Name: ____________________   Date Started: ________

Volunteer File Checklist

<table>
<thead>
<tr>
<th>Forms:</th>
<th>Notes:</th>
<th>For Office Use Only:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Interest Form</td>
<td>□ Qualified</td>
<td></td>
</tr>
<tr>
<td>□ Application Form</td>
<td>□ Accepted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Denied/Letter Mailed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Placed: ___________</td>
<td></td>
</tr>
</tbody>
</table>

■ Media Consent
■ TalkingPoints Form  ■ Data Verified
■ Confidentiality Policy
■ Liability Release
■ Do's & Dont's
■ V/S Policy
■ Publicity Release

■ Job Description: ________________________________________

■ QR Registration  ■ Data Verified
■ Picture  ■ Date: ____________
■ Orientation  ■ Date: ____________
■ Job Training  ■ Date: ____________
■ Evaluation  ■ Date: ____________
■ Program Feedback  ■ Date: ____________
■ Materials  ■ Receipt & Logged
■ Other  ■ ________________

■ Training/Certificate  ■ Date: ____________
**PERSONAL INFORMATION -**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>Mid I</th>
<th>SOCIAL SECURITY NO.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS (IF DIFFERENT)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PHONE NO.</th>
<th>Alt PHONE NO.</th>
<th>Referred by:</th>
<th>Email Address:</th>
</tr>
</thead>
</table>

**POSITION DESIRED**

<table>
<thead>
<tr>
<th>POSITION</th>
<th>VOLUNTEER</th>
<th>DATE YOU CAN START</th>
<th>DESIRED RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ARE YOU CURRENTLY WORKING?**

[ ] YES  [ ] NO

IF SO, MAY WE INQUIRE OF YOUR PRESENT COMPANY?  [ ] YES  [ ] NO

**EDUCATION**

Check highest grade completed

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |

If you did not complete high school, do you have a GED?

[ ] Yes [ ] No

Check years of post high school education

| 1 | 2 | 3 | 4 | 5 | 6 | 7 or more |

**POSITION**

Office ___________  Volunteer ___XXX__

Do you have any criminal convictions, findings of guilt, pleas of guilty, and pleas of nolo contendere except minor traffic offenses?  Yes_____ No____ If yes, explain____________________________________

Do you consent to a pre-employment background check?  Yes _____ NO _____ If no, explain____________________________________________________________

Do you consent to random drug testing?  Yes___ No_____  If no, explain____________________________________________________________

Do you consent to a complete background/criminal records check?  Yes__ No__

Do you have any aliases and or social security numbers other than what’s listed in the personal information section of this application?  Yes__ No__

If yes, please list all aliases and/or social security numbers ____________________________________________________________

Are you 18 years of age or older?  Yes__ No__
WORK HISTORY  (List below your work history, starting with the latest one first.)

<table>
<thead>
<tr>
<th>DATE MONTH AND YEAR</th>
<th>NAME &amp; ADDRESS OF COMPANY</th>
<th>PHONE #</th>
<th>SUPERVISOR</th>
<th>REASON FOR LEAVING</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FROM N/A</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>TO</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>FROM N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TO</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
| REFERENCES  (Give below the names of three persons not related to you, whom you’ve known at least one year)

<table>
<thead>
<tr>
<th>NAME</th>
<th>PHONE NUMBER</th>
<th>PERSONAL or BUSINESS</th>
<th>YEARS KNOWN</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if hired, falsified statements on this application shall be grounds for employment termination. I authorize investigation of all statements contained herein and the reference and work history listed above to give you any and all information concerning previous work history, criminal records, background and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.”

SIGNATURE ____________________________ DATE __________________

INTERVIEWED BY ____________________________ DATE __________________

REMARKS

<table>
<thead>
<tr>
<th>HIRE DATE</th>
<th>POSITION</th>
<th>START DATE</th>
<th>TERM DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Volunteer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CONFIDENTIALITY POLICY AND PLEDGE

Any information about Light of Hope Immigration Law Center, their clients, or other volunteers that is not otherwise publicly available, constitutes confidential information. Any information, whether seen or heard regarding clients or students, whether directly or indirectly, is completely confidential and is not to be discussed – even with family members. Volunteers may not disclose confidential information to ANYONE without the express consent of their supervisor or the Executive Director of Light of Hope ILC. Information about clients, or students, or the agency is not to be given to any media. The disclosure, distribution, electronic transmission or copying of Light of Hope ILC’s confidential information is prohibited. Any volunteer who discloses confidential Light of Hope ILC information will be subject to disciplinary action (up to and including termination), even if he or she does not actually benefit from the disclosure of such information.

I understand the above policy and pledge not to disclose confidential information.

