

HERO Volunteer Information



HERO
Healthcare Equipment
Recycling Organization

Date _____
Name _____ Date of Birth (day/month) _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail _____ School (if applicable) _____
Employer (if applicable) _____ Hours required to complete (if applicable) _____
Days/Hours Available _____

Circle the activities below you are interested in volunteering with:

- Sorting Donations
- Donation Pick Ups
- Equipment Deliveries
- Organizing/General Cleaning
- Equipment Maintenance/Repair
- Carpentry, Painting, etc...
- Loading Trucks
- Retail/Customer Service
- Answering Phones
- Office Work/Data Entry
- Mailings
- Accounting/Finances
- Development
- Website/ Social Media
- Special Events
- Board of Directors
- Committees
- PR/Educational Presentations/
Informational Booths
- Product Displays
- Other _____

Have you ever been convicted of a crime or have any pending legal issues? (Circle) **Yes** **No**
If yes, please explain. _____

Why would you like to volunteer at HERO?

How did you hear about volunteering at HERO?

Reference Name & Phone: 1. _____
2. _____

Emergency Contact & Phone: _____

I certify the above information is true, to the best of my knowledge.

Signature _____ Date _____

Completed form should be sent to HERO, 5012 53rd St. S., Ste. C, Fargo, ND 58104 Faxed to (701-356-4376), or e-mailed to kate@herofargo.org

HERO Confidentiality Agreement

Information gained in the process of performing work for HERO Fargo and its Clients shall be considered confidential information. Conversation concerning confidential information for non-job related purposes, "gossip", is unacceptable and not consistent with the mission of HERO Fargo. If employees, volunteers or independent contractors are asked for confidential information, they shall direct inquiry to their supervisor. HERO Fargo confidential information includes, but is not limited to: all client information, names, data, files, etc.; HERO Fargo procedures and practices; internal operating procedures; internal studies, reports and data; and any other information that is not generally known or available to the public.

Information about HERO Fargo Clients and their affairs is to be confined to the staff working directly with them. Given the sensitive and highly personal nature of much of the Client related work performed at HERO Fargo, it is required that all employees having access to Client information shall consistently and uniformly maintain the privacy and confidentiality of this information. Under no circumstances, in the business, medical affairs or identity of Clients (living or deceased) of HERO Fargo to be discussed with any outside party without the written permission of the Client or by order of the court.

Employees, volunteers or independent contractors who betray confidences not only do an injustice to others, but they impair public relations and invite legal action. Any employee, volunteer or independent contractor who is unclear about what information is considered confidential should consult with their direct supervisor. Violation of this ethical and legal obligation of confidentiality may constitute grounds for immediate dismissal.

By my initials and signature below, I hereby acknowledge and agree I will not disclose or otherwise make available, during my employment/volunteering/contracting or anytime thereafter, HERO Fargo confidential information. I hereby further agree and understand that HERO Fargo shall be entitled in addition to any other remedies, to preliminary and permanent injunctive relief to prevent a breach or contemplated breach of this Confidentiality Agreement without the necessity of providing actual damages. I further agree and understand that HERO Fargo shall be entitled to recover from me its costs and reasonable attorney fees incurred by HERO Fargo in seeking enforcement of this Confidentiality Agreement.

As a HERO Fargo volunteer, I have read and understand the items outlined in this Confidentiality Agreement. Violation of this ethical and legal obligation of confidentiality may constitute grounds for dismissal from my volunteer position.

For purposes of this agreement the term volunteer shall include all individuals providing service to HERO Fargo without receiving payment, or stipend, including but not limited to HERO Fargo Board of Directors, interns and work-study students. For purposes of this agreement the term Client shall include, but is not limited to, program participants, employees, members, donors, volunteers and independent contractors. For purposes of this agreement the term HERO Fargo shall be all-encompassing of the organization as a whole, including all programs and services.

_____	_____	_____
Print Name of Volunteer	Signature of Volunteer	Date
	_____	_____
	Signature of Supervisor	Date

HERO Photo/Video Release

Volunteer Name _____ **Project Title:** _____ **Volunteer** _____

I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videotapes, photographs taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance by HERO Fargo may be used by HERO Fargo and/or others with its consent for the purposes of illustration, advertising, publication, broadcast, or distribution in any manner, without limitation to amount or length of time, in any or all media, traditional or non-traditional.

Description of personal involvement/scene(s):

_____	_____	_____
Print Name of Volunteer	Signature of Volunteer	Date

If applicable:

If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

_____	_____	_____
Print Name of Legal Guardian	Signature of Legal Guardian	Date