

VETS TO VETS UNITED, INC.
VETERINARIANS TO VETERANS UNITED
"SAVING LIVES TWO AT A TIME"

Personal Information:

Full Name: _____
Last First MI.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Home Phone: _____

Cell Phone: _____

E-Mail Address: _____

Significant Others Name: _____

Number and ages of others in the home: _____

Employer:

Employer/Company Name: _____

Department: _____ **Title:** _____

Does your employer provide funding for "Not For Profit" organizations? Yes/No

If yes employer contact or procedures. _____

Emergency Contact Information:

In the event that a medical emergency arises involving myself, any child or family member of mine, or any volunteer associated with me while participating in any Vets to Vets United, Inc. activity, I consent to medical assistance or care sought for myself, family member, or friend by a Vets to Vets United, Inc. staff member, volunteer or affiliate. I understand and agree that Vets to Vets United, Inc., Inc. does not provide medical insurance, or coverage, for such situations and I agree that I or any medical insurance carrier acting on my behalf, will be responsible for all costs of such medical treatment and care. Under no circumstance shall Vets to Vets United, Inc., Inc. be responsible for such costs and I agree to hold Vets to Vets United, Inc., Inc. harmless from and to indemnify it with regard to, any such costs or expenses.

Full Name: _____
Last First MI.

Home Phone: _____ **Cell Phone:** _____

Email: _____ **Relationship:** _____

Previous Volunteer Experience:

Describe your previous volunteer experience: _____

How did you hear about Vets to Vets United, Inc.? _____

Why are you interested in volunteering? _____

When would you be available? *(select all that might apply)*

	Mornings	Afternoons	Evenings
Monday - Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What would you be interested in doing? *(select all that might apply)*

- | | |
|---|---|
| <input type="checkbox"/> Non-Profit Management Intern | <input type="checkbox"/> Therapy Team Event |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Volunteer/Outreach |
| <input type="checkbox"/> Emergency and Vacation Foster Care | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Short-Term Home | <input type="checkbox"/> Events |
| <input type="checkbox"/> Veteran Affairs | <input type="checkbox"/> Fundraising and Community Outreach |
| <input type="checkbox"/> Veterinarian Affairs | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dog Trainer Service | |

Volunteer Confidentiality, Liability Agreement & Media Release

I wish to volunteer my services to Vets to Vets United, Inc., Inc. a 501 (c) 3 organization. I hereby agree and release you as follows:

CONFIDENTIALITY: Volunteer agrees that any and all knowledge or information that may be obtained in the course of volunteering with respect to the conduct and details of the business and with respect secret processes, etc. used by the Vets to Vets United, Inc. in producing its products will be forever held inviolate and be concealed from any competitor and all other persons. Any client/patient/family information obtained as a result of your volunteer work with Vets to Vets United, Inc. shall be kept confidential. If there is an inquiry about a client/patient/family, volunteer must politely state that they cannot provide confidential information. Further, information provided to me in the form of documents, training manuals, board of director manuals will be returned to the corporate offices of Vets to Vets United, Inc. within 10 days upon discontinuation of my volunteer service. I have received information of my obligations under the HIPAA Privacy Rule and know that I am obligated to hold all health information in the highest standard of privacy.

LIABILITY: I willingly and freely agree to volunteer and hereby assume any and all risk, with respect to any liability of Vets to Vets United, Inc. for such risk, including without limitation risk of any accident or injury to person or property which I may sustain in connection with my participation as a volunteer. The undersigned hereby releases Vets to Vets United, Inc. and its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates from liability and covenants not to sue for, any and all claims and causes of action, whether known or unknown, arising out of, based upon or relating to my participation as a volunteer.

MEDIA RELEASE: I further irrevocably grant to Vets to Vets United, Inc. its assigns and successors, my consent and full right to: use my name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity, in connection with my volunteer participation hereunder.

I hereby acknowledge that Vets to Vets United, Inc. is an organization involved in training service dogs for disabled veterans and serving the community for pet therapy visitations. I hereby confirm, represent and warrant that I have never been convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, domestic violence, rape or sexual offense. By signature and date below, volunteer acknowledges the receipt and understanding of these policies of Vets to Vets United, Inc.

 Signature

 Print Name

 Date

If volunteer is under 18 years of age the parent or legal guardian must sign below and acknowledge understanding of all terms and conditions. Circle one: Parent Legal Guardian

 Signature

 Print Name

 Date

Volunteer Confidentiality Agreement

I wish to volunteer my services to Vets to Vets United, Inc., Inc. a 501 (c) 3 organization. I hereby agree as follows:

CONFIDENTIALITY: Volunteer agrees that:

1. All veteran, volunteer and donor contact information, including names, email addresses, physical mailing addresses and phone numbers will remain with _____ (**your name**). This confidential information will not be shared with anyone except Terry Morris under any circumstances and will not be used for personal business purposes.
2. All veteran contact information, including names, email addresses, physical mailing addresses and phone numbers will not be shared among veterans enrolled in our program. The veterans enrolled in our program do not want their personal contact information shared among other veterans in our VTTVUI family without their permission.
3. Google documents and spreadsheets containing veteran, volunteer and donor contact information, including names, email addresses, physical mailing addresses and phone numbers will not be shared or made accessible to anyone except _____ (**your name**) and Terry Morris."

Full Signature

Print Full Name

Date

If volunteer is under 18 years of age the parent or legal guardian must sign below and acknowledge understanding of all terms and conditions. Circle one: Parent Legal Guardian

Full Signature

Print Full Name

Date

Please save completed form to your desktop and send to:

rcwhitfield0@gmail.com

Or you may send it via mail:

Vets To Vets United, Inc.

732 Ninth Street Box 595

Durham, NC 27705