



CAMPHILL SPECIAL SCHOOL

Volunteer Information Form

Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work/cell phone _____

E-mail _____

Birthday (month/day) _____ If student, name of school _____

How did you hear of Camphill Special School?

In Case of Emergency Contact:

1. Name _____ Relationship _____

Phone _____ Alternate phone _____

2. Name _____ Relationship _____

Phone _____ Alternate phone _____

Emergency Authorization

If I require emergency medical aid/treatment due to illness or injury during my participation as a volunteer, or while I am on School property, I authorize Camphill Special School to:

1. Secure and retain medical treatment and transportation if needed
2. Release volunteer information upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes any treatment procedure(s) deemed "life saving" by the physician. This provision will be invoked only if no emergency contact can be reached.

Volunteer signature _____ Date _____
(If volunteer is under the age of 18, a parent or guardian must sign)

My skills/interests include:

- General office experience
- Computer skills
 - Microsoft Word
 - Microsoft Excel
- Desktop publishing
 - Microsoft Publisher
 - PhotoShop
- Teaching/teacher's aide
 - Math
 - Reading
 - General
- Drama
- Music
- Sewing
- Cooking
- Gardening/landscaping
- Horseback riding therapy
- Data entry
- Special event organization
- Public relations
- Marketing
- Research
- Other _____

Volunteer services I may be interested in:

- Home assistance (cooking, cleaning, laundry)
- Classroom assistance
- Special projects/program assistance (plays, recitals, field trips)
- Special events assistance
- Development office assistance

Volunteer committees I may be interested in:

- Parent Campaign
- Major Gifts
- Planned Gifts
- Camphill Pro/Am Tennis Tournament
- NYC Concert Committee
- Ad hoc special event committee

My availability:

- Weekly
- Bi-weekly
- Monthly
- Committee work
- Occasional/special projects

Please indicate days and times that work best

- Monday from _____ to _____
- Tuesday from _____ to _____
- Wednesday from _____ to _____
- Thursday from _____ to _____
- Friday from _____ to _____

Volunteer applicants to Camphill Special School are subject to child abuse clearances and criminal background checks.



CAMPHILL SPECIAL SCHOOL

Liability Release

As a volunteer at Camphill Special School, I understand that my volunteer activities are defined and directed by Camphill Special School. I also acknowledge the risks and potential risks of volunteering. I believe, however, that the possible benefits to me and the students I work with are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and release forever all claims for damages against Camphill Special School, its board of directors, teachers, therapists, volunteers, students, and/or employees for any and all injuries and/or losses I may sustain while participating as a volunteer at Camphill Special School.

I understand that volunteering is contingent upon Camphill Special School obtaining a clean Pennsylvania Child Abuse Clearance and a Pennsylvania criminal record check clearance.

Volunteer signature _____ Date _____
(If volunteer is under the age of 18, a parent or guardian must sign)



CAMPHILL SPECIAL SCHOOL

General Volunteer Media Release

I hereby give Camphill Special School of Glenmoore, Pennsylvania and any other person or entity with which it may contract for the use of the produces covered in this Release, the absolute right and permission to use, without restriction, any photographs, video tape recordings, audio tape recordings, or electronic media taken by Camphill Special Schools, Inc. of Glenmoore, Pennsylvania, including, but not limited to, the use for promotional purposes by Camphill Special Schools, Inc. of Glenmoore, Pennsylvania, art, advertising, trade, composite or any other lawful purpose whatsoever. I hereby release and agree to hold harmless all persons and entities from any liability connected with an accidental or intentional distortion of said image that may occur in the taking of said photograph, video tape recordings, audio tape recordings, or electronic media and the subsequent processing thereof, or in the publication thereof.

I hereby specifically waive any right I may have to inspect or approve the finished product which results from said photographs, video tape recordings, audio tape recordings, or electronic media or the use to which they are put. I understand that by signing this form I am waiving any right of privacy which might be infringed upon as a result of the publication of said photographs, video tape recordings, audio tape recordings or electronic media

This Release applies to photographs, video tape recordings, audio tape recordings, and electronic media taken or recorded at any time unless specifically limited or revoked.

Photographs, video tape recordings, audio tape recordings and electronic media may be used in accordance with the terms of this Release for any purpose whatsoever unless specifically restricted for the following purpose:

- I have read the above Authorization, Release and Agreement prior to signing it, am fully familiar with its content and **AGREE** with the above terms.
- I have read the above Authorization, Release and Agreement prior to signing it, am fully familiar with its content and **DO NOT AGREE** with the above terms.

Volunteer name _____ Date _____

Volunteer signature _____
(If volunteer is under the age of 18, a parent or guardian must sign)