



## Capitol Hill Village Volunteer Application

Name: _____	Pronouns: (eg: she/he/they) _____ *optional
Phone: _____	Languages spoken: _____
Email: _____	
Address: _____	
Preferred method of contact between 9:00am and 5:00pm: _____	
How did you hear about Capitol Hill Village? _____	

**Volunteer Opportunities:** Please note the areas of interest to you

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Friendly visit/phone call</b></li> <li><input type="checkbox"/> <b>Driving a Member</b> to appointments, to the train station or airport, or for errands</li> <li><input type="checkbox"/> <b>Errands, Pick Up/Delivery</b></li> <li><input type="checkbox"/> <b>Handyperson</b></li> <li><input type="checkbox"/> <b>Tech Support</b> for computers, phones, software, general connectivity</li> <li><input type="checkbox"/> <b>Indoor Household Tasks</b> including changing light bulbs, picture hanging</li> <li><input type="checkbox"/> <b>Outdoor Household Tasks</b> including gardening</li> <li><input type="checkbox"/> <b>Pet Care</b></li> <li><input type="checkbox"/> <b>Emergency Care</b> such as taking food to the house of a member, or taking care of their pet if they have to go to the hospital</li> <li><input type="checkbox"/> <b>Food Preparation</b></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Tax Assistance</b> or other financial assistance</li> <li><input type="checkbox"/> <b>Medical Notetaking</b> or accompanying a member to a medical appointment</li> <li><input type="checkbox"/> <b>Event Support</b></li> <li><input type="checkbox"/> <b>Office Volunteer</b> including database entry, event registration</li> </ul> <p><i>Ways to help Capitol Hill Village:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fundraising</li> <li><input type="checkbox"/> Legal Advice</li> <li><input type="checkbox"/> Writing/Editing/Newsletters</li> <li><input type="checkbox"/> Office Volunteer</li> <li><input type="checkbox"/> Policy Advocacy</li> <li><input type="checkbox"/> Leading a Group</li> <li><input type="checkbox"/> Diversity, Equity, Inclusion</li> </ul> |
|--|---|

Anything we missed? Add your talents and ideas here! \_\_\_\_\_

What days of the week are you available to volunteer?  M  Tu  W  Th  F  Sa  Su

*For more information contact Capitol Hill Village:*

Phone: 202-543-1778

Email: [info@capitolhillvillage.org](mailto:info@capitolhillvillage.org)

Mail: 1355 E St., SE, Washington, DC 20003



## Permission for Background Check for ALL Volunteers

### Disclosure

In considering you for volunteering, Capitol Hill Village will request and rely upon a criminal background check (consumer report) about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc. Under the Fair Credit Reporting Act (FCRA), before Capitol Hill Village can obtain a criminal background check about you for volunteer purposes, we must have your written authorization. In the case that we deem you ineligible for volunteer activities, in whole or in part, based on information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

### Authorization

I, \_\_\_\_\_ authorize Capitol Hill Village to conduct a background check to determine my eligibility for volunteering and, if necessary, to conduct a motor vehicle record check in the jurisdiction that issued my current driver's license to determine my eligibility to be a volunteer driver. I understand that this page, containing my permission to perform a background check investigation into my driving record will be retained for five years and will be furnished to proper authorities in the jurisdiction that issued my license upon request.

I also agree that this Disclosure and Authorization in original, faxed, photocopied or electronic form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of Capitol Hill Village.

### PERMISSION GRANTED:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Name

Any other names used in the past:

Home Address:

Social Security Number:

Date of Birth

**\*\*Only Complete the Following if you would like to Provide Volunteer Transportation\*\***

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

What type of vehicle do you drive? \_\_\_\_\_

Can you accommodate a wheelchair?  Yes  No



## *DIVERSITY AND EQUITY STATEMENT*

Capitol Hill Village began in 2007 as a neighborhood organization aimed at supporting residents of the Hill. Since our inception we continue to be a vibrant and crucial part of the community engaging with people of all ages. We work against stereotypes and seek to re-write the playbook on aging in DC. CHV recognizes that inequity in any form negatively impacts health, financial, and emotional wellbeing for individuals of all ages, but especially older adults, for whom systemic inequalities have impacted many decades of life. We know the policing, education and healthcare systems do not treat all as equals. We are in solidarity with the people and organizations pushing to end racism and are willing to actively make changes necessary to align ourselves to this important work.



### **CONFIDENTIALITY AND LIABILITY FORM**

As the result of your volunteer functions with CHV, you may acquire and have access to confidential information belonging to CHV or about CHV members or volunteers or potential members or volunteers. This includes matters such as CHV’s personnel information, member/client information and documents, suppliers, procedures, prospect names, business opportunities, confidential reports, business plans, donor lists, development strategies, member, volunteer or customer lists and contracts, as well as other information specific to CHV or to its members or volunteers.

