



Information Packet: June 2017 - June 2018

If you are a CAB Volunteer or a CAB Volunteer Staff Member please make sure to fill out and complete the following forms listed below for our records:

- CAB's 2017-2018 Information Sheet (For your records and reference)
- CAB's 2017-2018 Volunteer Signup Form (Required)
- CAB's 2017-2018 Policies & Emergency Form (Required)
- CAB's 2017-2018 Liability Wavier Form (Required)
- CAB's 2017-2018 Conflict of Interest Contract (Required)
- CAB's 2017-2018 ID Card Form (Required)

All of these forms are provided in either MS Word protected format and in a PDF form to protect the document from being modified by individuals. Please print the forms and fill them out and sign them. You may either snail mail them into CAB or e-mail them to CAB filled out and signed. Your private information is kept private and only viewed by CAB Staff and CAB Volunteers. If you have any questions please contact us directly. Thank you.

(All Volunteers are exempted from the CAB Program "Administration Fee" unless you want to make a donation and that is possible as well.)

www.communityassociationoftheblind.org
Community Association of the Blind (CAB)

10041 ¼ Alondra Blvd
Bellflower, CA 90706

Twitter: <https://twitter.com/CAB4Ever>

Facebook Page: www.facebook.com/pages/Community-Association-of-the-Blind-CAB/1475656619

Instagram: www.instagram.com/cab4ever/

Support CAB @ www.GoFundMe.com/roadtoindependence



June 2017 - June 2018 Volunteer Signup Form

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Important Note: Here at CAB our Volunteers play a crucial role in helping support CAB throughout the calendar year and like many other non-profit organizations we need to gather information about our volunteers to protect our organization and members. All of the information on this form is kept confidential and isn't shared with anyone outside of CAB's administrative staff or board of directors. Thank you for taking the time to fill out this form and if you have any questions please feel free to ask.

Once your forms are filled out and sent into CAB we will review your information and match you with a volunteer position or project that you are interested in. Please make sure to be specific to what you would like to volunteer for like activities or assisting with administration support. In some cases we may request to meet face to face with you before assigning you to a position or any programs. CAB will be logging your volunteer hours from the first day you start and does recognize your volunteer service at the end of each year.

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Basic Information:

Your Full Name: _____
Male or Female: _____
Birth Date: _____
Age: _____
Home Address: _____
Apt #: _____
City: _____
State: _____
Zip Code: _____
Home / Cell Phone: _____
E-mail Address: _____

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General Information:

Are you under the age of 18? _____
What is your spoken language(s)? _____
Would you be interested in driving for any of our events or activities? _____

Do you currently have any Medical Insurance? If so, what is the name and ID number?

Do you have complete car insurance coverage liability? _____
Driver's license number and expiration date? _____

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Career & Volunteer Information:

Are you currently employed? _____
What is the name of your company and what is your title? _____
Have you ever volunteered for a blind organization before? _____
Do you have any volunteering experience? _____
Are you in need of any Volunteer Hours? If so, how many? _____

Do you currently volunteer at any other organizations or clubs? If so, please list them.

What are 3 names and numbers for references?

In what way would you like to volunteer your time?
(Transport, PR, Solicit Donation, Sponsor an Event, Volunteer on Activities)

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Referred By:

Name/Organization/Club/Agency:
Phone # of Contact:
Website or E-mail:
Comments:

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All CAB Volunteers are exempted from CAB's "Administration Fee" (which is listed below) but if you are interested in supporting CAB by donating money or sponsoring a CAB event please let us know. We thank you for choosing to donate your time and assisting CAB in making a difference in the blind and visually impaired community.

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I certify that all of the information provided to the Community Association of the Blind (CAB) is true and correct to the best of my knowledge. I understand that the information given to CAB is kept private and not given out to any organization, club, company, or any individual without my consent.

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Printed Full Name: _____ ID#: _____

Signed Full Name: _____ Date: _____

This document is up for Renewal and Updating in 1 Year



Participant Consent & Release of Liability

**All CAB Activities, Events, and Programs from
Thursday, June 1st, 2017 – Friday, June 1st, 2018**

(To be completed by ALL Participant(s), Staff Member(s), and Volunteer(s) attending any Community Association of the Blind activities, events, and programs. NO EXCEPTIONS!)

The undersigned represents to the Community Association of the Blind (CAB) that the named below is in his/her legal custody and control, and the undersigned desires said minor to participate in the programs of CAB, and for that purpose of participation, the undersigned agrees and authorizes as follows:

In case of medical or dental need of emergency, I understand every effort will be made to contact Parents or Family Members of (Place Your Full Name Here) _____, but I do hereby authorize CAB and its officers or employees or other agents to obtain appropriate and necessary medical treatment that a licensed physician, dentist, or other health practitioner has deemed advisable.

