



Date Received ____/____/____
 Date Interviewed ____/____/____
 Approved ____/____/____ Denied ____/____/____
 Orientation Scheduled ____/____/____
 Date Task Assigned ____/____/____

Student Community Service Agreement

Name:		Parent/Legal Guardian's Name:	
Date of birth:	Age:	Phone:	
Current address:		Email:	
City:	State:	ZIP Code:	

Emergency Contact(s)

Name	Address	Relationship	Phone(s)
	Email:		

School/College Information

Name:		
Attendance Dates:	Highest Grade Completed?	Phone at School:
School Address:		
City:	State:	ZIP Code:
Diploma/Degree:	Field Of Studies:	

Work Experience/Qualification

Skills:		
Yrs	Job Title	Job Description

Interest (Pick the top five):

- | | | | | |
|---|--|-----------------------------------|---|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Bookkeeping/Taxes | <input type="checkbox"/> Car Wash | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Photography/Video | <input type="checkbox"/> Arts | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Yard Work | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Web Design | <input type="checkbox"/> Reading | <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Telemarketing |

School Rep's Name _____ **Title** _____

Email Address _____ **Phone Number** _____

Number of hours needed: _____ **Estimated completion date:** ____/____/____

I acknowledge that I am bound under the regulation of the Texas Open Records Act to maintain the confidentiality of any information I may obtain and that I am subject to penalties under the provisions of this act.	
I have answered the questions on this application to the best of my knowledge and none of the answers are knowingly false.	
Signature of Volunteer:	Date:
Signature of Parent/Legal Guardian: (Required if under 18)	Date:

RULES AND REGULATIONS

(Please Initial after each):



_____ Please bring your record sheet each time you come so the volunteer coordinator can document your record sheet.

_____ Community Service duties are NOT optional. Duties assigned are expected to be completed as instructed.

_____ Community Service hours are scheduled in 2 hour increments during our normal business hours, unless otherwise approved. Work hours must be scheduled in advance. If you are not scheduled then you will not be allowed to work.

_____ If you are unable to work a scheduled work assignment; it is your responsibility to call the volunteer coordinator or email him/her at (info@madea-kids.org) to inform the staff. You will be giving a contact person and phone number to call for after hours and weekend assignments. **NO CALLS/NO SHOWS ARE UNACCEPTABLE**, you can be asked to leave the program.

_____ Foul or offensive language as well as yelling will not be tolerated.

_____ All clothing must be tasteful, professional, neat and non-offensive. School approved uniforms; as well as T-shirts, blue jeans and sneakers are acceptable. Tank tops and open toe shoes are not to be worn. Shirts must cover the stomach and back at all times and pants must not be worn below the underwear line. You will be asked to change them before doing community service.

_____ Do not assist the public in any way without approval and/or supervision. Do not use the computers or other equipment unless authorized by the staff.

_____ Cell phones usage is prohibited. It includes talking, text, taking pictures and surfing the web. If you need to make a call, you can use the phone in the office.

IMPORTANT: WE RESERVE THE RIGHT TO TERMINATE COMMUNITY SERVICE WITH ANY INDIVIDUAL AT ANY GIVEN TIME, FOR ANY REASON WE DEEM VALID.

Signature of Volunteer:	Date:
Signature of Parent/Legal Guardian: (Required if under 18)	Date:

VOLUNTEER AGREEMENT

WITH RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION

This agreement is made by and between _____ (herein the "Volunteer") and Moms And Dads Ending Abuse M.A.D.E.A. (herein the "MADEA").