Signature: _________________________________

Print Name: ________________________________

Date: _________________________________
WAIVER AND RELEASE FORM
RELEASE OF LIABILITY

In return for being allowed to participate in Light of Hope Immigration Law Center volunteer activities and all related activities, including any activities incidental to such participation (“Volunteer Activities”), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using “I”, “me”, or “my”) releases and agrees not to sue the Light of Hope Immigration Law Center or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates (“Light of Hope Immigration Law Center”) from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that Light of Hope Immigration Law Center is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless Light of Hope Immigration Law Center for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that Light of Hope Immigration Law Center has not arranged and does not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of Light of Hope Immigration Law Center.

(Signature of Volunteer) __________________________ Date __________

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

(Signature of Parent/Legal Guardian if Volunteer is Under 18) __________________________ -
Date ____________________
I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

PUBLICITY RELEASE

In return for being allowed to participate in Light of Hope Immigration Law Center volunteer activities and all related activities, including any activities incidental to such participation (“Volunteer Activities”), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using “I”, “me”, or “my”) hereby grants to Light of Hope Immigration Law Center, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities’ officers, directors, agents, employees, respective successors and assigns (collectively, “Authorized Parties”), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer’s name, address, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation. I further agree that anything derived therefrom will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of Texas in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

(Signature of Volunteer) ____________________________________________ Date ______________

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

(Signature of Parent/Legal Guardian if Volunteer is Under 18) __________________________
Date ______________
I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement.

I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Volunteer Name: ______________________

☐ Check here if Volunteer is under age 18

Contact E-mail (required): _______________________

Parent or Legal Guardian Email (required if Volunteer is under age 18): _______________________

Address: ____________________________________

Phone: ______________________________________

Emergency Contact

Name: _______________________________________

Relationship to Participant: ____________________

Phone Number: _______________________________
Media Informed Consent & Release Form

I, ________________________________ (please print), grant permission to Light of Hope Immigration Law Center and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Light of Hope ILC and its legal representatives for all claims and liability relating to said images or video.

Furthermore, I grant permission to use any statements that were given during an interview or guest lecture, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

Signature: ________________________________ Date: ________________
Address: _________________________________________________________

I acknowledge that I am [ ] over the age of 18

[ ] the legal guardian of the following

Name(s): ___________________ ___________________ ___________________
Formulario de publicación de fotos del cliente

Yo (cliente / consultante), _____________________________________ (por favor imprima), concedo permiso Light of Hope Immigration Law Center y sus agentes y empleados el derecho irrevocable e irrestricto de reproducir las fotografías y / o imágenes de video tomadas de mí o de miembros de mi familia, con el propósito de publicación, promoción, ilustración, publicidad o comercio, de cualquier manera o en cualquier medio. Por la presente, libero a Light of Hope ILC y sus representantes legales por todas las reclamaciones y responsabilidades relacionadas con dichas imágenes o videos.

Además, concedo permiso para usar cualquier declaración que se haya dado durante una entrevista o conferencia de invitado, con o sin mi nombre, con el propósito de publicidad y publicidad sin restricción. Renuncio a mi derecho a cualquier compensación.

Firma: ___________________ Fecha: ___________________

Dirección: __________________________________________________________

Reconozco que soy [ ] mayor de 18 años
[ ] el guardián legal de los siguientes

Nombre (s): _________________________________________________________
Light of Hope ILC Citizenship Classes

Dear Families,

Welcome to my class! I look forward to working with you to support your learning this year. I will use TalkingPoints to communicate with you using text messages. All you need is a mobile phone to receive classroom announcements and messages from me.

You can reply back with a message or an emoji.😊 Please give it a try!

*TalkingPoints is free, there’s no charge if you have an unlimited texting plan. If not, standard text messaging fees apply

*You can unsubscribe at any time by texting GOODBYE

Please fill out the information below to sign up!

TalkingPoints Sign-up Sheet

Student Name: ____________________  Teacher Name: _____ Laura Morales_____

Day of Class: Monday    Wednesday    Thursday    Saturday

Cell Phone Number:__________________

Home Language: _________________
POLICY

Volunteers are asked to refrain from private interactions with students. Light of Hope Immigration Law Center offers free citizenship classes four (4) times a week and volunteers are assigned to help either as instructors or assistants during these times. Contact with students at times other than designated classroom time should be cleared with a Light of Hope ILC supervisor or appropriate staff member.

PROCEDURE

Volunteers are discouraged from meeting students alone outside of class time.

If a student needs additional If office times are not available the following options are available:

- Meet with the student before or after class time
- Encourage them to attend another class where time is available for individual help
- Refer them to the office during office hours where individual counseling is available
- If office times are not available and the Volunteer is willing to meet the student at a time outside of office or classroom, there should be an additional volunteer present.

Volunteer Signature: ___________________________________________ Date: _______