

YOU CAN HELP!

The Blind Community Center's Mission is to enrich the lives of blind and visually impaired adults, preparing them for a normal, active life in a society that is principally sighted.

We utilize volunteers like you in nearly every type of role to fulfill our mission. Whether teaching a class or helping to clean the Center, your help is appreciated!

**Blind Community Center
Of San Diego**

**1805 Upas St
San Diego CA 92103
Phone: 619-298-5021**

BLIND COMMUNITY CENTER OF SAN DIEGO

GET STARTED RIGHT AWAY

Dear Potential Volunteer:

Thank you for your interest in volunteering at the Blind Community Center of San Diego. Without our volunteers our programs would not be possible. Whatever opportunity you decide to volunteer for, just know you are making a huge difference in the lives of blind and visually impaired adults.



OPPORTUNITIES

There are several volunteer opportunities available.

These opportunities include assisting with classes and field trips, clerical tasks in the Blind Community Center offices, driving the Blind Community Center buses to and from events, assisting with building maintenance, cleaning, shopping and many more. Whether applying for a specific volunteer position or simply offering your services, you can make a difference.

THE VOLUNTEER PROCESS

To be eligible to be a volunteer you must first fill out the volunteer application. All forms must be filled out completely. When the forms are completed you can either mail or hand deliver your application to the Blind Community Center.

After your application has been reviewed, you will be contacted for an in-person interview at the Blind Community Center. Once the interview is complete, you will be scheduled for an orientation class, after which your volunteer service can begin.

Again, thank you for your interest in volunteering, and we look forward to fulfilling our Mission with your help.

Blind Community Center Volunteer Application

Applicant Information

| | | | |
|--|--------|--------------------------|----------------|
| Name: | | | |
| Are you at least 18 years of age? Yes No | | Email: | |
| Phone: | | | |
| Current address: | | | |
| City: | | State: | ZIP Code: |
| Male | Female | Driver's License Number: | DL Expiration: |

Education

| | | | |
|--|--|----------------------|-----------|
| High School: | | Undergraduate: | Graduate: |
| Med/Tech School: | | Area of Study: | |
| Specialty Training or Other Education: | | | |
| Language(s) Spoken: | | Language(s) Written: | |

Emergency Contact

| | | | |
|---|--------|-----------|---------------|
| Name of a person not residing with you: | | | Relationship: |
| Address: | | | |
| City: | State: | ZIP Code: | Phone: |

Previous Volunteer Experience

| | | | |
|-------------------------------------|--|--------|--------|
| Name and Address of Agency: | | | |
| Contact Person: | | Phone: | Phone: |
| Position Held or Service Performed: | | | |
| Name and Address of Agency: | | | |
| Contact Person: | | Phone: | Phone: |
| Position Held or Service Performed: | | | |

References

| Name | Relationship | Time Known | Phone |
|------|--------------|------------|-------|
| | | | |
| | | | |
| | | | |

Volunteer Interest

| | Time Available to Volunteer | | | | | | |
|-------|-----------------------------|--------|---------|-----------|----------|--------|----------|
| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Start | | | | | | | |
| End | | | | | | | |

Specific Volunteer Position Applying For (if any):

Please select all additional areas of volunteer interest:

| | | |
|--|--|---|
| <input type="checkbox"/> Class Teacher <input type="checkbox"/> Class Assistant <input type="checkbox"/> Field Trip Guide <input type="checkbox"/> Field Trip Assistant | <input type="checkbox"/> Front Desk Receptionist <input type="checkbox"/> Office Assistant <input type="checkbox"/> Center Maintenance <input type="checkbox"/> Center Cleaning | <input type="checkbox"/> Other: _____ <input type="checkbox"/> Driver (Please fill out additional information) |
|--|--|---|

| | | | |
|--------------------------|-----------------|--------------------|-----------------|
| BCC Office Use Only | Received: _____ | Interviewed: _____ | CR Check: _____ |
| Orientation Class: _____ | Driver: _____ | Waiver: _____ | Minor: YES NO |

1805 Upas Street
San Diego, CA 92103-5298

PH: (619)-298-5021

Volunteer Drivers

Are you willing to use your personal vehicle as a transport for the Center: Yes No Don't Know Yet

(Number of seats in your vehicle: Please Circle) | Are you willing to drive in an emergency:
Yes No

Do you have the minimum liability insurance as required by California Insurance Code Yes No

Name of Insurance and contact information:

| | Time Available to Drive | | | | | | |
|-------|-------------------------|--------|---------|-----------|----------|--------|----------|
| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Start | | | | | | | |
| End | | | | | | | |

Please Complete All Sections

Please Initial:

I understand that my volunteer service will be contingent upon completion of application review, interview, and orientation completion.

I understand that I will be asked to read and sign the Blind Community Center Code of Conduct document.

Our Policy

It is the policy of this organization to provide equal opportunities. No volunteer will be denied equal opportunity because of race, color, religion, sex (including pregnancy and gender identity), national origin, age, disability (physical or mental), genetic information, parental status, sexual orientation, marital status, political affiliation or belief, or any other prohibited factor. No question on this form is intended to secure information to be used for such discrimination.

Affirmation

I hereby affirm that my answers to questions on the application are true and correct, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application is cause for denial of this application or termination of my volunteer services regardless of when or how discovered; and that my service is subject to government regulations and Blind Community Center's review.

I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this affirmation.

Signature of Applicant:

Date:

Signature of Parent/Guardian if under 18:

Date:

RELEASE AND WAIVER OF LIABILITY FOR VOLUNTEERS

Name: _____

Address: _____

Name of Parent/ Guardian (if volunteer is under 18): _____ Phone: _____

This Release and Waiver of Liability, (the "Release") executed on this _____ day of _____, 201____, by _____, the Volunteer, in favor of the Blind Community Center of San Diego, a not-for-profit agency, their directors, officers, employees and agents.

The Volunteer desires to become a Volunteer of the Blind Community Center of San Diego and engage in activities related to being a Volunteer (the "Activities"). The Volunteer understands that the Activities may include, but are not limited to, organizing, cleaning, preparing and consuming food and drinks, making crafts, moving, traveling by foot, traveling by other means of transportation, using Blind Community Center of San Diego transportation, using the Blind Community Center of San Diego facilities, and participating in Blind Community Center of San Diego classes, programs, and events. The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

- 1. RELEASE AND WAIVER:** Volunteer, for him/herself and his or her legal representatives, spouse, heirs and assigns, does hereby release and forever discharge and hold harmless Blind Community Center of San Diego and its officers, directors, trustees, employees, agents, insurers and representatives, successors and assigns from any and all liability claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Blind Community Center of San Diego.

Volunteer understands that this Release discharges Blind Community Center of San Diego from any liability or claim that the Volunteer may have against Blind Community Center of San Diego with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Blind Community Center of San Diego, whether caused by the negligence of Blind Community Center of San Diego or its officers, directors, employees, or agents or otherwise. Volunteer covenants not to bring any action against Blind Community Center of San Diego for any such injury or damage. Volunteer also understands that Blind Community Center of San Diego does not assume any responsibility for or obligation to provide financial or other assistance including but not limited to medical, health or disability insurance in the event of injury or illness.

Initial _____

PHOTOGRAPHIC RELEASE: Volunteer does hereby grant and convey unto Blind Community Center of San Diego all right, title and interest in any and all photographic images and video or audio recordings made by Blind Community Center of San Diego during the Volunteer's Activities with Blind Community Center of San Diego.

Volunteer Signature: _____

Parent/ Guardian Signature (if under 18): _____