

**Fairfax County Department of Neighborhood and Community Services  
Emergency Medical Treatment Authorization and  
Release of Information for Volunteers**

**PLEASE PRINT**

I, \_\_\_\_\_, give Fairfax County Department of Neighborhood and Community Services employees permission, in the event I become injured, ill or incapacitated, at my expense to: (1) contact our family physician, or (2) utilize the most convenient rescue squad vehicle or ambulance to transport me to the nearest hospital.

Name of Family \_\_\_\_\_ Physician Phone# \_\_\_\_\_

Insurance Carrier Policy# \_\_\_\_\_

**Photographic Release:** I hereby do \_\_\_\_ do not \_\_\_\_ grant permission for the use of individual and/or group activity photographs in connection with the Department of Neighborhood and Community Services' publicity. \_\_\_\_\_(Initials)

**ADA Information:** Fairfax County is committed to a policy of nondiscrimination in all county programs, services and activities and will provide reasonable accommodations upon request. To request special accommodations call 703-324-4600, TTY 711. Please allow ten working days in advance of the event in order to make the necessary arrangements.

**ADA Accommodations Needed:** \_\_\_\_\_

**Virginia Freedom of Information Act(VFOIA)** In accordance with the **Virginia Privacy Protection Act of 1976**, the requested information will be used to coordinate activities of this agency. **I understand** that some of the information contained in this form may be released to persons who request such information in accordance with the requirements of the **Virginia Freedom of Information Act (VFOIA)**, Va. Code §2.1-340-2. As this statement indicates, not all information Neighborhood and Community Services collects is subject to availability under the FOIA. Medical information, anything relating to mental or physical well-being, social security numbers, and letters written to Neighborhood and Community Services regarding participants or personnel are exempt from FOIA requests.

**VFOIA Opt Out:** Volunteer registration information provided to the Fairfax County Department of Neighborhood and Community Services (DNCS) is public record and as such may be released under the Virginia Freedom of Information Act (VFOIA) unless the parent/guardian specifically requests that this information not be released. **Please check here \_\_\_\_\_ if you do not grant** DNCS permission to release your child's registration information. \_\_\_\_\_(Initials)

**Liability Waiver:** I, \_\_\_\_\_, recognize that there are risks inherent to participation in volunteer activities and agree to hold harmless the County of Fairfax, the Department of Neighborhood and Community Services, its officers, employees, and volunteers, from any and all claims from bodily injury and/or property damage which result from my participation in any and all activities sponsored by the said Department or organization. \_\_\_\_\_(Initials)

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**Distribution – Original: Volunteer; Copy: Center/Program Director**

**Fairfax County Department of Neighborhood and Community Services(NCS)**

12011 Government Center Parkway, Tenth Floor

Fairfax, VA 22035-1115

703-324-4600, TTY 711

## Volunteer Agreement

Interview Date \_\_\_\_\_ Center \_\_\_\_\_

Name \_\_\_\_\_  
Mr./Mrs./Ms. Last Name First Name M.I.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If under 18, grade in school \_\_\_\_\_ School \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone Evening \_\_\_\_\_

### Assignment

Supervisor: Report to \_\_\_\_\_

Location e.g., community center, senior center, school \_\_\_\_\_

Volunteer Schedule Days \_\_\_\_\_ Hours \_\_\_\_\_

Beginning Date: \_\_\_\_\_

If you must be absent, please contact your supervisor at \_\_\_\_\_

### Confidential Information

In case of emergency, call \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_

Note any physical restrictions we need to be aware of when making work assignments:

\_\_\_\_\_  
\_\_\_\_\_

I agree to accept training, guidance, and evaluation from my assigned supervisor and to maintain a professional working relationship with staff and public; to notify my supervisor by telephone of an absence as far in advance as possible and in writing of an extended leave of absence or resignation; to protect the confidentiality of individuals information, and comply with the center's/program's policies and procedures.

\_\_\_\_\_  
Volunteer Date Volunteer Supervisor Date