As a condition of your volunteering, you must and hereby do agree that all such information is the exclusive property of CHV, and you will not at any time disclose to anyone, except in the responsible exercise of your volunteer role, any such information whether or not it has been designated specifically as “confidential.”

I, \_\_\_\_\_ agree to abide by the CHV confidentiality policy at all times, to notify the CHV Director of Volunteer and Social Services (DVSS) or the Executive Director (ED) if I have questions about how to administer this confidentiality policy or if I am aware of a breach or a potential breach of this policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

Emergency contact information for \_\_\_\_\_ Date: \_\_\_\_\_

Name:		Relationship:
Day Phone:	Evening Phone:	Cell Phone:
Email:		

Name:		Relationship:
Day Phone:	Evening Phone:	Cell Phone:
Email:		

Any allergies, medications, or other information needed in an emergency?



***IMMUNITY FROM CIVIL LIABILITY FOR VOLUNTEER OF A CORPORATION –  
DISTRICT OF COLUMBIA’S GOOD SAMARITAN LAW***

**What You Need to Know About Being Liable for Your Volunteering Activities**

If there is one thing it seems we can all agree on, it’s that volunteering is a good thing to do. We feel it on a personal level, and both the District and the federal government have passed laws that limit the civil liability of people who volunteer with nonprofits to help encourage volunteerism.

Under District law, a volunteer will only be held liable for their willful misconduct, a crime, and an action that resulted in some improper money-valued gain. That last one makes sure that Directors and Officers of nonprofits remain liable. Essentially, what this law does is make volunteers immune from liability for their negligent, and even grossly negligent, actions taken while volunteering. You can find this code section by plugging “D.C. Code § 29-406.90” into your preferred browser.

Here is something grossly negligent: Pouring buckets of water on the sidewalk in below freezing weather, to clean them. As a volunteer with a local nonprofit you wanted to get that sidewalk shining for your elderly neighbors who loves cleanliness. However, you create an ice rink and someone falls and breaks their leg. You are NOT liable. The nonprofit you were so assiduously cleaning the walks with is liable, but you will be held not liable by law. Now, had you poured water on the sidewalks with the purpose of making them treacherous and leg-threatening, then yes, you can be held liable for that willful misconduct. See the difference? Also, if you went outside on your own, unaffiliated with that local nonprofit, you would also be liable.

Here is what you need to know about what a qualifying nonprofit is. First of all, the nonprofit must be exempt from federal taxation under section 501(c)(3) of the tax code. If it is, then ask does this nonprofit have annual total functional expenses, exclusive of federal grants and allocations, **of less than** \$100,000. If the answer is yes, you’re out of excuses and you should grab your rake/hammer/mop and get to it. If the answer is no, they have functional expenses **greater than** \$100,000, then you must ask if they carry insurance covers an individual claim to \$200,000 and \$500,000 per total claims that arise from the same incident. If the answer to that question is no, then recommend a good insurance salesperson to them, and find another nonprofit to volunteer with.

**Short and Sweet:** Volunteer through a registered 501(c)(3) nonprofit that is either small and local, or large and well-insured, and you will not be liable for any damages that happen as a result of your negligent, or even grossly negligent, actions.

I, \_\_\_\_\_ have been informed and acknowledge that Capitol Hill Village volunteers are not civilly liable for any damages or injuries while serving as a volunteer for Capitol Hill Village, except for injuries and damages caused by actions specifically outlined under § 29-406.90 of the DC Code.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**RELEASE AND WAIVER OF LIABILITY**

**PLEASE READ CAREFULLY!**

\_\_\_\_\_ (the "Volunteer") in favor Capitol Hill Village (CHV), a nonprofit corporation, and its directors officers, employees, and agents. The Volunteer desires to work as a volunteer for CHV and engage in the activities selected by the Volunteer on the Volunteer Application (the "Activities"). The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless CHV and its successors and assigns from any and all liability, claims, and demands of whatever kind, either in law or in equity, that arise or may hereafter arise from Volunteer's Activities, including claims related to bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities, whether caused by the negligence of CHV or its officers, directors, employees, or agents or otherwise.

Volunteer also understands that CHV does not assume any responsibility for or obligation to provide financial assistance or other assistance including, but not limited to, medical, health, or disability insurance in the event of injury or illness. Volunteer expressly and specifically assumes the risk of injury or harm in the Activities, and releases CHV from all liability for injury, illness, death, or property damage. The Volunteer understands that CHV does not carry or maintain health, medical, worker's compensation or disability insurance coverage for any Volunteer.

**Photographic Release.** Volunteer hereby grants CHV all right, title, and interest in any and all photographic images and video or audio recordings made by CHV during the Volunteer's Activities.

**Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the District of Columbia, shall be governed by and interpreted in accordance with the laws of the District of Columbia. Volunteer also agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions.

I, \_\_\_\_\_, confirm that I have reviewed and agree to the terms contained in the CHV Release and Waiver of Liability above.

Signature \_\_\_\_\_ Date \_\_\_\_\_