



1940 North Monroe Street, Suite 70 • Tallahassee, FL 32303  
Phone: 850.385.0504 • Fax: 850.922.0075  
www.elcbigbend.org

## Volunteer Application

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Phone: (Cell): \_\_\_\_\_  
(Home): \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

School/Class: \_\_\_\_\_ Hours Needed: \_\_\_\_\_

Occupation/Major: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Availability: **Please check all that apply.** Counties **available** to volunteer in:

- Gadsden       Jefferson       Leon  
 Liberty       Madison       Taylor       Wakulla

Days and times **available** to volunteer:

Best time to be in a center for ELVIS or Celebrity Reader is 9-11am or 3:30-5pm.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8-12pm)						
Afternoon (1-5pm)						

Program(s) of Interest: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Prior Volunteer Work/Experiences:

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Talents, Languages, Skills and/or Hobbies:

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Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?

No       Yes.

If yes, please explain.

Have you ever been convicted of a crime relating to child abuse (sexual, physical or emotional) or neglect?

No       Yes

If yes, please explain.

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The information provided in this application for volunteerism is true, correct and complete. If selected, any misstatement or omission of fact on this application may result in my release from volunteer services.

I understand that should my classroom volunteer hours exceed 10 hours per month, I will be required to adhere to required background screening, including but not limited to, local criminal records check, FDLE/FBI fingerprint screening, and Florida Abuse Registry screening.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

Please return application to:

**Volunteer Department**  
1940 North Monroe Street  
Suite 70  
Tallahassee, FL 32303  
Phone: (850) 385-0504 Fax: (850) 922-0075  
Email: [Volunteer@elcbigbend.org](mailto:Volunteer@elcbigbend.org)



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## VOLUNTEER CODE OF ETHICS

To ensure the highest quality of integrity and to provide a safe environment for the children we ask that all volunteers abide by the following code of ethics. Any violation of this agreement will result in termination from any and all volunteer programs with the Early Learning Coalition (ELC) of the Big Ben Region.

Please indicate that you understand and agree by initializing next to the following statements:

\_\_\_\_\_ I, nor any member from my organization will consume any alcohol before or during any activity sponsored by the ELC.

\_\_\_\_\_ I, nor any member from my organization will be under the influence of drugs or alcohol during any activity sponsored by the ELC.

\_\_\_\_\_ I, nor any member from my organization will swear or use explicit language during any activity sponsored by the ELC.

\_\_\_\_\_ I, and all members from my organization will set a good example for children.

\_\_\_\_\_ I, and all members from my organization will dress in an appropriate manner when working with children at the child care programs.

\_\_\_\_\_ I, and all members from my organization will arrive to all destinations in a timely manner and if we cannot attend an activity or will be more than 15 minutes late will notify BOTH the child care program and the point of contact at the ELC.

\_\_\_\_\_ I, nor any members from my organization will initiate any activities with children and represent myself as a member of the ELC.

\_\_\_\_\_ I, and all members from my organization understand that we must be under the direct supervision of a certified child care staff at all times.

\_\_\_\_\_ I, nor any members from my organization will administer any medicines to children volunteering at child care programs.

\_\_\_\_\_ If I, or any members from my organization believe that ANY child is in danger at a child care program will notify the ELC immediately.

\_\_\_\_\_  
Volunteer's Name (please print)

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date



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## **CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT**

All information including but not limited to trade secrets, proprietary information and other internal information, data and materials (the “Confidential Information”) of The Early Learning Coalition of the Big Bend Region, Inc., are valuable assets. Protection of this information plays a vital role in the consideration of employment or volunteer assignment of the undersigned (“Employee/Volunteer”) by the Coalition, and in consideration of the wages and salary to be paid, or in-kind donation being made, the Employee/Volunteer agrees to the following:

### **Employee/Volunteer’s Acknowledgement of the Importance of Non-Disclosure:**

Employee/volunteer acknowledges that the Confidential Information to which Employee/Volunteer shall have access to as a result of employment at the ELC is confidential, unique and valuable and was developed by or for the ELC at substantial cost and over a period of time. Employee/Volunteer acknowledges that disclosure of such Confidential Information is not allowed except at the express direction of the ELC.

