VOLUNTEER CONTACT/EMERGENCY INFORMATION

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Cellular Provider: _____

☐ I authorize COCA to contact me via text message with information pertaining to classes, building or emergency situations.

Email Address: _____

EMERGENCY CONTACT INFORMATION

First Contact: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship: _____

Second Contact: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship: _____

COCA

Volunteer Waiver of Workers' Compensation Coverage

I, _____, am a volunteer for Center of
(Name of Volunteer)

Creative Arts (COCA). I am not the employee of COCA for workers' compensation purposes, and therefore, I am not entitled to workers' compensation benefits under their policy coverage.

I waive any and all rights to file any claims against said employer in the event an accident should occur while I am performing work on their premises for the duration of my volunteer work.

Signature of Volunteer:

_____

Parent/Guardian Signature (if Volunteer is a Minor):

_____

Date: _____

VOLUNTEER CONFIDENTIALITY ACKNOWLEDGMENT

This Agreement is made on_____, 20_____, between COCA – Center of Creative Arts, the Organization, of 6880 Washington Avenue, Saint Louis, MO and Volunteer of COCA – Center of Creative Arts.

For valuable consideration, the Organization and the Volunteer agree as follows:

1. The Volunteer agrees to keep all of the Organization's data/business information confidential at all times during and after the term of the volunteer's hours. The Organization's business information includes any data/information regarding the Organization's employees, students, customers, supplies, finances, research, development, cultivation processes, or any other technical or business information.

2. The Volunteer agrees not to make any unauthorized copies of any of the Organization's business data/ information without the Organization's consent, nor to remove any of the Organization's business data/information fromthe Organization's facilities.

3. The Volunteer agrees not to disclose any information about a person, including the fact that the person is or is not served by our organization, to anyone outside of this organization unless authorized by the Executive Director or other Authorized personnel.

4. The Volunteer agrees to store or dispose of confidential business data/information in ways that maintain confidentiality.

5. The Volunteer agrees to possess a professional attitude that upholds confidentiality toward the people we serve, colleagues, and any sensitive situations arising within the nonprofit.

I understand that violation of this confidentiality agreement may result in immediate removal

from COCA's Volunteer List.

_____ _____

Signature of Volunteer Printed Name of Volunteer

Date:_____, 20_____

Volunteer Background Check Acknowledgment

All volunteers are required to complete a background check through HireRight prior to beginning any work with COCA.

Volunteers will receive a link to provide information required for a background check by HireRight, COCA's background check provider, via email.

Email: _____

Volunteers can also opt in to receive their link via text message. If you would like to do so, please provide your phone number below.

Phone Number: _____

Receiving your background check link via text is not required but will help ensure that you receive and respond to the link in a timely manner.

Background Checks are typically completed within a week of submission. If there is an issue or delay in your check, your assigned volunteer supervisor will reach out to you prior to your scheduled volunteering time.

I understand that HireRight will be sending a link to the contact(s) above for me to provide information required for my Background Check. I will fill out the requested information at my earliest convenience and understand that I am not authorized to begin work with COCA without a completed background check.

Volunteer Signature: _____

If you have any questions about COCA's background check policy or process, please reach out to HR@cocastl.org