



A life of possibilities for people with intellectual disabilities.

Group Volunteer Application

Group Name/Mailing Information

Name of Group			
Mailing Address	City	State	ZIP

Leader Contact Information for Group

Last Name		First Name		Position	
Mailing Address		City		State	ZIP
Home Phone	Work Phone	Cell Phone	E-mail		

Secondary Leader Contact Information

Last Name		First Name		Position	
Mailing Address		City		State	ZIP
Home Phone	Work Phone	Cell Phone	E-mail		

Volunteer Interest

Briefly describe the volunteer services and interest areas your group would like to offer at Mosaic.

Confidentiality Initial here after reading statement below.)

As a Mosaic volunteer, I understand and agree that any information I learn about a person in service through direct contact with them or staff or through documents is to remain confidential. No information may be released or discussed except as it is necessary for fulfillment of my volunteer responsibilities or in the case of legal necessity. Additionally, I understand and agree that I will not photograph or video any Mosaic clients, staff or other volunteers without prior approval of the Mosaic agency executive director or designee and that any photos or video that may include people in service require written consent of that person or their legal guardian before publication in any media format. My signature below affirms my agreement to these statements.

Liability Initial here after reading statement below.)

I understand that while Mosaic operates within strict safety and sanitation guidelines, accidents can happen. I have been informed of the safety and sanitation procedures that are in place to protect me, Mosaic staff and the people Mosaic serves. I understand that Mosaic has insurance coverage for volunteers and beyond that coverage I release Mosaic from liability for accidental injury or damages to me during or as a result of my volunteer service and that Mosaic is not responsible for accidental or other damage to my personal vehicle if I am using it as a part of my volunteer service.

Certification

I affirm that all information provided on this application is true.	
Group Leader Signature	Date