

OUCARES Volunteer Application

Oakland University Center for Autism Outreach Services (OUCARES)
456 Pioneer Drive, 425C Pawley Hall Rochester, MI 48309-4494

Please **hand-sign forms** & email to oucaries@oakland.edu or fax to 248-370-4242

Name:		Date of Birth:		Gender:	
Home Address:		City & State:		Zip Code:	
Home Phone:		Cell Phone :		Email:	
Current OU Student? <input type="checkbox"/> Yes <input type="checkbox"/> No			What is the class: _____		
What is your area of study _____			What is the instructor name: _____		
If this is to fulfill a university requirement how many hours do you need: _____			If not OU student, current college/university: _____		
Please tell us how you heard about OUCARES:					
<input type="checkbox"/> OUCARES website		<input type="checkbox"/> Class or Instructor			
<input type="checkbox"/> Friend		Class/Instructor name: _____			
<input type="checkbox"/> OUCARES event or program		<input type="checkbox"/> Other: _____			
Have you completed a national background check for Oakland University? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please list the date & provide OUCARES with a copy of the background check form. Date Completed: _____					
Days and times available for 1-hour Training on Autism and a Volunteer's role: _____					
List any special skills, interests, training: _____					
List previous experience working with individuals with Autism Spectrum Disorders: _____					
List the OUCARES program(s) you would like to be a volunteer: _____					
Ranking	Program Name	Day of week	Dates	Time	
1 st Choice					
2 nd Choice					
3 rd Choice					

Volunteer Informed Consent

I certify that all information provided on this application is completely accurate. I understand that any false statements or omissions may result in my elimination for consideration for volunteer status, or, if accepted, my termination. I hereby authorize Oakland University to make investigation of all statements contained in this application. I authorize persons listed as references, my former and present employers and educational institutions listed to release any information concerning me that they deem appropriate. I release all parties from any liability that may arise from such disclosure. I understand that I may be subject to a criminal background investigation as a condition of volunteer service and that my volunteer status may be contingent upon these results. I am aware that participating in Oakland University's Campus Recreation Programs, activities or events, and use of the facilities and equipment involve risk of injury, including, but not limited to the range of minor contusions/abrasions to even the possibility of death. I also recognize that there are many other risks of injury including serious disabling injuries, which may arise due to participating, or attending and that is not possible to specifically list each and every individual injury risk. However, knowing and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the risks of injury, which could occur, by reason of my voluntary participation in the aforementioned of Campus Recreation. I hereby authorize my photograph which was taken by Oakland University, its employees, officers, representatives or agents to reproduce my photograph for the purpose(s) of editorial, illustration, advertising, trade or any other publication of OAKLAND UNIVERSITY. I release and discharge OAKLAND UNIVERSITY from any and all suits, causes of action, claims, demands or obligations of any kind arising out of the reproduction of my photograph for the above stated purposes. I understand that my volunteer service is for no definite time period and that either Oakland University or I may terminate the volunteer service relationship at any time for any reason or no reason. I understand that neither this document nor any offer of volunteer service constitutes an employment contract. If accepted as a volunteer, I agree to comply with and be bound by all of the personal policies and volunteer requirements of Oakland University.

I hereby acknowledge that I have read and understand the foregoing and intend to be bound thereby. I further understand that once I have attended volunteer training & have been assigned to a program or event, I must complete an online national background check prior to volunteering.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: (if under 18 years old) _____

OAKLAND UNIVERSITY
VOLUNTEER ACKNOWLEDGEMENT AND RELEASE ("ACKNOWLEDGEMENT")

In consideration for Oakland University ("University") allowing me to participate as a volunteer in the department(s) and/or program(s) described below, I acknowledge and agree that:

1. I intend to provide the following services to the University ("Services") as a volunteer and not as an employee:

Department: _____
Program: _____
Services: _____
Start/End Dates: _____, 20__ through _____, 20__

2. I am not providing the Services as an employee of the University and I have not been promised, do not expect and will not receive any compensation or benefits of any kind, including without limitation disability, workers compensation and unemployment insurance, etc., for providing the Services.
3. The University may stop using my Services at any time and for any reason.
4. I will comply with all University ordinances, policies, practices and procedures, as well as federal, state and local law, while providing the Services.
5. I hereby irrevocably authorize the University to use any photograph, video and/or audio recording of me, made while I am performing Services, for its educational and other purposes.
6. I may acquire non-public confidential and/or proprietary information of the University and/or others while performing the Services and I will maintain all such information in strict confidence at all times; and I further hereby irrevocably assign to the University ownership of any and all intellectual property that I develop or that I contribute to the development of arising out of or relating to the Services.
7. I have and/or will obtain my own health and auto insurance or I am or will be covered under other insurance policies that provide health and auto insurance for me. In any event, I hereby irrevocably release the University, for myself and my heirs, successors and assigns, from responsibility and liability for any costs, expenses or damages for any injuries that I suffer arising out of or relating to the Services.
8. Michigan law will apply to this Acknowledgement.

Signature: _____

Printed Name: _____

Date: _____