

# Volunteer Application



## Contact Information

Name	
Street Address	
City State Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	

(Can we call in a moment's notice for urgent matters?  Yes  No)

## Availability

During which hours are you available for volunteer assignments? Specify times below:  
*The Center is open various hours 6 days a week, closed holidays.*

- |                    |                    |
|--------------------|--------------------|
| Weekday mornings   | Weekend mornings   |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings   | Weekend evenings   |

## Interests

Tell us in which areas you are interested in volunteering

- Administration (Data entry, copying, sorting, filing)
- Events (Set up, clean up, parking management, planning)
- Facility Greeter (Greet visitors, give tour, provide literature, provide basic help, register transactions)
- Fundraising (Planning, organizing, B2B cold calls/emails)
- Transportation (Provide area transportation, pick up/delivery of Veterans and/or run errands)
- Housekeeping (Vacuum, wipe tables, clean restrooms, empty trash, general cleaning)
- Labor (Heavy lifting, moving, building, construction, maintenance)

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

## Person to Notify in Case of Emergency

Name

Street Address

City State Zip Code

Home Phone

Cell Phone

E-Mail Address

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also affirm I have received a copy of the Sexual Harassment Policy.

Name (printed)

Signature

Date

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Your Volunteer Coordinator is:

Larry Mortimer Jr

734-224-7032

You can call if you have any questions, or need to change or cancel your schedule.

## Volunteer Code of Conduct

### Introduction

The mission of the Bedford Veterans Center is to serve and assist Veterans in Southeast Michigan and surrounding areas at any time, in any way; to bring awareness of the needs of local Veterans to Bedford; and to strive to create new opportunities in the Bedford area for current and future Veterans.

Becoming a Bedford Veterans Center volunteer comes with great rewards and responsibilities. Volunteers represent the Bedford Veterans Center and your actions reflect on both you and the organization.

### Code of Conduct

- I will display respect and courtesy for Bedford Veterans Center staff, volunteers, program participants, visitors, and Veterans.
- I will work cooperatively as a team member with Bedford Veterans Center staff and other volunteers.
- I will promote a safe environment by not harming anyone in any way, whether through discrimination, sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful actions.
- I will not discriminate on the basis of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability, or genetic information.
- I will not use hateful, offensive, profane, or vulgar language.
- I will respect the privacy of persons served by the organization and hold in confidence sensitive, private, and personal information.
- I will keep Bedford Veterans Center staff informed of progress, concerns and problems within the program(s) in which I participate.
- I will not solicit gratuities, gifts or bequests for personal benefit.
- I will not steal, misappropriate or divert Bedford Veterans Center funds, property, or other assets
- I will not possess or be under the influence of alcohol or illegal drugs at the Bedford Veterans Center and other volunteer sites

### Certification

Your signature below certifies that you have read, understood, and agree to adhere to the Bedford Veterans Center Code of Conduct. All minor volunteers must also have their code signed by a parent or guardian. The Bedford Veterans Center has the right to release or dismiss volunteers at its discretion. Volunteers are responsible for any costs that may be incurred due to a violation of the code of conduct

Name (printed)	
Signature	
Date	

# Transportation Volunteer Information Sheet



## ONLY FILL THIS OUT IF YOU INTEND TO DRIVE THE VAN

### Contact Information

Name		
Street Address		
City State Zip Code		
Home Phone		Cell Phone
E-Mail Address		

### Please complete the following information and provide a copy of your license and proof of insurance (ongoing proof of renewal must be provided prior to expiration)

Driver's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State Issued: \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ Policy Expiration \_\_\_\_\_

Liability coverage provided by Bedford Veterans Center is primary.

