



42-600 Cook Street, Suite 203, Palm Desert, CA 92211
Office: (760) 773-6554 | Fax: (760) 773-6532
Volunteer@DesertCancerFoundation.org

Volunteer Application 2022

Contact Information

Name	
Street Address	
City, State, Zip	
Home Phone / Cell Phone	
E-Mail Address	
Emergency Contact (Name & Phone)	

Availability

During which hours are you available for volunteer assignments?

Weekday mornings Special Events (includes evenings and/or weekends)
 Weekday afternoons

Areas of Interest

Please tell us in what general area are you interested to volunteer?

Office Support Special Events (includes evenings and/or weekends)
 Fundraising Healthcare Professional / Other

Previous Volunteer Experience

Please list a brief summary of your previous volunteer experience and any relevant details. Thank you!

Thank you for offering your time and talent to support Desert Cancer Foundation!

Signature: _____ Date: _____
(Applicant)

Signature: _____ Date: _____
(Parent/Guardian) if under 18 years of age

DCF Staff: _____ Date: _____
(Desert Cancer Foundation - Staff Name & Initials)

VOLUNTEER WAIVER, RELEASE, AND INDEMNITY AGREEMENT

Between
Desert Cancer Foundation
and

(hereinafter "the volunteer")

This document sets forth the responsibilities and understandings of the volunteer and of Desert Cancer Foundation (hereinafter "DCF") regarding volunteer's participation in volunteer programs partially or wholly coordinated by DCF.

The volunteer and DCF agree as follows:

1. The volunteer performs the service of the volunteer's own free will, without promise, expectation, or receipt of remuneration. The volunteer is not an employee or agent of DCF for any purpose and the volunteer's services are not controlled nor mandated by DCF.
2. If the volunteer is under the age of 18, the volunteer may only participate in volunteer service with the express written consent of the volunteer's parent or guardian.
3. The volunteer understands and agrees that it is possible that the volunteer may be injured or otherwise harmed during volunteer service due to accidents, acts of nature, the volunteer's negligent or intentional acts, or the negligent or intentional acts of others; that while DCF has taken some steps to reduce the chances of injuries or harm to the volunteer, that DCF has no control over most risks, and, thus, cannot and does not guarantee nor take any responsibility for the safety of the volunteer or the volunteer's property while the volunteer is engaged in volunteer service; and that the volunteer must take full responsibility for himself or herself and assume the risk of harm or damage while serving by taking all necessary and reasonable precautions and acting in a manner that will help protect himself or herself and his or her property.
4. The volunteer agrees to waive and release DCF from any and all potential claims for injury, illness, damage, or death which the volunteer may have against DCF that might arise out of the volunteer's service and to hold DCF harmless there from.
5. The volunteer agrees and understands that injuries or losses to others, such as co-workers or the person(s) being helped, may occur as a result of the volunteer's negligent or intentional acts during volunteer service, and that to avoid such harm, the volunteer must exercise care and act responsibly in serving others.
6. If any injury or loss to another does occur due to the volunteer's intentional actions or due to volunteer's negligent actions arising outside of the scope of the volunteer's activities, the volunteer must accept the liability for and repair, or make reparations for, the harm done.
7. DCF is not providing the volunteer with insurance coverage for any injuries, conditions, or losses to the volunteer arising out of volunteer activities, except that DCF does provide liability insurance coverage on all DCF vehicles used during service projects.

8. The volunteer must maintain his or her own primary medical insurance and the volunteer's own automobile liability insurance when driving a non-DCF vehicle to cover potential medical and other costs related to the volunteer service; and the volunteer is also encouraged to maintain property and life insurance coverage while serving as a volunteer.
9. All costs for injury or loss above the coverage provided by the volunteer's insurance are the volunteer's personal responsibility.
10. In projects where the volunteer will be transporting others in a non-DCF owned vehicle, the volunteer may be required to provide proof of automobile insurance in order to participate.
11. Since volunteers are not DCF employees, DCF does not provide worker's compensation coverage for injuries or illnesses to the volunteer arising out of volunteer activities.

