

D. Have you ever used email? Yes____ No____

E. Do you have any knowledge of, or interest in computer repair? Yes____ No____

F. Do you have any experience with adaptive software for people with disabilities?

If so, please describe_____

5. Would you have difficulty relating to any type of client or disability? Yes____ No____

If so, please explain: _____

6. **Time commitment.** Please indicate when you would be available and how much time you would be willing to volunteer: Per week? _____Or Per Month?_____

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							

7. **References.** Please provide two references we may contact. Please do not list relatives.

Name _____ Phone number (____) _____

Name _____ Phone number (____) _____

8. **Areas of Interest.** Please indicate which of these areas would be of most interest to you:

At the Workshop

Requires Vehicle

? Administrative

? Computer installation

? Computer repair

? Volunteer tutoring

? Contribution Development

? Contribution Pickup

? E-mail Newsletter

? Publicity

9. **Physical Limitations.** Do you have any physical limitations for which accommodations should be made? Yes____ No____ If so, please describe _____

10. **Languages.** Do you speak any languages other than English? Yes____ No____ If yes, which languages? _____

11. Is there anything else about you that you would like us to know? If so, please describe here: _____

Signature

Date



ACES

VOLUNTEER - RELEASE OF LIABILITY

I, _____, hereby release, remise and forever discharge, Adaptive Computer Training, Inc., d.b.a. Adaptive Computer Empowerment Services from any and all actions, suits, debts, claims, demands and obligations of any kind or nature, whether known or unknown, both in law and in equity, related to my serving as a volunteer for Adaptive Computer Empowerment Services.

I acknowledge and agree this release applies to any and all actions, suits, debts, claims, demands and obligations, whether known or unknown, foreseen or unforeseen, patent or latent that I may have against Adaptive Computer Empowerment Services at any time, including, but not limited to, claims against Adaptive Computer Empowerment Services arising from the use of my automobile or other transportation, any physical injuries sustained, or any form of harassment in the course of my service as a volunteer for Adaptive Computer Empowerment Services.

I acknowledge and represent that in agreeing to this release I have not relied on any inducements, promises or representations made by Adaptive Computer Empowerment Services or any representative thereof. I have completely read and fully understand the terms of this release. I acknowledge and warrant my agreement to this release is free and voluntary.

Criminal Background Check Release (Applies only to those who will go to recipient homes)

To protect ACES recipients and to satisfy requirements for ACES liability insurance, all volunteers and staff who interact with recipients in their homes are subject to a criminal background check.

Adaptive Computer Empowerment Services has been certified by the California State Department of Justice for access to all criminal records information. This information is restricted to arrests resulting in conviction or arrests which are pending adjudication involving any sex crimes, drug crimes, or crimes of violence. As a prospective volunteer who will make home visits, I agree to have a record check, and I understand that the existence of a criminal record may affect my volunteer status.

Volunteer Commitment Agreement

1. To insure quality and consistency in the services I provide in an environment of mutual respect and compassion with all recipients of service,
2. To support the Mission of ACES,
3. To abide by the principles of the confidentiality agreement, transportation policy, and drug-free policy,
4. To facilitate a criminal background check of my records if I am to interact with recipients of service in their homes,
5. To notify my ACES supervisor or the Director of Volunteers in advance if I am ever unable to fulfill my commitments, and
6. To release ACES of all liability for me per the aforementioned policy.

The information I have provided is true. I understand that it will be held in confidence. I have read and agree to abide by the above guidelines and policies.

Signature

Date

Mail or Fax to:

ACES, 10054 Prospect Ave., Suite E, Santee, CA 92071 ~ Fax: (619)448-0636

In addition to the information on the reverse side, agreement to the following A.C.E.S. Volunteer Policies is hereby given:

Confidentiality Agreement

Due to the nature of ACES work, volunteers may find themselves in a position where a recipient will share information with them regarding their personal lives, disabilities, etc. Adaptive Computer Empowerment Services adheres to a policy of maintaining a recipient's right to confidentiality and privacy:

Staff including all volunteers, are expected to respect the privacy of recipients and to hold in confidence all information obtained in the course of service. Only information which is life threatening should be divulged, and then only with the Volunteer Coordinator or other appropriate professionals.

If ever a recipient shares information with you which makes you feel uncomfortable or if there is ever any doubt as to the propriety of sharing information, always feel free to consult with the Volunteer Coordinator or other appropriate supervisor.

I hereby agree to hold all information pertaining to any recipient as confidential unless asked in writing by the recipient to share this information with another, or in any life- threatening situation.

Drug-Free Policy

It is the policy of Adaptive Computer Empowerment Services to operate in a drug-free environment. Volunteers are expected to adhere to a standard of conduct that will promote a drug-free environment.

I have been informed that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance while volunteering for ACES is prohibited. I also understand that the appropriate personnel action will be taken against me, up to and including termination of my volunteer status.

I have also been informed that I must notify the Volunteer Coordinator within five days "of any violation occurring while on the job" .

Transportation Agreement

Due to the nature of the service that Adaptive Computer Empowerment provides it is often necessary for a volunteer to perform several ACES-related tasks, such as donation pick-up and systems delivery, in private transportation. For this reason, the following requirements must be met:

1. The driver must be at least 18 years of age.
2. The driver must have a valid driver's license.
3. The driver must show proof of auto insurance as well as acknowledge that, in case of accident or injury, the volunteer's insurance company would be liable up to its maximum limits.
4. Under no circumstances is the volunteer to transport the recipient while representing ACES in any way.

I understand the transportation policy of Adaptive Computer Empowerment, and I certify that if I am required to use my private vehicle for ACES-related work I meet all of the above conditions.

I also understand that if an accident occurs, my own insurance company will be liable for bodily and property damage up to its maximum limits.

Signature

Date