Have you had any citations, convictions, or accidents in the last THREE years:

Please list any citations, convictions, or accidents in the past three years

### Certification

My signature below certifies that the information given on this form is true and correct to the best of my knowledge and that I agree to the following:

- I understand that the insurance company representing Bedford Veterans Center will run a background check, which includes but is not limited to your Motor Vehicle Record and insurance history report
- I understand that driving for Bedford Veterans Center is an important responsibility and I will exercise care and due diligence while driving.
- I understand that as a volunteer driver, I must be 21 years of age.
- I certify that I possess a valid driver's license and that I have the required insurance coverage and proof of each renewal.
- I agree that I will refrain from using a cell phone while operating the Bedford Veterans Center vehicle.
- I agree to adhere to the State of Michigan safety belt laws and regulations.

Name (printed)

Signature

Date

In consideration of the risk of injury while participating in \_\_\_\_\_ (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Bedford Veterans Center, located at 8020 Lewis Ave., Michigan 48182, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, EITHER KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless Bedford Veterans Center against an any all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Bedford Veterans Center incurs any of these types of expenses, I agree to reimburse Bedford Veterans Center without delay.

I acknowledge that Bedford Veterans Center and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts of failures to act of any party or entity conducting a specific event or activity on behalf of Bedford Veterans Center.

I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE BEDFORD VETERANS CENTER AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST BEDFORD VETERANS CENTER FOR PERSONAL INJURY OR PROPERTY DAMAGE.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. State of Michigan Rev. 1/7/2018 Page 2 of 2 In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I

acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Participant, and Bedford Twp. Veterans Center agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this "Waiver and Release of Liability" shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become invalid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact Relationship Contact Telephone

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I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant's Name:

Participant's Address:

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

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

IN WITNESS WHEREOF I have executed this Release on \_\_\_\_\_

Witness's Name:

\_\_\_\_\_  
Signature: \_\_\_\_\_ Witness's

#### PARENT/GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian Name:

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## BEDFORD VETERANS CENTER NON-DISCLOSURE AGREEMENT

### BEDFORD VETERANS CENTER CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT:

THIS CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT : (the "Agreement") made this day of \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, (the "Effective Date") by and between the Bedford Veterans Center, and \_\_\_\_\_, (collectively, the "Parties" and each individually a "Party"). Each Party desires to set forth the terms that apply to such Confidential Information. NOW, THEREFORE, for and in consideration of the foregoing, of the promises and covenants set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties do hereby agree as follows:

1. The Parties shall (i) use reasonable efforts to maintain the confidentiality of the information and materials, whether oral, written or in any form whatsoever, of the other that may be reasonably understood, from legends, the nature of such information itself and/or the circumstances of such information's disclosure, to be confidential and/or proprietary thereto or to third parties to which either of them owes a duty of nondisclosure (collectively, "Confidential Information"); (ii) take reasonable action in connection therewith, including without limitation at least the action that each takes to protect the confidentiality of its comparable proprietary assets; (iii) to the extent within their respective possession and/or control, upon termination of this Agreement for any reason, immediately return to the provider thereof all Confidential Information not licensed or authorized to be used or enjoyed after termination or expiration hereof, and (iv) with respect to any person to which disclosure is contemplated, require such person to execute an agreement providing for the treatment of Confidential Information set forth in clauses (i) through (iii). The foregoing shall not require separate written agreements with employees and agents already subject to written agreements substantially conforming to the requirements of this Section nor with legal counsel, certified public accountants, or other professional advisers under a professional obligation to maintain the confidences of clients.
2. Notwithstanding the foregoing, the obligation of a person to protect the confidentiality of any information or materials shall terminate as to any information or materials which: (i) are, or become, public knowledge through no act or failure to act of such person; (ii) are publicly disclosed by the proprietor thereof; (iii) are lawfully obtained without obligations of confidentiality by such person from a third party after reasonable inquiry regarding the authority of such third party to possess and divulge the same; (iv) are independently developed by such person from sources or through persons that such person can demonstrate had no access to Confidential Information; or (v) are lawfully known by such person at the time of disclosure other than by reason of discussions with or disclosures by the Parties.
3. All Confidential Information delivered pursuant to this Agreement shall be and remain the property of the disclosing Party, and any documents containing or reflecting the Confidential Information, and all copies thereof, shall be promptly returned to the disclosing Party upon written request, or destroyed at the disclosing Party's option. Nothing herein shall be construed as granting or conferring any rights by license or otherwise, express or implied, regarding any idea made, conceived or acquired prior to or after the Effective Date, nor as granting any right with respect to the use or marketing of any product or service. The Parties shall use the Confidential Information only for the Business Relationship. 2 The obligations of

