

Project Sunshine  
Sam Houston State University  
Box 2476  
Huntsville, TX 77341  
936.294.3436  
org\_pso@shsu.edu



## APPLICATIONS

Applications must be completely filled out in order to participate in monthly Project Sunshine events and/or Buddy program. Applications can be downloaded from the Project Sunshine Website ([www.shsu.edu/~org\\_pso](http://www.shsu.edu/~org_pso)) or you may email Project Sunshine to request an application.

You must:

- Agree to a background check

### **Dues (t-shirt included):**

- New members \$25.00
- Returning members \$10.00

Completed applications can be mailed to:

SHSU Project Sunshine  
Sheila Cannon – Advisor (936) 294-3736  
Box 2476  
Huntsville, TX 77341

Or they can be emailed to [org\\_pso@shsu.edu](mailto:org_pso@shsu.edu)

**Volunteer's Copy**

Project Sunshine  
 Sam Houston State University  
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**☀ Project Sunshine College Volunteer Application**

Student ID # \_\_\_\_\_

Graduation Date: \_\_\_\_\_

**PERSONAL INFORMATION**

Last Name:		First Name:	
Address:			
City:		State:	ZIP:
Home Phone:		Cell Phone:	
E-mail Address (checked regularly):			Date of Birth:
T-Shirt Size (please check): <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> Other:			

**EMERGENCY CONTACT**

Last Name:		First Name:	
Relation to Volunteer:			
Day Phone:			
Night Phone:			



## Project Sunshine Code of Conduct

I shall conduct myself in an appropriate manner. I understand that I am a role model to the Project Sunshine children and that through my behavior; Project Sunshine gains the trust of parents. I will do my best to be aware of my behavior when in places where Project Sunshine children may be – both inside and outside of official Project Sunshine events. At Project Sunshine events, fighting, neglect, absence from assigned responsibilities, damage to Project Sunshine property and use of profanity are inappropriate behaviors.

I understand that the possession, sale, or uses of alcohol, tobacco products, drugs, guns, knives, or weapons are prohibited at all Project Sunshine events both children-related and social. Violation will result in immediate dismissal from Project Sunshine.

I will keep the best interest of the children Project Sunshine serves in mind.

- a. I will never strike a child nor use corporal punishment of any kind.
- b. I will always follow the Rule of Two – two volunteers of the same gender as the child must be present when accompanying a child to the restroom or when traveling away from the group.
- c. I will always maintain the utmost respect for the children Project Sunshine serves, their families, and my fellow Project Sunshine volunteers.
- d. Overstimulation of children, such as excessive horseplay, can often cause a negative behavior. Be sensitive to their limit of physical contact.
- e. I will be accepting of diverse racial, national, religious, and cultural backgrounds of Project Sunshine members, the children, and their families.
- f. Privacy laws protect many of the children we work with. Therefore, cameras (both video and still) may be prohibited at some or all events. I understand the importance of this and will follow the guidelines set out at each event.

In order to safely work with the children, I understand that it is my responsibility to read and understand the material covered in the Project Sunshine Staff Manual.

I will not wear jewelry, including watches, to Project Sunshine events. Necklaces and long earrings are attractive to little hands and might be grabbed at. Sharp or pointy rings, watches, and bracelets may break or hurt a child when lifting them in or out of a wheelchair.

I shall do my best to follow the objectives, policies, and guidelines of Project Sunshine in order to strive to fulfill the mission statement. I understand the above listed guidelines in the Project Sunshine Code of Conduct and will do my best to follow them.

I will maintain confidentiality concerning the children and their records.

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## Application and Release

I, \_\_\_\_\_, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize **Project Sunshine** to investigate my background to determine my fitness as a potential volunteer. This includes contacting references provided by me, conducting a criminal background check and a child abuse registry check. I understand that the information requested in this application will be used for the purpose of determining suitability as a **Project Sunshine** volunteer.

I am aware of the sensitive and confidential nature of the official documents, reports and other materials I will examine in my capacity as a volunteer. I will discuss these matters only with those persons directly involved in the case, or who will be consulted for their professional knowledge and expertise.

I further understand that knowledge gained through volunteer service at **Project Sunshine** may not be used for personal profit, profit for friends or family, or any other personal gain or benefit. **Project Sunshine** policies and standards must be honored. **Project Sunshine** staff members may issue additional, reasonable volunteer work rules if such are required.

I understand that falsification of any information hereby given will invalidate my participation with the **Project Sunshine** program.

