Britepaths

Volunteer Application Form

Date

Name Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth Pronouns

Address Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which volunteer position are you seeking? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of volunteer projects are you interested in? (Circle one) Remote In-Person Hybrid

Availability for volunteer services during office hours (M-F, 10 am – 2 pm)?

Monday Hours Available: to

Tuesday Hours Available: to

Wednesday Hours Available: to

Thursday Hours Available: to

Friday Hours Available: to

Are you fully vaccinated? (Circle one) Yes No

Will you have reliable transportation to and from volunteering? (Circle one) Yes No

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Do you need service hours for any court-related reasons? (Circle one) Yes No

***Only essential personnel will be notified about volunteers performing community service. The volunteer may elect on their own to share his volunteer status with others.***

***If yes, please specify* the specific reason for needing hours**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The number of hours required**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The date the hours are to be completed**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The appropriate person’s contact information who will receive verification of hours.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any technical/academic/job/language skills or interests you have, including any foreign language you speak: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any professional licenses or certifications you have:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our program (Britepaths webpage, Volunteer Fairfax, Volunteer Match, Facebook, other):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever volunteered with Britepaths in the past?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a friend or relative that is employed by Britepaths? If yes, list their name.

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Please Mail, Fax, or Email to:

Britepaths

3959 Pender Dr., Suite 200, Fairfax, VA 22030

703.273.8829 - Fax 703.273.7131 [info@britepaths.org](mailto:info@britepaths.org)

**Pledge of Confidentiality**

Britepaths provides a wide range of services to children and families. As a volunteer you play an integral role in the quality-of-service Britepaths’ clients receive. It is essential for you to understand that all names you may see or hear during your volunteer work, as well as any written material or correspondence or discussions regarding clients, are to be treated as confidential. “Confidential” means that any information you receive about specific clients in verbal or written form is not to be discussed or shared outside of Britepaths.

Our clients expect and deserve this confidentiality. We promise them the highest level of privacy as determined by Britepaths policies and by state and federal laws. The right to confidentiality applies not only to written record, but also to video, film, pictures, or use of a client’s name in publications. This pledge of confidentiality applies even after you and/or the client are no longer associated with Britepaths.

The Code of Virginia states that it is unlawful for any person … or association to use any names or list of names obtained directly or indirectly through access to clients records for purposes other than those intended by the organization or to divulge the name of any person receiving public assistance, accordingly. In addition, any person or agency that fails to comply with the provision of The Privacy Protection Act will be liable for the costs of the action together with reasonable attorney fees as determined by the Court.

I hereby irrevocably consent to and authorize the use and reproduction by you, or anyone authorized by you, of all photographs which you have taken for Britepaths, for any purpose whatsoever, without compensation to me. All copies, masters, negatives, positives, together with the release proofs shall constitute Britepaths’ property, solely, and completely.

Limits of Confidentiality

* Information including photos, videos, film, or a client’s name can only be shared if the client or client guardian, for clients under 18, has signed an authorized “consent to release information” form and it is appropriately signed by the volunteer and Britepaths’ program supervisor.
* Suspected child abuse needs to be reported to at least the Britepaths’ program supervisor. If the volunteer has sufficient reason to believe that the child is in imminent danger, he or she should contact the Child Protective Services Hotline at 703-324-7400 and the police immediately and leave a message for the program supervisor.
* If a volunteer receives information indicating that a client may be a danger to himself or herself or to others, the information needs to be shared with the Britepaths programs supervisor and, if the situation has reached an emergency level, reported to the police.

I have read and understand the above document that states Britepaths policy regarding confidentiality of clients. I agree to abide by the terms of this document during and after my service as an Britepaths volunteer.

Volunteer’s signature Date

**Photography and Videography Release Form**

And I hereby assign and grant Britepaths and/or The Financial Empowerment Center all rights, title and interest to and permission to use, publish and republish photographs of me taken on or about such date. Any negatives or electronic files or any reproductions thereof, in any form, whether in whole, part or composite form, electronic, digital or conventional format: blurred, altered or distorted: in color, black and white, sepia tone or other rendering style may be used at the discretion of Britepaths and/or The Financial Empowerment Center for advertising, newsletters, marketing brochures, training materials, internal and external distribution or any other lawful purpose in any lawful manner anywhere in the world or anywhere on the worldwide web. I hereby waive any right to inspect or approve any final product of my photographs. I acknowledge that you will rely on this permission, potentially at a substantial cost to you, and I hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permission granted hereunder.

I have been advised that I am not required to be in the photographs, and I have voluntarily appeared for the photographs.

I hereby warrant that I am at least 18 years of age and have full right and capacity to contract in my own name with respect to the above.

**I have read and understand the above, and I grant Britepaths and/or The Financial Empowerment Center permission to take and use my photographs:**

**Yes No**

**Print**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**