1. In consideration of being granted a position as a volunteer worker for MADEA, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged and confessed, Volunteer hereby agrees to abide and be bound by the terms of this Agreement and to comply with all the rules and regulations established by MADEA. Volunteer understands that a failure to follow the rules and regulations of MADEA may result in the immediate termination and dismissal of Volunteer. Volunteer agrees to use best efforts to represent MADEA to the public in an accurate and professional manner.
2. Volunteer acknowledges and understands that services provided to and on behalf of MADEA are strictly on a volunteer basis, without basis, without any monetary compensation.
3. Volunteer understands and acknowledges that public relations are an important part of volunteer work at and for MADEA. Volunteer therefore agrees to allow MADEA to use any photographs taken of Volunteer in public relations effort and publications of MADEA.
4. VOLUNTEER HEREBY RELEASES, DISCHARGES, INDEMNIFIES, AND AGREES TO HOLD HARMLESS MADEA, ITS PREDECESSORS, SUCCESSORS, ASSIGNS, AGENTS, SERVANTS, EMPLOYEES, REPRESENTATIVES, AND ALL OTHER PERSONS AND ENTITIES ACTING ON BEHALF OF OR IN CONNECTION WITH MADEA, FROM ANY AND ALL CLAIMS, CAUSES OF ACTION, LOSSES, DAMAGES, OR DEMANDS OF ANY NATURE WHATSOEVER ON ACCOUNT OF ANY PERSONAL INJURY, PROPERTY DAMAGE, OR DEATH OF THE VOLUNTEER, HIS OR HER FAMILY, HEIRS AND/OR ASSIGNS, WHETHER CAUSED BY THE NEGLIGENCE OF MADEA OR OTHERWISE. VOLUNTEER FUTURE ASSUMES ALL RISKS AND ASSUMES ALL RISKS AND ASSUMES FULL RESPONSIBILITY FOR ANY BODILY INJURY, DEATH, PROPERTY DAMAGE, OR OTHER LOSS TO VOLUNTEER OR HIS OR HER FAMILY, HEIRS AND/OR ASSIGNS, DUE TO THE NEGLIGENCE OF MADEA OR OTHERWISE.
5. Volunteer further represents and warrants that he/she is of lawful age and legally competent to sign the Volunteer Agreement with Release, Waiver, and Indemnification and understands that the terms herein are contractual and not mere recital. Volunteer further represents and warrants that he/she has read and voluntarily signs this agreement and further acknowledges that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Signed this _____ day of _____, 20_____.

Volunteer Print Name:	 Signature of Volunteer:
Parent/Legal Guardian Print Name: (Required if under 18)	 Signature of Parent/Legal Guardian: (Required if under 18)



Volunteer Social Media Policy

This social media policy is designed to protect all parties involved within the MADEA organization and all it collaborating companies and organizations. Carefully review this policy to ensure you understand it fully prior to signing.

Social media is described as the different types of social networks, weblogs, microblogging, content communities, podcasts and wikis.

- All social media representing the organization is included in this policy and should be handled morally, ethically and share the values of the organizations.
- Online communication between employees or volunteers that would be considered inappropriate in the workplace is prohibited. (i.e., sexual harassment, intimidation, etc.)
- Any photos posted from activities within these organizations must have the permission of everyone in the photo. If permission is given, these individuals' names can be mentioned in the post or photo tag. Happy, positive stories are always an attraction to potential sponsors or funders. Always ask permission from the family to post – especially be cautious with pictures of children. Parental consent (verbally) is mandatory.
- Do not share copyrighted material including music, photos, logos, etc. except when authorized in writing by a director within the organizations.
- If questions about the organization arise, be sure to direct said questions to someone with appropriate knowledge of the organization – MADEA staff member or Senior Volunteer.
- Mention of a specific employee or volunteer requires that person's permission to write about where they were and what they were doing.
- Do not share copyrighted material through any of the organization's official channels, including music, photos, logos, etc.
- Never post derogatory comments about any other Non-profit organization. If you feel the need to post opinions of other organizations on your personal social media accounts, do not present yourself as a representative of MADEA and/or its partners and sponsors in the same post. Keep your personal opinions and your representation of MADEA and/or its partners and sponsors separate at all times.

By signing below, you understand the policies set forth in this agreement and agree to abide by all Social Media Policy's described above. Failure to comply with all of the above criteria will result in immediate removal of access to all social media sites and potential removal from the volunteer program(s) upon review by the CEO and/or the Board of Directors.

Printed Name

Parent / Guardian

Date

Signature

Date

Organization representative

Date