

Payette Lakes Community Association

plca4kids@gmail.com

P.O Box 891 McCall, ID 83638

Phone: 208-315-0933



Volunteer Application

Date: _____

Applicants Name: _____

Address: _____

Phone: _____ Circle - Cell Home Work

Email: _____

Date of Birth: _____ Age: _____ H: _____ W: _____ M/F

Employer/School: _____

Emergency Contact: _____

Phone: H: _____ C: _____ Work: _____

Address: _____

(If under 18 years of age)

Parent/Guardian: _____

Phone: _____ Circle - Cell Home Work

Address: _____

Volunteer Interests and Availability

Check areas of interest. Certain positions require pre-requisite skills and training.

Availability (Please check any that would apply)

- After School Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___
Time 2:45 to 5:30

- Fundraisers, Special Events, Booths (Please check any interested in)
 - Weekends _____
 - Evenings _____
 - Summer _____
 - Promotion _____
 - Set Up/Clean Up _____
 - Event Volunteer _____

Volunteer Authorization for Emergency Medical Treatment

Name: _____

Address: _____

City/State/Zip: _____

Phone: H _____ C _____ W _____

Physician's Name: _____

Health Insurance Company: _____ Policy #: _____

Allergies: _____

Current Medications: _____

In the event of an emergency please contact:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Preferred Medical Facility: _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in, or receiving PLCA services, or while being on the property of PLCA, I authorize PLCA to:

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

This authorization includes x-ray, surgery, hospitalization, medication and any procedure deemed "life-saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Print Name: _____

Consent Signature: _____ Date: _____

LIABILITY/HOLD HARMLESS/ASSUMPTION OF RISK
Please read carefully before signing

1. I, _____, the undersigned have read and understand and freely and voluntarily enter into this Release and Hold Harmless Agreement with Payette Lakes Community Association, Inc. (hereinafter referred to as PLCA). I understand that this **Release and Hold Harmless Agreement** is a **waiver of any and all liabilities**.

2. I understand that PLCA makes EVERY effort to maintain very high standards of safety in the following areas: Administration, Program, and Facilities as determined by the governing agency

3. I hereby release PLCA from any liability whatsoever in the event of injury or damage of any nature or death to me. This release of liability applies to PLCA, their officers, directors, trustees, agents, shareholders, staff, volunteers, representatives, successors, assigns, and anyone else directly or indirectly connected with PLCA

4. further voluntarily agree and warrant to Release and Hold Harmless all of the above named organizations and people for any and all manner of claims demands and damages of every kind or nature whatsoever, which I may now, or in the future have against PLCA, and not limited to any incident caused by or related to negligence by the above named, including but not limited to injuries, death, or property damage from involvement in any PLCA activities.

I, the undersigned, hereby intending to be legally bound for myself, my child, my heirs, assigns, executors, or administrators, understand and recognize and warrant that this Release and Hold Harmless Agreement is being voluntarily and intentionally agreed to and signed. This agreement waives and forever releases, acquits, discharges and holds harmless all claims for damages against PLCA.

Participant's/Volunteer's Name (Please Print): _____

Participant's/Volunteer's Signature: _____

Date: _____

Print name of minor: _____

Print name of adult/legal guardian: _____

Signature of adult/legal guardian: _____

Date: _____

Volunteer Photo Consent Form

Volunteer's Name (please print):

I hereby authorize Payette Lakes Community Association, Inc. "PLCA" the use of my name, picture, video, and/or audio or digital recording, associated with the PLCA programs. I expressly waive any and all rights, which I may have, under any applicable local, state, and federal laws or any common law claim, against PLCA and/or any staff, board members, volunteers or instructors. I hereby agree to and consent to the foregoing assignment and waiver.

Participant's Signature: _____ Date: _____

Parent or Legal Guardian (If under 18): _____ Date: _____

Background Information

Name: _____ Date: _____

Have you ever been charged with, or convicted of a crime? Yes / No

If Yes, please explain:

I, _____ (volunteer/employee name), authorize PLCA, Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as an employee /volunteer, and that I expressly DO NOT authorize PLCA, Inc., its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

Current Driver's License: Yes / No

Driver License number: _____ State: _____

Volunteer Confidentiality Agreement

This confidentiality agreement is made between Payette Lakes Community Association, inc, referred to as PLCA, and

Please print name here. (Referred to as “the Volunteer”)

Information about PLCA participants may be disclosed to the Volunteers from time to time to permit them to properly employ safety measures. The Volunteer agrees to protect the confidential material and information, which may be disclosed between PLCA and the Volunteer. Therefore the Volunteer agrees to the following:

1. Confidential information: the term “Confidential Information” means any medical information or material, which is private to PLCA volunteers/mentors, participants and their parents or guardians.
2. Protection of Confidential Information: The Volunteer understands and acknowledges that the Confidential Information is to be considered privileged information. Therefore, the Volunteer agrees to hold in confidence and to not disclose the Confidential Information to any person or entity.
3. The Volunteer agrees to not disclose information about the PLCA participant’s program status, goals, objectives, needs or behaviors.

By: _____
Volunteer Signature

Print Name

Date