my activities are performed while participating in Iona volunteering. Though Iona will provide me with support, supervision, training, and supplies to accomplish assigned tasks, I agree to the following:
I will follow all instructions provided by Iona, its faculty, administrator and staff members.
I will only use equipment that I know how to operate and use safely.
I will not undertake any activity for which I do not feel sufficiently prepared or able and until I have received instructions.
I will take all reasonable precautions to avoid injury to myself and to others and damage to property.
Finally, I agree to assume the risk of injury or harm and release Iona College and its officers, directors, employees, and other volunteers (hereafter "Iona") from all liability for injury, illness, death, or property damage arising from my volunteerism for Iona College.
Waiver and Release. I hereby release from liability and hold harmless Iona and its trustees, officers, employees, faculty, students and agents from and against any claims damages, suits costs, or expenses I may have for any injury relating to or arising out of my service as volunteer in any Iona facility which I have been assigned.
Employment with the College. As a Volunteer with Iona, I acknowledge that I have not been given any expectation of employment or continued employment. I also acknowledge that I am not eligible for wages, compensation, and remuneration of any sort, employee benefits, vacation, sick pay, workers' compensation or unemployment benefits.
Medical treatment. I release and discharge Iona College from any claim that arises or may arise due to any first aid, medical treatment, or service rendered to me.
Insurance. I acknowledge that if I operate outside of the duties outlined during my engagement as an Iona volunteer, that I may not be covered by the College's Liability policy. Further, Iona does not have responsibility for providing any health, medical or disability insurance coverage for me; medical costs are my responsibility.
Duration of Release. My agreement to the terms in this Release & Waiver applies as long as I volunteer for Iona.

I certify that I am at least 18 years of age or have had this document signed by my parent or guardian.

Name of Volunteer (please print)

Name of Parent/Guardian (please print)

Street Address

Street Address

City State Zip

City State Zip

Phone Email

Phone Email

Signature Date

I, the Volunteer, acknowledge and consent to signing this Volunteer Release & Waiver of Liability form.

Signature Date

I, the Parent/Guardian acknowledge and consent to signing this Volunteer Release & Waiver of Liability form.