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**Signature**

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**Date**

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## Criminal Background Check Release

Name(full) \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Birth (City/County/State) \_\_\_\_\_

Race \_\_\_\_\_

I, \_\_\_\_\_, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize **Project Sunshine**, or their designated representative, to investigate my background to determine my fitness as a potential volunteer. This includes contacting references provided by me, conducting a criminal background check and a child abuse registry check.

I understand that the information requested in this application will be used for the purpose of determining suitability as a **Project Sunshine** volunteer. I am aware of the sensitive and confidential nature of the official documents, reports and other material used in this determination, and that this information will be handled in a secure manner.

I understand that falsification of any information hereby given will invalidate my participation with the **Project Sunshine** program.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**SHSU**

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## Project Sunshine – Volunteers Assumption of Risk/Release of Liability Form

I, \_\_\_\_\_, understand and agree that the Project Sunshine events of the \_\_\_\_\_ (semester in Project Sunshine and year) of which I am a participant involves certain risks and that regardless of the precautions taken by Project Sunshine, some injuries may occur.

Knowing this information, in consideration of my participation in Project Sunshine events of the \_\_\_\_\_ (semester in Project Sunshine and year), I expressly and knowingly release Project Sunshine, its representatives, officers, advisors, and agents; the University, the State, its officers, and employees from any and all claims and causes of action for property damage, personal injury, or death sustained by me arising out of any travel or activity conducted by or under the auspices of Project Sunshine caused by risks associated by this activity and/or the negligence of the sponsoring group. Participant acknowledges that Project Sunshine and the University/State are separate legal entities and should be treated as such.

In addition, I understand and agree that Project Sunshine cannot be expected to control all risks possible for these events but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. Neither the University nor Project Sunshine carries medical nor accident insurance for the activities mentioned unless the participants are informed otherwise. As such, participants should review their personal insurance portfolio.

Finally, I voluntarily and knowingly agree to protect, hold harmless, and indemnify Project Sunshine, its representatives, officers, advisors, and agents; the University, the State, its officers, and employees against all claims, demands, or causes of action for property damage, personal injury, or death, including defense costs and attorney's fees arising out of my participation in the Project Sunshine events of the \_\_\_\_\_ (semester in Project Sunshine and year).

I have read the agreement and have willingly signed for the consideration expressed and with a full understanding of its purpose. Participant represents that he/she is 18 years of age or older and is otherwise competent to execute this agreement, or that his/her legal guardian is also signing.

Date: \_\_\_\_\_ Volunteer's Date of Birth: \_\_\_\_\_

Volunteer's Printed Name: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

Local Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Additional Emergency Contact Phone: \_\_\_\_\_

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## Authorization To Be Photographed

### Full Consent

I do \_\_\_/ do not \_\_\_ give Project Sunshine the right to take photographs, audio or audio-visual recordings of my child to be used in promotional, educational, or fundraising materials including, but not limited to videotapes, pamphlets and brochures. I understand my child's name may be used in connection with these materials. By signing this media release, I intend to legally bind my child. Project Sunshine shall have the right to use photographs and other images of my child in promotion, educational or fund-raising materials. I acknowledge that Project Sunshine shall have rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Project Sunshine and its officers, agents, and volunteers from all liability connected with taking and use of these materials as is authorized by Project Sunshine. In addition, I waive all rights, interests or claims for payment in connection with any exhibition or release of this material. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the name mentioned above.

\_\_\_\_\_  
**Initials**

\_\_\_\_\_  
**Volunteer's Signature**

\_\_\_\_\_  
**Date**

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## SHSU Student Profile Matching Sheet for Buddy Program

Last Name:		First Name:
Email:		Phone Number:
Sex: M    F	Age:	Classification:

### About You:

Your Likes?

Your Dislikes?

### Circle the two qualities that best describe you!!!

Compassionate	Friendly	Funny	Smart
Witty	Reserved	Happy	Outgoing
Shy	Careful	Carefree	Organized

**What are your strengths?**

**What are your weaknesses?**

**Where do you see yourself in ten years?**

**How Committed Are You to the Program?**

**How Much Free Time do You Have?**

**Why do you want to be in this program?**

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**About Your Future Buddy:**

*I would prefer... Circle one on each line!!*

Male  
Older  
Needier  
More Involved Family  
Higher Functioning  
Physical Disability

Female  
Younger  
More Independent  
Less Involved Family  
Lower Functioning  
Mental/Learning Disability

**Is there a particular disability that you would like to work with or have worked with before?**

**Anything else you wish to tell us?**

Thank You for Your Input!!!

These suggestions will be used to match you with a buddy, however there is no guarantee all of these criteria will match.

Please Sign Your Name Below, stating that you understand the use of this form...

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Volunteer Buddy Signature & Date

Buddy Coordinator