

# Hands On Asheville-Buncombe — Project Coordinator Application

50 South French Broad Avenue, Asheville, NC 28801  
Phone: 255-0696 • Fax: 255-8004 • Email: [info@handsonasheville.org](mailto:info@handsonasheville.org) • Website: [www.handsonasheville.org](http://www.handsonasheville.org)

## PERSONAL INFORMATION

Name: \_\_\_\_\_ (Ms/Mrs/Mr/Dr/Rev)  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Prefer to receive the newsletter by email  mail   
Would you like information about short-notice volunteer needs? Yes  No   
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
How did you hear about Hands On Asheville-Buncombe? \_\_\_\_\_

## EMPLOYER/ORGANIZATION INFORMATION

Employer/Organization: \_\_\_\_\_  
Department/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Can we contact you at work? Yes  No

## REFERENCES:

Please provide two personal/professional references that Hands On Asheville Buncombe can contact regarding your possible placement as a volunteer Project Coordinator. References should not be family members.

### Reference #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### Reference #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## VOLUNTEER PROFILE

Date of Birth: \_\_\_\_\_

- Male  
 Female

### \*\*\*Optional\*\* Ethnic or Racial Origin:

- African American  Caucasian  
 Asian  Hispanic/Latino  
 Native American  Multiracial  
 Other: \_\_\_\_\_

### \*\*\*Optional\*\* Marital Status:

- Single  
 Married  
 Partnered/Widowed  
 Divorced

## VOLUNTEER SKILLS & INTERESTS

### Skills I would like to contribute:

- Animal Support  
 Arts/Music/Drama  
 Building/Repair/Refurbishment  
 Companionship/Visitation  
 Computers/Technology  
 Crisis Support/Disaster Response  
 Disability Service  
 Environment/Planting/Cleanup  
 Literacy/Reading/Writing  
 Meal Service  
 Sorting/Organizing  
 Special Events  
 Sports/Recreation  
 Teaching/Tutoring  
 Translation/Interpretation  
 Youth/Mentoring  
 Other: \_\_\_\_\_

### I would be interested in:

- Building Self Sufficient People  
 Building Strong Children  
 Enhancing Community Mental Health  
 Promoting Physically Healthy People  
 Stabilizing Personal Crises  
 Supporting Independence in Older Adults  
 Supporting Thriving Families/Communities

### Project Coordinator Interest:

- I would like to be a project coordinator:  
 Weekly or bi-weekly  
 Monthly  
 Short-term/one time/special event  
 I'm interested in coordinating a specific project \_\_\_\_\_

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_  
Entered By: \_\_\_\_\_  
References Checked: \_\_\_\_\_  
Criminal Background Check: \_\_\_\_\_  
Orientation Date: \_\_\_\_\_

## Hands On Asheville-Buncombe Volunteer Agreement and Release

I, the undersigned, wish to volunteer my services to various community service organizations and projects through Hands On Asheville-Buncombe, a program of United Way of Asheville and Buncombe County (“UWAB”). As a participant in volunteer opportunities arranged by Hands On Asheville Buncombe (hereafter referenced as “Hands On”), and in consideration of Hands On’s efforts to locate, arrange, coordinate and/or make available volunteer opportunities, I hereby agree and release Hands On and United Way of Asheville and Buncombe County and all affiliated entities as follows:

1. I understand that I am a volunteer and not an employee of Hands On. I acknowledge and agree that the nature of the volunteer services typically performed by Hands On volunteers, and which may be performed by me as a Hands On volunteer may involve potential risk of injury. I willingly and freely agree to volunteer and hereby assume any and all risk in connection with my volunteer efforts or participation, including without limitation, risk of any accident or injury to person or property which I may sustain in connection with my participation as a volunteer or in any related project or activity. **In addition to the foregoing, I will only participate in Hands On projects and other activities that I am physically capable of without risk of injury to myself.**

2. I hereby acknowledge that Hands On is involved in assisting children, seniors and other vulnerable populations. I understand that for the protection of these populations, Hands On and United Way of Asheville and Buncombe County requires disclosure of criminal background by all volunteers. **I hereby confirm, represent, and warrant that I have never been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense, or any other felony violation of law, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.**

3. I hereby release Hands On and UWAB, its community service partners, Partner Agencies, directors, officers, agents, employees, successors, designees, licensees, sponsors, donors, representatives, guests, affiliates, and volunteers (the “HOAB Parties”) from and covenant not to sue for, any and all claims and causes of action, whether known or unknown, arising out of, based upon or relating to my participation as a volunteer of Hands On or in any related activity or project, including, without limitation, any negligence of HOAB Parties. Furthermore, to the extent I utilize my own vehicle (if applicable) for transportation or other purposes in connection with a volunteer project or activity, I hereby represent and warrant that I have a current automobile liability insurance policy in force that includes bodily injury and property damage.

4. I understand that, except as otherwise agreed by Hands On in writing, Hands On does not carry or maintain motor vehicle, health, medical or workers’ compensation or disability coverage for any volunteer. I also understand that Hands On does not represent or warrant that any agencies, schools, businesses, companies or other nonprofits with which it refers or places volunteers carry or maintain motor vehicle, health, medical, workers’ compensation or disability insurance coverage for any volunteer.

5. I further grant to Hands On Asheville-Buncombe, United Way of Asheville and Buncombe County, Partner Agencies, and Hands On Network, its designees and successors, my consent to use my name, photograph, likeness, image, voice and biography in any publications, advertising and publicity, in connection with my participation with Hands On.

6. This document also serves as a release for any/all minors who are under my supervision and care while participating in volunteer projects coordinated through or by Hands On. I also agree to provide adequate and appropriate supervision to said minors throughout the duration of volunteer activities.

7. This release is for the benefit of Hands On Asheville-Buncombe and United Way of Asheville and Buncombe County and its successors, licensees, agents, employees, affiliates and assigns. The laws of the State of North Carolina shall govern this release.

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

(Print)

**Authorization for release of Information**

Project Coordinators are asked to consent to a criminal background check for safety of other volunteers and clients and as a demonstration of their good faith and commitment to Hands On Asheville-Buncombe. Those who refuse to consent to the criminal background check will not be accepted as Project Coordinators. Hands On Asheville-Buncombe reserves the right to recheck PC's at any time during their period service at the sole discretion of HOAB management.

I authorize Hands On Asheville-Buncombe to perform a criminal background check. With this release I hereby give my consent for Hands On Asheville-Buncombe to request this information, and I authorize such persons and agencies to release the information requested by Hands On Asheville-Buncombe.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name of applicant \_\_\_\_\_

Previous names \_\_\_\_\_  
\_\_\_\_\_

Current address \_\_\_\_\_  
\_\_\_\_\_

Previous address \_\_\_\_\_  
\_\_\_\_\_

Date of birth \_\_\_\_\_

## **Confidentiality Agreement**

As a Project Leader you will have access to certain information about our volunteers. Hands On Asheville-Buncombe ensures its volunteers that we will never sell or barter their contact information. Project Coordinators must only use the volunteer contact information for legitimate Hands On Asheville-Buncombe business.

Hands On Asheville-Buncombe firmly upholds each volunteer's right to privacy and confidentiality. Under state and federal law, information concerning volunteers including, but not limited to name, life circumstances and services provided is strictly confidential. In your role as a Project Coordinator for Hands On Asheville-Buncombe, you may become aware of personal or confidential information about our volunteers. This information must be held in strict confidence and you must not discuss it with anyone including, but not limited to, fellow project coordinators, family members and friends.

I understand and agree to uphold the terms of this agreement:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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