



Student Volunteer Program

You can make a difference in the life of someone by serving as a volunteer.

■ **Meet people you might not ordinarily meet**

By volunteering, you'll meet other people with different life experiences. If your grandparents have passed away or live far away and you don't get to see them often, you can become friends with a senior adult and help them with ordinary chores or play games, or just visiting.

■ **It's fun**

People who volunteer often say that they get more out of the experience than they give. Giving of your time and energy makes you feel good about yourself and raises your self-esteem. Working with other volunteers builds friendships.

■ **You're sharing your talents and knowledge with others**

You have skills, talents, knowledge, experience, personality and passion. Each of us is unique and has something to share with others.

■ **You're advancing the common good**

Sometimes we look at the way the world is and think, "This isn't the way things are supposed to be." By volunteering, you can help make a positive change in the world. Each of us wants to live in a community where families are healthy and strong, where people with disabilities and the elderly are able to live as independently as possible, and where people live in safe, supportive neighborhoods.

By volunteering, you help make your community a better place to live, and you become part of the solution.

To Become a Volunteer:

1. Please fill out the volunteer application and return it to kwolfe@lvcaregivers.org. Make sure to fill in the application fields completely. Read the Volunteer Code of conduct and sign the form.
2. You will need to attend an orientation session either in person or via zoom.



Student Volunteer Application

Personal Information:

Last Name: _____ First Name: _____

Full Address: _____

Telephone: _____ Email: _____

Gender: _____ Date of Birth: _____

Ethnicity: _____ Languages spoken: _____

Current Grade: _____ Name of School: _____

Previous Volunteering experience: _____

Parent/Guardian: _____ Phone: _____

How did you hear about us? _____

What are you interested in helping us with? _____

Health:

Do you have any allergies? If yes, please list: _____

Insurance Information:

Is the volunteer covered by family medical/hospital insurance?

Yes___ No___

Carrier/Plan Name _____ Group # _____ Policy# _____

Carrier Address: _____

Claims Phone: _____ Name of Insured: _____

Relationship to Participant: _____

Insured's Employer: _____



Teen Volunteer Code of Conduct:

I agree to abide by the following rules:

- I understand that alcohol, illegal drugs, tobacco products, matches, fireworks, and weapons have no place in volunteering and that possession of any of these items is forbidden.
- I will not wear clothing that promotes liquor or drugs or that contains foul language. My clothing will be neat clean and meet standards of safety, good taste and decency.
- I will be respectful and courteous to all care receivers and all other volunteers that I may encounter during my volunteering experience with Caregivers.
- I will NOT post any photos of care receivers or their homes, nor mention personal information about any care receiver that I assist.
- I will not engage in any inappropriate use of any electronic message devices.

I understand that violating any of these rules will be grounds for dismissal from the LVC Student Caregivers Program.

Student's Signature

Date



Parent/Guardian Permission

Once you have discussed volunteering with your parent or guardian, please have them review the statements below and provide their signature at the bottom of the page.

I understand that my son/daughter _____ is submitting an application to the Student Caregiver Program at Loudoun Volunteer Caregivers.

- I have reviewed the application in order to learn more about the Student Caregiver Program and have discussed the program requirements with my son/daughter.
- I have reviewed the application and my son/daughter's answers to each of the questions. To the best of my knowledge all of the information provided is correct and accurate.
- I have read the Teen Volunteer Code of Conduct on page 3 and reviewed them with my child.

PARENT/GUARDIAN LIABILITY WAIVER

Parent/Guardian's Name _____ Relationship: _____

Parent's Address (if different):

Phone _____ Email _____

I, _____ (NAME OF PARENT/GUARDIAN), request permission for my child, _____ (NAME OF YOUTH) to volunteer with Loudoun Volunteer Caregivers. I understand that as parent/guardian, I remain legally responsible for any personal actions taken by my son/daughter above. I agree on behalf of myself, my son/daughter named above, our heirs, successors, and assigns to hold harmless Loudoun Volunteer Caregivers, their officers, directors, and agents, including volunteers, from any liability for illness, injury or death arising from or in connection with my son's/daughter's participation in LVC activities. I agree to reimburse LVC, its officers, directors and agents, and/or representatives all attorneys' fees and costs actually incurred in the event of any dispute between me, my son/daughter, our heirs and successors and Loudoun Volunteer Caregivers arising from these activities.

Signature of Parent/Guardian

Date

PHOTO RELEASE: Photos of my child _____ may be used on Loudoun Volunteer Caregivers website, new articles, or in promotional materials. _____ (initial)

***NOTE:** Group photos in which your child may appear, **without names of students**, may be used by LVC



Loudoun Volunteer Caregivers

704 South King Street, Suite #2
Leesburg, VA 20175
(703) 779-8617

CONFIDENTIALITY AGREEMENT

I agree to keep confidential all information pertaining to care receivers with whom I may interact with during my volunteer assignments with Loudoun Volunteer Caregivers. This agreement of confidentiality extends to names, addresses, telephone numbers, as well as personal, medical, and/or financial information, in written, verbal, and digital form.

I understand that any information pertaining to the care receivers and to Loudoun Volunteer Caregivers is privileged and is not to be disseminated by me. My failure to abide by this agreement can result in my immediate dismissal from Loudoun Volunteer Caregivers.

NAME _____
(Please print)

SIGNATURE _____ **DATE** _____