Curative Care
Dedicated to Helping People Thrive

One Time Volunteer Application

Location Preference (check all that apply):

☐ 92nd Street ☐ Fond du Lac Avenue ☐ Forest Home ☐ Menomonee Falls

☐ Waukesha Senior Center ☐ Other _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Phone Number _____ Email _____

Describe any previous volunteer experience: _____

_____

_____

List any skills or hobbies you may have that you can bring to us to add to our programming:

_____

_____

_____

Referral Source (check all that apply):

☐ Curative Employee ☐ Curative Website ☐ Radio Advertisement

☐ United Way ☐ Job Fair ☐ Other _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

For Human Resource Services or Management Only:

Date(s) of Volunteering: _____ Department of Volunteering: _____

Employee assigned to volunteer: _____

Release and Waiver of Liability Signed: Yes/No Confidentiality State of Understanding Signed: Yes/No

Weapons Free Policy Review Signed: Yes/No

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Release and Waiver of Liability

Curative Care Network, Inc. welcomes volunteers to help perform a variety of tasks that support Curative staff, while at the same time creating a pleasant, professional and enriching experience for participants who rely on the services provided by Curative. In consideration of this experience, the volunteer participant agrees to the following:

- Hereby acknowledges that there are potential dangers and risks of personal injury or illness inherent in observing the care and treatment of Curative's clientele.
- Hereby acknowledges that Curative is not responsible for any personal injury, illness or other damages of any kind relating to their experience or exposure to Curative's clientele.
- Hereby acknowledges that any bodily or personal injury, illness or other damages of any kind arising out of or related to the volunteering experience will not be covered by workers compensation insurance or any other insurance coverage provided to Curative.
- Hereby assumes full responsibility for any risk of bodily or personal injury, illness or other damages of any kind arising out of or related in any way to the volunteering experience at Curative, including any risks caused by the negligence of Curative.
- Hereby releases, waives, forever discharges and covenants to hold harmless Curative, its officers, director, employees, insurers, and agents of and from all liability for any and all loss or damage, and any claim or demand on account of personal or bodily injury arising out of or related in any way to the volunteering experience at Curative, including any/all loss or damage, claim or demand arising out of the negligence of Curative.

_____
Volunteer Name (Print)

_____ _____
Volunteer Signature Date

_____
Parent/Legal Guardian Name (Print)

_____ _____
Parent/Legal Guardian Signature Date
(Required if Volunteer is under 18)

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CONFIDENTIALITY STATEMENT OF UNDERSTANDING

I understand that information contained in the person served record, personnel, or electronic records are the property of Curative Care Network, Inc. Therefore, the person receiving services and employees have the right to expect that records will be managed confidentially. It is the responsibility of Curative to protect the confidentiality of such information. I agree to adhere to Curative policies, and I understand that any violation of these guidelines could result in disciplinary action up to and including termination.

I understand that employees who are granted access to confidential information are accountable for the protection of the information.

I understand that employees, physicians or other representatives have the right to access only the minimum necessary information directly related to persons for whom they are providing care.

I understand that access to written, electronic or verbal information about family, friends, fellow employees or acquaintances is prohibited.

I understand that any information regarding persons served and employees is strictly prohibited from appearing on social networking sites, such as Facebook, Twitter and YouTube.

I understand that the only authorized persons to take pictures or video of persons served and employees are to be done by the Community Relations department or designee. I understand that I am strictly forbidden from taking pictures and video on my personal equipment.

I understand that employees of Curative are not authorized to disclose confidential information to other persons or entities regarding business transactions between Curative and its customers, supplier, other organizations, government bodies or private individuals.

_____
Volunteer Name (Print)

_____ _____
Volunteer Signature Date

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Weapons-Free Environment Policy
Receipt Form

I have received a copy of the Curative Care Network, Inc. Weapons-Free Environment policy. I have read the policy and understand that if there is any information about which I am uncertain I am encouraged to speak with my supervisor or the Human Resource Services department.

_____
Volunteer Name (Print)

_____ _____
Volunteer Signature Date

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1000 North 92nd Street
Milwaukee, WI 53226-3533
(414) 259-1414

Community Relations Use Only
Date Obtained _____

Authorization to Photograph/Videotape/Interview

I hereby grant permission to a representative of Curative Care and/or a representative of the news media to photograph, videotape and/or interview me and/or my family. I also authorize Curative Care to use and/or permit others to use the aforementioned images, videos and/or information without compensation.

