



pablove shutterbugs
a program of the pablove foundation

PROGRAM SUPPORT VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____ City: _____

State: ____ Zip: _____

Cell Phone: _____ Home Phone: (if different than cell) _____

Business Phone: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

Are you 18 years of age or older? ____ Male ____ Female ____

Occupation & Company: _____ Website: _____

If you're a student, what year are you and what school do you attend? _____

Languages other than English spoken & your fluency: _____ (Basic, Conversational or Native?)

I am interested in volunteering for:*

- Pablove Shutterbugs Classes
- Tabling Events: Outreach opportunity to represent the Foundation at public events
- Translator
- Photographer/ Videographer

(If you are interested in applying to become a Volunteer Mentor, please contact shutterbugs@pablove.org for a separate application).

* Pablove Foundation Inc. is not obligated to provide a placement, nor are you obligated to accept the position offered. A volunteer position does not constitute an employee-employer relationship with Pablove Foundation Inc.

List all photography experience you have including education.

List any office, computer, web, marketing or additional experience you may have.



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Special Certification or Training: (i.e. yoga, swimming, special education, CPR, etc.)

Do you drive or take public transportation? _____

How did you hear about Pablove Shutterbugs? (Event, Online, Word of Mouth, Volunteer Fair or Other – Please tell us the specific who, what or where.)

Why are you interested in becoming a Pablove Shutterbugs Volunteer?

Do you have previous experience working with or teaching children?



Health, Safety and Regulations Contract

Pablove Shutterbugs' volunteer team provides needed services through our mission to improve the quality of life of children living with cancer by providing free lessons in photography. We have a set of standards in order to maintain a safe and healthy environment for all of Pablove Shutterbugs' families, volunteers and community partners. Please acknowledge your understanding and agreement to each below.

- _____
Initials
- I understand that at no time should I be alone with any student without a staff member or other adult 18 years or older present.
- _____
Initials
- I understand that at no time should I transport a Pablove Shutterbugs student in my own vehicle.
- _____
Initials
- I understand that at no time can I photograph, film, or record any of the students, parents, families of students of the program, Pablove Foundation employees or volunteers. The assigned volunteer photographer/ videographer is exempted from this rule.
- _____
Initials
- I understand that I am expected to treat the students, photographers, and other members of the lesson with mutual respect and consideration.
- _____
Initials
- I understand that during any Pablove activity, the use or possession of alcoholic beverages, cigarettes, drugs, or sexual activity by participants is not allowed.
- _____
Initials
- I understand that if I fall sick in any way or feel like I am coming down with a cold at any time, I will notify Pablove Shutterbugs immediately to arrange placement or to reschedule, as our students' immune systems should never be compromised.
- _____
Initials
- I understand I will not post any photos taken in conjunction with the Pablove Shutterbugs program to Facebook or any other social media website without approval from The Pablove Foundation.
- _____
Initials
- I understand that any information that I learn about a student is confidential and cannot be disclosed to anyone. There may be civil and criminal penalties for disclosure and confidential student information.
- _____
Initials
- I understand that it is prohibited to:
- Reveal to anyone outside the Pablove Shutterbugs program the name and identity of a student.
 - Write or publish any articles, papers, news stories or other written materials that will contain names of any student or information from which the names or identities of any student can be discerned. If anything is written about your volunteer work, you agree that you will submit it to the Pablove Foundation Executive Director for approval.
 - Save student work.
- _____
Initials
- I understand that Pablove reserves the right to terminate participation if any of these measures are not met.



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Do you have any physical or other limitations that may affect your ability to volunteer? Yes / No
If yes, please explain:

Have you ever been convicted of a crime other than a minor traffic violation? Yes / No

A conviction will not necessarily disqualify an individual from the volunteer program. If yes, please explain:

I have read, understand and will follow all of the guidelines, restrictions and rules discussed and written by The Pablove Foundation.

I acknowledge that I am donating my time for a civic or humanitarian purpose, and that I will not be paid for any time. I understand and agree that I am a volunteer and not an employee of Pablove. Accordingly, I understand that I am not eligible for wages, benefits, workers' compensation, unemployment or other employment-related benefits.

X Mentor/Volunteer Signature

Date: _____



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Release of Liability

In consideration of _____ (the "Participant") being permitted to volunteer for the Pablove Shutterbugs classes, the Participant hereby waives, releases, discharges (*i.e.*, give up), and covenants not to sue the Pablove Releasees for any Liability that may arise at any time relating to the Participant's participation in the Pablove Shutterbugs classes. "Liability" includes all claims for damages or other remedies for death, personal injury, property damage, property theft, or other loss, whether arising out of negligence or carelessness on the part of the Pablove Releasees or otherwise. The "Pablove Releasees" are the Pablove Foundation, and its employees, directors, volunteers, any affiliated medical institutions, students or their families and any and all agents of the Pablove program.

