



## Minor Volunteer (Under 18 years of age) Application & Confidentiality Agreement

### Volunteer Services Description - BACKPACK SQUAD TEAM MEMBER:

Backpack Squad Team Members work to obtain school supply donations, sort and package these donations into backpacks, and distribute backpacks at center locations.

The work of our Backpack Squad Team Members is a very important part of the success of the School Supplies Program. Thanks to the help of people like you, each year we are able to provide thousands of Montgomery County school children with Backpacks that are filled with needed school supplies.

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<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
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<b>Date of Birth</b>	<b>Home Phone</b>	<b>Email</b>
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<b>Home Address</b>	<b>Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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### Hours available to volunteer:

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### Emergency Contact Information:

**Name (Must be parent or guardian, aged 18 or over)**

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<b>Address:</b>	<b>Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Home Phone</b>	<b>Office Phone</b>	<b>Email</b>
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### CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, understand that as a volunteer for Interfaith Works that the information I may receive in my work as a volunteer is confidential. Any access to or information gained through office communications, telephone conversations, database, client files or in any other fashion will be kept completely confidential.

I understand and agree to the terms of the volunteer policy at the Interfaith Clothing Center and my parent/guardian gives me permission to volunteer for Interfaith Works without parental/guardian supervision.



Volunteer Signature

Parent/Guardian Signature

Date

## **Photo Release**

### **Permiso Para Publicar Foto**

On behalf of myself and my family, I hereby grant permission to Interfaith Works to use my image in forms including, but not limited to, still photography, videotape, film and audio recording, as a record of my participation in the programs of Interfaith Works. I further grant permission to Intefaiht Works to disseminate these images for any legitimate purpose without compensation or remuneration.

Por medio de este documento autorizo a Interfaith Works, a usar imagenes mias y de mi familia, en forma de fotografias, cintas video, peliculas y grabaciones para documentar este evento. Voluntariamente renuncio a cualquier compensacion o remuneracion.

Yes, I give permission for my photograph/picture to be used by Interfaith Works:  
Si, yo doy mi permiso para que Interfaith Works use las fotografias:

\_\_\_\_\_  
Name/Nombre

\_\_\_\_\_  
Signature/Firma

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date/Fecha

No, I do NOT give permission for my photograph/picture to be used by Interfaith Works:  
No, yo no estoy de acuerdo:

\_\_\_\_\_  
Name/Hombre

\_\_\_\_\_  
Signature/Firma

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date/Fecha