



PART 1- CONTACT INFORMATION

Your name _____ Preferred Phone () _____
First Last
Email Address _____@_____ May we text you? [] Yes [] No
Are you over 18? [] Yes [] No
Current mailing address _____
Street or P.O. Box City State Zip+4
Emergency Contact _____
Name Relationship Phone Number

PART 2 – VOLUNTEER ASSIGNMENTS (Check all that apply.)

[] Fundraising Events. If yes, check potential jobs.
[] Registration Tables [] Committee Member [] Committee Chair [] Requesting Donated Items
[] Set Up/Take Down [] Audio/Visual [] Auction Item Prep [] First Aid Station
[] Car Hop (no skates!) [] Car Wash (weekend) [] Create an Auction Basket
[] Security [] Refreshment Station [] Food Preparation
[] Other _____
[] Family Assistance. If yes, check potential jobs.
[] Wrap Gifts/Toys [] Deliver Gifts/Toys [] Visiting Patients [] Arts & Crafts
[] Cooking Meals [] Delivering Meals [] Hospital Visitation [] Rides to/from Treatment
[] Holiday Parties [] Themed Parties [] Mowing/Yards
[] Other _____
[] Leadership/Public Relations. If yes, check potential jobs.
[] Organize an event [] Public Speaking [] Event Planning [] Future Board Member
[] Other _____
[] Office/Clerical. If yes, check potential jobs.
[] Answer Phones [] Data Entry [] Filing
[] Cleaning [] Folding/Stuffing [] Geek Squad
[] Other _____

PART 3 – AVAILABILITY (Check all that apply.)

Weekday Mornings: [] Rarely [] Sometimes [] Frequently [] Summers Only
Weekday Afternoons: [] Rarely [] Sometimes [] Frequently [] Summers Only
Saturdays: [] Rarely [] Sometimes [] Frequently
Sundays: [] Rarely [] Sometimes [] Frequently

(SEE OTHER SIDE)

- Legal Stuff -

PART 4 – HIPAA CONFIDENTIALITY & RELEASE OF LIABILITY

All patients have a right to privacy and all volunteers must respect this right. Ally's House policies, as well as federal law, insure this right. Any information that can identify a patient is considered "Protected Health Information" (PHI) and divulging this information is a violation. Conversations with patients should not include questions about their diagnosis, insurance coverage, or anything else that deals with their health information. Never discuss anything about a patient unless it is in the performance of your assignment and then only to the proper person and in a manner and location which insures that the conversation will not be overheard. Never discuss anything about a patient outside of the host facility. This includes knowledge of admittance, and emergency treatment and pertains to family members, neighbors, friends, church members, etc. who are patients and whom you might see while volunteering. (This can be difficult at times, because you are caring individuals and would want others who care to know so that they can send a card, say a prayer, etc. However, it is the Law and it is also the patient's right to privacy, no matter how good your intentions might be.)

I hereby agree that I will not discuss, reveal, copy or in any other manner disclose any private health information that I may see or hear while volunteering for Ally's House. I understand failure to comply is my responsibility & not that of Ally's House.

Signed _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

PART 5 – RELEASE & WAIVER OF LIABILITY

Volunteer agrees to work without compensation for Ally's House and to engage in the activities related to being a volunteer. The volunteer understands that the activities may or may not include interaction with the children benefiting from the organization.

The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. **Waiver and Release.** Volunteer does hereby release and forever discharge and hold harmless Ally's House and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for Ally's House. Volunteer understands and acknowledges that this Release discharges Ally's House from any liability or claim that the Volunteer may have against Ally's House with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work for Ally's House, whether caused by the negligence of Ally's House or its officers, directors, employees, agents, volunteers, or otherwise. Volunteer also understands that, except as otherwise agreed to by Ally's House in writing, Ally's House does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness
2. **Medical Treatment.** Except as otherwise agreed to by Ally's House in writing, Volunteer does hereby release and forever discharge and hold harmless Ally's House and its successors and assigns from any and all liability or claims which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer's work for Ally's House.
3. **Assumption of Risk.** The Volunteer understands that the work for Ally's House may include activities that may be hazardous to the volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from sites. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Ally's House from all liability for injury, illness, death or property damage resulting from the activities the Volunteer performs on behalf of Ally's House. The Volunteer has read, understood and agrees to abide by Ally's House Safety Guidelines.
4. **Insurance.** The Volunteer understands that, except as otherwise agreed to by Ally's House in writing, Ally's House does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**
5. **Photographic Release.** Volunteer does hereby grant and convey unto Ally's House all rights, title, and interest in any and all photographic images and video or audio recordings made by Ally's House during the Volunteer's work for Ally's House, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

I certify that this information is true and accurate to the best of my knowledge, and I release and hold harmless Ally's House for any inaccuracy or misrepresentation.

Signed _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

Thank you for your willingness to help Oklahoma kids with cancer! We appreciate your compassion and service.