I, _____ *(name)*, wish to participate in the production of certain advertising, marketing or promotional materials or content ("promotional content") to be used by Curative Care.

Accordingly, I hereby give my consent to participate in, appear in, be described in (including biographical information) and be shown and heard in Curative Care's Promotional Content as determined by Curative Care in its sole discretion.

Any advertising or other presentation in which I appear may be published, distributed, and broadcast/re-broadcast throughout the world by Curative Care by means of any and all media presently in existence or hereafter developed, including but not limited to: print materials, radio waves, cable or satellite transmission, the Internet and the World Wide Web. Curative Care may edit/re-edit the Promotional Content as determined by Curative Care in its sole discretion.

I hereby waive the right to inspect or approve any Promotional Content developed by Curative Care in which I appear.

I understand and agree that Curative Care has no obligation actually to use information or materials collected under the terms of this agreement, and has no obligation to use my name or any other form of attribution in connection with any information or materials that may be used.

I do hereby consent to and authorize Curative Care to obtain by means of photography, video recording and personal observation information relating to my health condition, diagnosis or treatment.

Release of Liability. I release Curative Care from any and all liabilities that may arise as a result of my participation in the Promotional Content and any publication, broadcast or use that results from it, including any liabilities arising from any libel, slander, invasion of privacy, right of publicity, misappropriation of intellectual property rights, or negligent acts of Curative Care, its employees or agents.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain services from Curative Care in any way.

I understand that I may revoke this authorization at any time, provided that I do so in writing, except to the extent that action has been taken in reliance upon this authorization. This authorization has no expiration date.

Name _____ Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____

Signature _____ Date _____
(signature of individual, if authorized to consent)

Signature of Family/Guardian _____ Date _____
(signature of person authorized to consent, if individual is a minor or requires a guardian)

Relationship to Individual _____

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SPP. NO: 01-62-D
CANCELS: 01-62-C

STANDARD POLICIES AND PROCEDURES

☒ REVISIONS
☒ NO REVISIONS

SUBJECT: WEAPONS FREE ENVIRONMENT

Reviewed by: VP of Human Resources and Standard Policies and Procedures (SPP) Committee

Approved by SPP Committee on October 25, 2016

EFFECTIVE: Immediately
REVIEWED: Annually

POLICY

Curative Care Network is committed to maintaining a safe workplace environment free from intimidation, threats, or violence. In the interest of ensuring the safety of employees, clients, and visitors, Curative prohibits all persons (including employees, participants, residents, renters, students, volunteers and visitors) who enter Curative's facilities from carrying a prohibited weapon (such as: handgun, firearm, knife, taser, of any kind onto the property regardless of whether the person is licensed to carry a weapon. The only exception to this includes police officers who enter our facilities.

I. ORGANIZATIONAL FACILITES

A. All Curative facilities are subject to this policy.
B. Clients and employees are prohibited from keeping a weapon of any kind, regardless of whether they are licensed to carry a weapon.

II NATURAL ENVIRONMENTS/COMMUNITY VISITS

A. When an employee's job responsibilities requires them to go out into the community for company business (i.e. home visits, meetings, group outings, etc.), the employee is not permitted to carry on their person during the visit, meeting, etc. any prohibited weapon.

III. ORGANIZATIONAL VEHICLES

A. Employees utilizing a Curative vehicle for company purposes are prohibited from carrying a weapon while in the vehicle.

IV. PERSONAL VEHICLES

A. Curative recognizes an individual's right to carry a concealed weapon and does not prohibit any person from keeping a weapon in their own vehicle while on Curative grounds.
B. Curative requires that those individuals who choose to carry a weapon to keep their vehicle locked at all times and to not keep the weapon in plain sight in the vehicle.
C. Employees who use their personal vehicle for company business are required to keep their concealed weapon in the vehicle at all times. Employees are not permitted to carry the concealed weapon on their person while in the course of performing business.

V. DISCIPLINARY ACTION

A. Any employee violating this policy may receive corrective action, up to and including termination.