



Volunteer Registration Form

Name: _____
Last First Middle Initial

Mailing Address: _____

E-mail Address _____ Phone: _____

Are you 18 or older? Yes No

(If volunteer is under the age of 18, a parent or guardian signature is required)

Have you ever been convicted of, or pled guilty or no contest to, a felony or misdemeanor? Yes No

If yes, please list the date: _____

Offense and disposition (Please explain fully): _____

Are you currently volunteering or have you volunteered in the last 12 months in another department or with another organization associated with Antioch College? Yes No

If yes, which department or organization? _____

Supervisor's Name: _____

COVID-19 protocol:

If you are not yet fully vaccinated, masking is required both indoors and outdoors. (All staff and faculty and volunteers are required to be fully vaccinated for COVID-19, and will need to submit either proof of vaccination or a medical or religious exemption form to HR.)

Antioch College Volunteer Policy

As a volunteer, I agree to abide by all applicable policies, procedures, rules and regulations of Antioch College and guidelines of this college/department and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the college may terminate my volunteer service at any time without prior notice.

Hold Harmless Agreement

Antioch College is not responsible for any injury which may be suffered by the volunteer while traveling to, during, or returning from volunteer service.

Antioch College has no medical insurance for individuals, and any injury to, or caused by, the volunteer will be the volunteer's sole and exclusive responsibility. Volunteer, or his/her parent or guardian if actual volunteer is under 18, shall be solely and exclusively responsible for any and all property damage, personal or private, which the individual may cause during the course of an activity or event where he or she is serving as a volunteer.

This provision shall survive the expiration of the Agreement.

Volunteer's Signature: _____ Date: _____

Parent/Guardian Signature (if volunteer is under 18):

As the parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for Antioch College. I further acknowledge that I have completed the Authorization for Treatment of Minors form on his/her behalf.

Print name

Signature

Date

EMERGENCY CONTACTS

1. Contact Name: _____

Phone: _____ Relationship: _____

2. Contact Name: _____

Phone: _____ Relationship: _____

REFERENCE CONTACTS

1. Personal Reference: _____

Phone: _____ Email: _____

2. Professional or work-related: _____

Phone: _____ Email: _____

I certify that all information provided by me in this Volunteer Registration form is true and complete. I authorize Antioch College to conduct any investigation with respect to my application and release the University, my former employers, and references from any liability from damage caused by giving or receiving information about me.

Applicant Signature: _____

Date: _____

Section 2: TO BE COMPLETED BY THE SUPERVISOR

Department where volunteer will work: _____

Supervisor responsible for volunteer's work: _____

Print Name and Title

Supervisor's Phone #: _____

Please describe the work the Volunteer is expected to perform: _____

Volunteer's qualifications to perform this work: _____

Volunteer work will begin on _____ and end _____

Supervisor's Signature: _____ **Date:** _____

Original: Retain in HR Department

Copy: Retain in Department

CONSENT TO TREAT MINOR CHILDREN

Please print all information

I, _____, parent or legal guardian of _____, born _____, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of _____ and I am not reasonably available by telephone to give consent.

This authorization is effective from _____ to _____.

Signature of Parent or Legal Guardian

Witness Signature

Witness Name (please print)

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.

This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family address _____

Telephone: Father _____ home _____ work _____

Mother _____ home _____ work _____

Child's Birthdate _____ Last Tetanus _____

Allergies to drugs or foods _____

Special Medications, Blood Type or Pertinent Information

Child's Physician _____ Phone _____

Insurance _____ Policy # _____

Preferred Hospital _____



CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement (this “**Agreement**”) is dated as of ____/____/____ between Antioch College Corporation, an Ohio nonprofit corporation, having offices at One Morgan Place, Yellow Springs, Ohio 45387 (“**Antioch College Corporation**”) and _____, an individual (the “**Recipient**”).