In the event that the Participant has a medical emergency while volunteering, I authorize an agent of the Pablove Foundation to obtain emergency medical treatment as required, and release the Pablove Releasees from any Liabilities associated with such medical treatment.

The Participant is of sufficient health to participate in the Pablove Shutterbugs classes and that there are no medical restrictions that would prevent or limit the Participant's participation.

X Mentor/Volunteer Signature _____

Date: _____

Confidentiality – Information Related to the Participants

I, _____, have requested to be a volunteer for the Pablove Shutterbugs program. I understand that as a volunteer I may have access to or acquire sensitive and/or confidential information about the student(s) and I will be teaching, including, but not limited to, the student's medical diagnosis, prognosis, or medical history, the student's financial situation, family care or custody situation and resources.

I understand and agree that any sensitive or confidential information that I learn about a student cannot be disclosed to anyone (with the limited exceptions of authorized Pablove personnel, on a need-to-know basis). I understand there may be possible civil and criminal liability for disclosure of sensitive or confidential student information.

I agree that I will not:

- Reveal to anyone outside Pablove the name or identity of a student, or the student's sensitive or confidential information.
- Repeat to anyone any statement or communications made by or about the student that concerns the student's sensitive or confidential information.
- Write or publish any articles, papers, news stories or other written materials that will contain names of any student or information from which the names or identities of any student can be discerned. If anything is written about my volunteer work, I agree that I will submit it to The Pablove Foundation for approval.
- Photograph, film, videotape or record any student, parent, family member, teacher, employee or volunteer of The Pablove Foundation. The assigned volunteer photographer/ videographer is exempted from this rule.

I understand that the families of students and Pablove will entrust me with confidential and sensitive information, which I will respect and honor.

X Mentor/Volunteer Signature _____

Date: _____



Confidentiality – Information Related to Pablove

During the course of your volunteerism, I may come into possession, acquire, or gain knowledge, of information about The Pablove Foundation, Pablove Shutterbugs, its employees, constituents, suppliers, vendors, donors, and/or projects that is confidential. Confidential information includes but is not limited to curricular materials, student information, donor information, and programming partnership details. Confidential Information does not include information that is generally available to and known by the public, provided that such disclosure to the public is through no direct or indirect fault of your own.

I hereby agree: (i) to treat all Confidential Information as strictly confidential; (ii) not to directly or indirectly disclose, publish, communicate or make available Confidential Information, except on a need-to-know basis to authorized individuals within The Pablove Foundation; and (iii) not to access or use any Confidential Information, and not to copy any documents, records, files, media or other resources containing any Confidential Information, or remove any such items from the premises or control of the Pablove, except as required in the performance of my authorized mentor duties for Pablove. Nothing herein shall be construed to prevent disclosure of Confidential Information as may be required by applicable law or regulation, or pursuant to the valid order of a court of competent jurisdiction or an authorized government agency.

Confidential information may be divulged only to individuals within The Pablove Foundation, when those individuals have a need and/or are authorized to receive such Confidential Information. If you are in doubt as to whether any information is confidential or should be divulged, you should err in favor of not divulging the information until you have had an opportunity to discuss the matter with a Pablove staff member.

Confidential Information obtained during or as a result of your volunteerism with Pablove Shutterbugs may not be used by you for the purpose of furthering current or future outside employment or activities or for obtaining personal gain or profit.

Your obligation to preserve the confidential nature of any Confidential Information shall survive your separation from The Pablove Foundation and Pablove Shutterbugs and continue indefinitely.

Your signature below shall serve as your acknowledgment and acceptance of the foregoing.

X Mentor/Volunteer Signature

Date: _____



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Media Consent Form and Release

I, _____, hereby irrevocably and perpetually grant to The Pablove Foundation ("Pablove") the right to use my image, voice and likeness (collectively, "Contributions") for all unrestricted purposes as Pablove may see fit, including fundraising activities. I further understand and agree that Pablove shall own all rights to any photographs, recordings, films, books, pamphlets, brochures and other written media or materials based in whole or in-part on my Contributions.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or the editorial, advertising, or printed copy that may be used in connection therewith and any right that I may have to control the use to which said product, products and/or copy may be applied. I understand that I will not receive any compensation for any publication or broadcast of these materials. I understand that this agreement does not obligate Pablove Foundation Inc. to use any or all images of me and/or statements made by me that are generated in connection with this agreement.