the Parties under this Agreement shall continue and survive the completion or abandonment of the Business Relationship and shall remain binding for a period of two (5) years from the Effective Date.

4. As a violation by either Party of this Agreement could cause irreparable injury to the other Party and as there is no adequate remedy at law for such violation, the non-breaching Party may, in addition to any other remedies available to it at law or in equity, enjoin the breaching Party in a court of equity for violating or threatening to violate this Agreement. In the event either Party is required to enforce this Agreement through legal action, then it will be entitled to recover from the other Party all costs incurred thereby, including without limitation, reasonable attorney's fees.

5. Neither Party makes any representation or warranty with respect to any Confidential Information disclosed by it, nor shall either Party or any of their respective representatives have any liability hereunder with respect to the accuracy or completeness of any Confidential Information or the use thereof.

6. Any provision of this Agreement held or determined by a court (or other legal authority) of competent jurisdiction to be illegal, invalid, or unenforceable in any jurisdiction shall be deemed separate, distinct and independent, and shall be ineffective to the extent of such holding or determination without (i) invalidating the remaining provisions of this Agreement in that jurisdiction or (ii) affecting the legality, validity or enforceability of such provision in any other jurisdiction.

7. Any notice required or permitted to be given hereunder shall be (a) in writing, (b) effective on the first business day following the date of receipt, and (c) delivered by one of the following means: (i) by personal delivery; (ii) by prepaid, overnight package delivery or courier service; or (iii) by the United States Postal Service, first class, certified mail, return receipt requested, postage prepaid. All notices given under this Agreement shall be addressed to the addresses stated at the outset of this Agreement, or to new or additional addresses as the Parties may be advised in writing.

8. This Agreement is to be governed by and construed in accordance with the laws of the state of Michigan. Neither Party shall be deemed to waive any of its rights, powers or remedies hereunder unless such waiver is in writing and signed by said Party. This Agreement is binding upon and inure to the benefit of the Parties and their successor and assigns.

9. This Agreement constitutes the entire agreement and understanding of the Parties with respect to the subject matter hereof, and is intended as the Parties' final expression and complete and exclusive statement of the terms thereof, superseding all prior or contemporaneous agreements, representations, promises and understandings, whether written or oral. Neither Party is to be bound by any pre-printed terms appearing in the other Party's form documents, tariffs, purchase orders, quotations, acknowledgments, invoices, or other instruments. This Agreement may be amended or modified only by an instrument in writing signed by both Parties.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their duly authorized officers on the day and year first above written.

By: \_\_\_\_\_ By: \_\_\_\_\_

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

Title: \_\_\_\_\_ Title: \_\_\_\_\_



**PLEASE RETAIN THIS POLICY FOR YOUR RECORDS**

**Bedford Veterans Center  
Sexual Harassment Policy**

**Effective Date: December, 2018**

**I. APPLICABILITY:**

1. This procedure is applicable to all volunteers and staff of Bedford Veterans Center.
2. This policy, and all policies and procedures put in place by this organization, shall be in effect for all full-time, part-time, and contracted volunteers and staff now in place or those put in place after the effective date of this policy.
  3. For the purpose of this and all policies put in place by this organization, the term volunteer(s) and staff shall include all full-time, part-time and contracted volunteers and staff of Bedford Veterans Center.

**II. SCOPE:**

1. Bedford Veterans Center will make every effort to ensure that the control systems in place are sound and are designed, amongst other things, to prevent Sexual Harassment in the Workplace.