By signing below, the parties confirm that they have read, understand, and consent to the terms of this waiver agreement.

Volunteer Signature

Volunteer Printed Name

Date

Parent/Guardian Signature
(if Volunteer is a minor, under age 18)

Parent/Guardian Printed Name

Date

DCF Representative Signature

DCF Representative Printed Name

Date



**DESERT CANCER FOUNDATION
CONFIDENTIALITY OF INFORMATION**

Desert Cancer Foundation (DCF) is committed to ensuring confidentiality of records and related information for all clients, employees and DCF business. All employees, volunteers, board members, contract workers, students, etc., who have access to information about clients, employees or DCF operations which is of a confidential nature will be prohibited from discussing or revealing such information in any unauthorized manner. Confidential information includes, but is not limited to, medical records, employee records, computer records, information gained from service on the DCF board or committees or information gained from clients, from families and friends of clients, other employees and external agencies. This includes disclosing to others the presence of a client seeking or receiving assistance from DCF.

I, _____,
Printed Name of Employee/Contract Employee/Volunteer/Student/Board Member

understand and fully acknowledge my obligation to maintain complete confidentiality of all information to which I am exposed as a result of being affiliated with DCF.

I also understand that confidentiality must be maintained regardless of the source of information, i.e. spoken word, medical record, computer records, financial reports, statistical data, minutes of meetings, personnel files or other records of DCF, and that access to information and dissemination of information are both subject to confidentiality standards. I further certify that I will not seek out confidential information about any client, employee or business of DCF unless (i) such information is necessary to the performance of my duties and (ii) I am specifically authorized to do so by DCF. Violation of this standard or inappropriate dissemination of information will be considered a breach of DCF's Code of Conduct and will be subject to immediate removal from my position at DCF at the discretion of the Board or the Chairman of the Board of DCF.

By my signature below I acknowledge agreement with, and understanding of, the statements in this "Confidentiality Agreement." This Confidentiality Agreement shall remain in full force and effect after termination of my affiliation with DCF.

Signature: _____ Date: _____
Employee/Contract Employee/Volunteer/Student/Board Member

Printed Name: _____

Signature: _____ Date: _____
(Parent/Guardian) if Under 18 years of age

Printed Name of Parent/Guardian: _____



I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in **Desert Cancer Foundation (DCF)**'s **Paint El Paseo Pink (PEPP)**. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death.

I certify that, to the best of my knowledge, I have not had symptoms commonly associated with COVID-19 (fever/chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste/smell, sore throat, congestion or running nose, nausea or vomiting, diarrhea) in the past fourteen (14) days, nor have I been directly exposed to an individual confirmed to have COVID-19 in the past fourteen (14) days.

I agree to notify the director at Desert Cancer Foundation at ED@DesertCancerFoundation.org if I develop any symptoms or am exposed between the time of my signing this waiver and my arrival at the PEPP event.

I agree that if I develop clear symptoms and/or receive a positive test for COVID-19 in the fourteen (14) days after the event, I will notify the director of DCF at ED@DesertCancerFoundation.org. I understand my personal information will be kept confidential, and CDC guidelines for contact tracing and notification will be followed.

I agree to follow the race-specific Safety Protocols provided by DCF and/or any subsequent updates that will be communicated to me by the event committee via email, website, and/or in-person communication. I understand that those not cooperating will be asked to leave.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at the event ("Claims").

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Desert Cancer Foundation, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of, or relating thereto. I understand and agree that this Release includes any Claims based on the actions, omissions, or negligence of Desert Cancer Foundation, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Desert Cancer Foundation's Paint El Paseo Pink event.

Do you agree with this waiver? (yes or no)

Name: _____

Email: _____

Signed: _____

Date: _____