### **Employee/Volunteer’s Agreement Not To Disclose Confidential Information:**

Employee/Volunteer agrees that in order to appropriately safeguard this Confidential Information:

- (a) Employee/Volunteer will not directly or indirectly disclose to any person other than the ELC’s directors and officer unless authorized by the ELC, or use or otherwise exploit for the Employee/Volunteer’s own benefit or for the benefit of anyone other than the ELC any Confidential Information whether such material is developed before or after the date of the Agreement;
- (b) Employee/Volunteer shall use his or her best efforts to cause all person or entities to whom any Confidential Information shall be disclosed hereunder to observe the terms and conditions set forth herein as though each such person or entity were bound hereby;
- (c) Employee/Volunteer shall not remove any Confidential Information from the ELC’s premises except in the course of performing his or her duties on behalf of the ELC; and
- (d) Employee/Volunteer shall have no obligation hereunder to keep confidential any Confidential Information if and to the extent disclosure of any such information is specifically required by law or if the information has been released to the public by the ELC; provided, however, the ELC with prompt notice such requirement, prior to making any disclosure, so that the ELC may seek and appropriate protection order.

## **Information, Data and Material constituting Confidential Information:**

Confidential Information includes, but is not limited to, such items as:

- (a) Any patent, patent application, copyright, trademark, trade name, service mark, service name, "know-how" or trade secrets;
- (b) Individuals (children, families and providers) we serve and information relating to any such individual or any party related thereto;
- (c) Customer lists and information relating to any client of the ELC or any party related thereto;
- (d) Supplier lists, pricing policies, consulting contracts and competitive bid information;
- (e) Company records, operational methods and company policies and procedures, including manual and forms;
- (f) Marketing data, plans and strategies;
- (g) Business acquisition, development, expansion or capital investment plan or activities;
- (h) Software and any other confidential technical programs;
- (i) Personnel information, Employee/Volunteer payroll and benefits data;
- (j) Accounts receivable and accounts payable;
- (k) Other financial information, including financial statements, budgets, projections, earning and any unpublished financial information;
- (l) Company correspondence and communication with outside parties; and
- (m) Information, data and material developed by Employee/Volunteer.

## **Assignment of Intellectual Property Right To The Coalition:**

Employee/Volunteer agrees to assign and transfer to the ELC his or her entire right, title and interest in and to any and all improvement, new ideas or concepts or other innovations made or developed by Employee/Volunteer (the "Innovations") either solely or jointly with other during the course of employment. Employee/Volunteers agrees to make and maintain adequate and current written records of all such Innovation ins the form of notes or reports relating thereto; which records shall be and remain the property of and be available to the ELC at all times. Employee/Volunteer agrees to promptly disclose to the ELC all such Innovation and shall not claim any additional or special payment for such assignment.

**Return of Confidential Information Upon Termination:**

Upon termination of employment for whatever reason, Employee/Volunteer agrees to return immediately to the ELC (Employee/Volunteer's Supervisor) any and all Confidential Information including copies, extracts or other reproductions, in Employee/Volunteer's possession or control.

**Agreement Does Not Constitute Contract of Employment:**

Employee/volunteer acknowledges that this Agreement addresses only the treatment of Confidential Information and does not constitute a contract of employment nor does it guarantee any continued employment of Employee/Volunteer hereunder.

**Survival:**

The termination of the Employee/Volunteer's employment, for whatever reason, shall not extinguish any obligations of Employee/volunteer hereunder.

**Enforcement of Agreement:**

The ELC shall be entitled to specific performance and injunctive or other equitable relief for any breach of this Agreement.

IN WITNESS WHEREOF, Employee/Volunteer has signed this Agreement as of the date written below.

\_\_\_\_\_  
Employee/Volunteer name (please print)

\_\_\_\_\_  
Employee/Volunteer Signature

\_\_\_\_\_  
Date

Early Learning Coalition of the Big Bend Region, Inc, a Florida non-for-profit corporation

\_\_\_\_\_  
Supervisor



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## Medical and Photo Release Form

I affirm that my health is good and that I am not under the care of a physician for any undisclosed condition that might endanger my health or the health of other participants. I further recognize that the inherent risk of physical injury could result from the activities that I will be participating in today. I therefore, release discharge, and hold harmless all partners, coordinators and sponsors of the event (including The Early Learning Coalition of the Big Bend Region and \_\_\_\_\_ from any and all liability from any injury from participation (including any food or beverages consumed during the event).

I acknowledge the fact that there will be media coverage and or photos taken of this event. Therefore, by initialing the box provided, I authorize all sponsors and their agents to use photograph(s) of myself for the specific purpose of publications and promotion and hereby release and hold harmless any sponsors or their agents from any liability. If I elect not to initial the box provided, it is assumed that I do not wish to be photographed, and therefore it is my sole responsibility to be aware of my surrounding and to move away from any cameras or video equipment to avoid my picture being taken.

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### Emergency Medical Information

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please describe any physical limitations or medical conditions that should be brought to the attention of anyone dispensing emergency medical treatments? (Please include any allergies you might have).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and fully understand this release and hereto sign my name.

\_\_\_\_\_  
Participant's Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