The parties agree as follows:

1. **Acknowledgment.** The Recipient acknowledges that as Antioch’s employee, student, or agent, Recipient will have access to, and may review and record certain confidential information, including without limitation, Antioch’s financial records; business, marketing, and strategic plans; lists including: employee, student, alumni, and other supporters; personnel and payroll records regarding current and former employees; vendor and suppliers; and any other non-public documents or information regarding Antioch’s business operations, services, systems, costs, procedures, or practices. Such information, including all records, files, documents, and other sources of information maintained by the College, is to be considered confidential and/or proprietary and at all times remains the property of the College.
2. **Exclusions from Definition.** Confidential Information does not include information that becomes generally publicly known through no fault on the part of the Recipient; that is furnished to the Recipient by a third party who has the right to furnish the information; that is independently developed by the Recipient or its affiliates without direct or indirect use of any of the Confidential Information; or that is required to be disclosed pursuant to applicable law.
3. **No Disclosure.** The Recipient shall maintain in strict confidence the Confidential Information and shall take reasonable steps to maintain the Confidential Information in confidence.
4. **Use of Confidential Information.** The Recipient shall use the Confidential Information solely and exclusively for the benefit of Antioch.
5. **Return of Confidential Information.** Upon demand by Antioch, the Recipient will return all evidence of the Confidential Information in his or her possession or under his or her control, including, by way of example, but in no respect by way of limitation, all notes, memoranda, and other written material. The Recipient will erase all emails in his or her possession or under his or her control that contain any of the Confidential Information. Upon request, the Recipient will certify to Antioch that the Recipient does not remain in possession of any of the Confidential Information.
6. **Governing Law; Exclusive Jurisdiction.** This Agreement will in all respects be subject to and governed by the laws of the State of Ohio, United States of America. The Recipient consents to personal jurisdiction in the courts of Ohio and the United States District Court for the Southern District of Ohio, Western Division. In connection with any claim, allegation, cause of action, or legal proceeding relating in any way to this Agreement, Antioch and the Recipient agree that the courts of Ohio and the United States District Court for the Southern District of Ohio, Western Division, will have exclusive jurisdiction.

The parties are signing this Agreement as of the date first stated above.

RECIPIENT

ANTIOCH COLLEGE CORPORATION

Signature _____

Signature _____

Print Name _____

Print Name _____

Title _____



SOPP Appendix B: Statement of Understanding

The Sexual Harassment and Discrimination Policy provides a community foundation of mutual respect. The remainder of this document outlines College policy for students, faculty, staff, vendors/suppliers, and guests of the Antioch College community.

Statement of Understanding:

As a person attending an Antioch College activity, I verify that I have read, understood, and agree to uphold the Antioch College Sexual Harassment and Discrimination Policy. The Sexual Harassment and Discrimination Policy is a campus wide policy of Antioch College and is supported by the Title IX Office (TitleIX@antiochcollege.edu) and in summary states:

All sexual interactions at Antioch College must be consensual. Consent is the act of willingly, affirmatively, and verbally agreeing to engage in specific sexual conduct. Consent must be obtained each and every time there is sexual activity. An individual cannot affirmatively consent under duress, mental or physical coercion, while sleeping, or incapacitated which includes but not limited to cognitive impairment due to alcohol or drugs. Silence or a No answer is never considered consent. Non-consensual sexual acts and sexual harassment are not tolerated at Antioch College.

Print Name: _____

Signature: _____

Date: _____

Antioch College Sexual Offense Prevention Policy (SOPP) & Racial Discrimination Prevention Policy (RDPP) Statement of Understanding

As a member of the Antioch College, I verify that I have read, understand, and agree to uphold to the best of my ability the Antioch College Sexual Offense Prevention and Racial Discrimination Prevention Policies.

The Sexual Offense Prevention Policy (SOPP) is a campus-wide policy of Antioch College that in summary states:

All sexual interactions at Antioch College must be consensual. Consent means verbally asking and verbally giving or denying consent for all levels of sexual behavior. Silence or no answer is never considered consent. The use of alcohol or drugs to impair another is a violation, as is taking advantage of a person with limited mental ability. Non-consensual sexual behavior, verbal and sexual harassment are not tolerated at Antioch College.

The Racial Discrimination Prevention Policy (RDPP) is a campus-wide policy of Antioch College that in summary states:

Antioch College acknowledges and seeks to end the existence of systemic inequity in terms of access to power, resources, and privilege, and works to develop access and equity within the community. Within this context, Antioch seeks to build authentic engagement across diversity, ensure systems of support for historically and currently marginalized groups, and promote safety in challenging dialogues and exchanges. Discriminatory, non-inclusive behavior is not tolerated at Antioch College.

To read the full policies and the procedures surrounding them, please visit antiochcollege.edu/community.

Print Name: _____

Signature: _____

Date: _____



ANTIOCH COLLEGE