**III. OBJECTIVE:**

1. In order to provide a productive and pleasant working environment, it is important that we at Bedford Veterans Center endeavor to maintain a workplace characterized by mutual respect. Accordingly, Sexual Harassment in our Workplace will not be tolerated.

**IV. KEY PRINCIPLES:**

1. Compliance with internal controls and procedures.
  1. Volunteers and staff shall ensure that they comply with all controls and procedures established by this policy, including those designed to prevent Sexual Harassment in the Workplace.
  - b. Each volunteer and staff is responsible for knowing and understanding the policies that are in place within this organization.
  - c. Each employee is required to sign annually that they have read and understand the policies that are in place within this organization.

- d. All volunteers and staff shall take reasonable steps to ensure that all controls are complied with by others within the organization. This is particularly crucial for senior stakeholders with management responsibility.
  - e. Volunteers and staff shall make every effort to be aware of the potential consequences of a failure in control procedures, and shall take all reasonable steps to ensure that such control procedures are sufficient to prevent Sexual Harassment in the Workplace.
  - f. If during normal activities, an employee identifies a problem or weakness in the control procedure, the employee shall report the concern immediately.
  - g. A volunteer or staff's failure to report problems or concerns with this policy undermines the organizations control framework.
2. Volunteer or Staff Reporting Procedure.
    1. Any Bedford Veterans Center volunteer or staff who feels that he or she has been sexually harassed shall immediately bring the issue to the attention of Pastor Greg Withrow.
    - b. Inquiries and/or complaints will be investigated as quickly as possible.
    - c. Any and all allegations of Sexual Harassment shall be reported in confidence following the reporting hierarchy previously outlined. Confidentiality is important not only to protect the innocent but also to ensure that an opportunity is not available to cover up inappropriate activity or to destroy potential evidence of such activity.
    - d. Any investigation will be conducted in as confidential manner as is compatible with a thorough investigation of the complaint.

#### Prohibited Activities.

Sexual Harassment has been defined as a form of sex discrimination, consisting of **unwanted** sexual advances. Examples of prohibited Sexual Harassment include but are not limited to:

1. Supervisors or managers explicitly or implicitly suggesting sex, or sexual favors, in return for hiring, compensation, promotion or retention decisions.
- b. Verbal or written sexually suggestive or obscene comments, jokes, or propositions.
- c. **Unwanted** physical contact, such as touching, grabbing, or pinching.
- d. Displaying sexually suggestive objects, pictures, or magazines.

- e. Continual expressions of sexual or social interest after an indication that such interest is not desired.
- f. Conduct with sexual implications when such conduct interferes with the employee's work performance or creates an intimidating work environment.
- g. Suggesting or implying that failure to accept a request for a date or sex would adversely affect the employee in respect to a performance evaluation or promotion.

4. Harassment by Non-Volunteers and staff.

We at Bedford Veterans Center will endeavor to protect our volunteers or staff, to the extent possible, from harassment by non-volunteers or staff such as visitors, clients, vendors and other parties with whom we have workplace contact with.

5. Discipline.

- a. Any Bedford Veterans Center volunteer or staff found to have harassed another volunteer or staff, or an applicant for services, will be subject to appropriate disciplinary procedure action, including reprimands, suspension and/or termination of service.
- b. A person committing Sexual Harassment in the Workplace may also be held legally liable for his or her actions under applicable law.

3. Responsibility

- a. Each person is responsible for implementing this policy.

V. **CONCLUSION:**

1. This policy is being put in place as a safeguard for Bedford Veterans Center and its volunteers and staff.
2. This policy shall supersede all previous policies written by and for Bedford Veterans Center regarding Sexual Harassment.
3. As previously noted, this policy shall be effective as of March 30, 2018.
4. This policy shall remain in effect for a period of one (1) year, at which point it shall come due for revision or removal.

**APPROVAL:**

Larry Mortimer Jr,  
Executive Board President  
Bedford Veterans Center