I hereby release, discharge and agree to save Pablove Foundation Inc. and their legal representatives and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, that may occur or be produced in the making, processing, duplication, projecting or displaying of said picture or images, and from liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof. I certify that I am over the age of 18 and sign this release for myself.

X Mentor/Volunteer Signature
(if Mentor/Volunteer is 18 or older)

Date: _____

X Parent or Guardian Signature
(if Mentor/Volunteer is under 18 years)

Date: _____



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Employment or Volunteer Background Check Authorization

The Pablove Foundation will be conducting a criminal background check on you. The following states your rights under California and Federal law.

Personal and Identifying Information

(With the exception of felony information, the information below is for identification purposes and will not be used for employment screening purposes.)

Name: _____

Other names by which you have been known or used? _____

Social Security Number: _____

Date of birth _____ City of birth _____

Driver's License Number: _____ State: _____

Present address: (number, street): _____

City, State, ZIP code: _____

Have you ever been convicted of a felony? _____ If yes please explain:

Disclosures Regarding Scope of Background Check

The Pablove Foundation ("Pablove") intends to obtain information about you for employment or volunteering purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment or volunteering purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), Pablove may investigate the information contained in your employment or volunteering application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you.

The source of any background check reports will be The Pablove Foundation, 6607 W. Sunset Blvd, Los Angeles, CA 90028.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you.



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California Applicants - Notice Regarding Credit Checks

Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying.

Pursuant to Section 1024.5 of the California Labor Code, the Company informs you that it may obtain a credit report about you because you are seeking to work in the following position:

- An employee covered by the executive exemption set forth in subparagraph (1) of paragraph (A) of Section 1 of Wage Order 4 of the Industrial Welfare Commission;
- A sworn peace officer or other law enforcement;
- A position for which the information contained in the report is required by law to be disclosed or obtained;
- A position that involves regular access to specified personal information for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, such as bank or credit card account information, social security number, or date of birth;
- A position which the person can enter into financial transactions on behalf of the company;
- A position that involves access to confidential or proprietary information;
- A position that involves regular access to \$10,000 or more of cash; OR
- The Company will not obtain a consumer credit report on you.

Summary of California and Federal Laws Regarding Background Checks

Attached to this form is (1) a summary of rights under California Civil Code section 1786.22, and (2) a summary of rights under the federal Fair Credit Reporting Act (FCRA).

Authorization

I authorize Pablove to conduct or authorize an investigative consumer report or consumer credit report, as described in the Disclosures. Such background report may include, but is not limited to, investigation of statements made by me, my references, confirmation of degrees conferred, criminal and judicial records, motor vehicle record, and credit records (if applicable). I release Pablove and any of its employees or representatives from any liabilities arising from such investigations. And I authorize government agencies, educational institutions, and/or any other persons to supply any and all information relating to my qualifications for the position applied for, and I release the same from any liability for/from providing such information. I acknowledge that Pablove will maintain strict confidentiality regarding the results of this background check.

I understand that Pablove may use any information obtained from the background check on making personnel decisions and that Pablove retains the sole discretion to do so.

X Signature

Date: _____

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge (if one is obtained by Pablove) whenever you have a right to receive such a copy under California law.



California Applicants

Summary of Your Rights under California Civil Code § 1786.22

You have a right to visually inspect, during normal business hours and upon a reasonable notice to the investigative consumer reporting agency (“ICRA”), your file(s) and all information contained in your file(s) required under Section 1786.10 of the California Civil Code (as provided below). The ICRA is required to accommodate this inspection during normal business hours and on reasonable notice, as follows:

- In person, if you furnish proper identification. A copy of the file will also be available to you for a fee not to exceed the actual costs of copying.
- By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified address. However, an ICRA complying with a request for such a mailing will not be liable for disclosures to third-parties caused by mishandling of the mail after it leaves its premises.
- By telephone, if you have made a written request, with proper identification for telephone disclosure.

“Proper identification” includes documents such as a valid driver’s license, Social Security card/number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you pursuant to Section 1786.10 of the California Civil Code. The ICRA also will provide a written explanation of any coded information contained in your file. This written explanation will be distributed whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choice when you come to inspect your file. This person must furnish reasonable identification. The ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in your companion’s presence.



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All Applicants – Summary of Your Rights under the Federal Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.