

In Case of Emergency, please notify:

Name: _____ Phone: _____

Relationship: _____

Physician: _____ Phone: _____

Allergies: _____

How did you learn about this volunteer program?

Do you have any limitations that may affect your volunteer experience or performance? If so, please explain.

- No
 - Yes _____
- _____

Volunteer Commitment:

As a volunteer, I understand I will receive no compensation for the services I provide. I will be assigned to a schedule or shift and will be responsible for arriving and departing promptly, by way of my own transportation. Should I be unable to do so, it is my responsibility to contact the designated Volunteer Coordinator. I agree to give service on the basis agreed upon to maintain confidentiality concerning client information, adhering to the volunteer policies and procedures established. I understand this is a drug free organization and I agree to not smoke or use tobacco, alcohol, illicit or abuse legal drugs any time while associated with organizational activities. I agree to conduct myself in a professional and orderly manner and understand that failure to comply with these standards and the expected behavior of a Volunteer will result in termination from my duties.

Volunteer Name: _____

Signature: _____

Date: _____

NON-DISCRIMINATION AND EQUAL OPPORTUNITY STATEMENT
It is the policy Navajo County Drug Project not to discriminate in admissions or access to
, or treatment or employment in its program and activities, or in the granting,
maintaining, upgrading and withdrawal of physician staff privileges for any unlawful
reason, such as race, color, national origin, sex, age, or handicap in violation of Section
504 of the Rehabilitation Act and applicable regulations.
Responsible employee: Administration Director of Civil Rights 816-932-3820

*Please initial each page of the document to legalize
This page is #2 of 3 - Initialed and authorized _____*