I also understand and agree that any and all such medical, dental, hospital, or similar expense incurred in the treatment will be my responsibility except to the extent that the expenses are covered under a CAB insurance policy. I also understand that no representation has been made about the existence of such coverage.

This authorization shall remain effective while the child or the adult is enrolled in CAB programs, unless sooner revoked in a writing delivered to CAB agents.

Additionally, I further release CAB, its officers, agents, and employees from ANY AND ALL LEGAL RESPONSIBILITY for accidents and/or sickness occurring during or related to the period of time of participation in CAB programs. I further agree and covenant (for valuable consideration, receipt of which is acknowledged) that neither said minor nor I will institute any suit or action of damage, loss, or injury of any kind, whether to person or property against CAB, its officers, agents, and employees.

Print Full Name Here: _____ ID#: _____

Sign Full Name Here: _____ Date: _____



Activities Program "Administration Fee"
(Thursday, June 1st, 2017 – Friday, June 1st, 2018)

ATTENTION ALL CAB VOLUNTEERS AND CAB STAFF MEMBERS: "CAB VOLUNTEERS" AND "CAB STAFF MEMBERS" ARE EXEMPTED FROM CAB'S "ADMINISTRATION FEE" YOU MAY SKIP THIS FORM AND YOU ARE NOT REQUIRED TO FILL OUT THIS FORM.

CAB will need seed money to push CAB to the next level when it comes to providing new and exciting activities for CAB's Activities Program. In order to achieve this CAB will be implementing an "Administrative Fee" strictly for all CAB activities. This new "Administration Fee" will be effective from Saturday, February 14th, 2015 through Saturday, February 13th, 2016. This new "Administrative Fee" will help offset costs for CAB's Activities and Programs more cost effective for members attending these activities throughout the calendar year.

This "Administrative Fee" is a onetime fee that is required to be paid to CAB annually (yearly). So if you plan to participate in any CAB activities during the calendar year (from March 1st, 2015 through March 1st, 2016) than be prepared to pay this "Administrative Fee". This new "Administrative Fee" will be required and mandatory for all CAB Clients / Members starting on Saturday, February 14th, 2015.

The cost of this "Administrative Fee" is \$20.00 annually for anyone attending any CAB activities or \$15.00 if you are a student at a High School, Adult School, Community College, or University. (Student ID is required to get the Student Discount) Also please note that all CAB Seminars, Special Events, Fundraisers are excluded and exempt from this "Administration Fee". Also All CAB Volunteers are exempted from this "Administration Fee".

If you plan to send the "Administration Fee" of \$20 (or \$15 with the Student discount) to CAB by snail mail please do not send CASH but instead send in a MONEY ORDER to our office address listed on the information sheet in this packet. You can pay the Administration Fee online through our website by clicking on the PayPal link and pay with a credit card or speak to one of CAB's Volunteer Staff directly in person.

For further information or questions about this new "Administration Fee", please contact the Programs Department at 877-648-0503 Ext. 1 or programs@communityassociationoftheblind.org.

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Please Sign below to recognize you were read or have read the information above about CAB's "Administration Fee":

Print Name: _____

Sign Name: _____ Date: _____

(Note: This portion must be filled out only if the (\$20 / \$15) Administration Fee is collected)

Paid: \$_____ (Method: Cash / Check / Money Order / CAB PayPal)

CAB Staff/Volunteer (Print Name): _____

CAB Staff/Volunteer (Signature): _____

(The money must be turned into the CAB Treasurer after filling out this portion)



June 2017 – June 2018 Policies & Emergency Form

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(Important Note: This form must be filled out once a year for CAB record keeping. No exceptions!)

Birth Date: _____

Age: _____

Your Full Name: _____

Home Address: _____

Apt / Unit #: _____

City: _____

State: _____

Zip Code: _____

Emergency Contact: _____

Relationship: _____

Home Phone / Cell Phone? _____

Physical Limitations / Restrictions? _____

Any Allergies to foods, medications, or chemicals? _____

Do you have any medications and/or any specific times that they are required?

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Community Association of the Blind's (CAB's) "No Tolerance Policy"

Let the record show that CAB does not allow any type of Alcohol or any type of Illegal Drugs on or in any CAB activities or events, in or on any type of transportation CAB may provide during a CAB activity or event, and on any CAB member, CAB Volunteer, or CAB Volunteer Staff member at any time during CAB functions. If a situation arises where there is any type of Alcohol or Illegal Drugs found on anyone than CAB will take immediate action by removing those who are involved from either the event or activity and contact the local authorities or even to the extent of allowing them to find their own way or form of transportation back from that particular CAB activity or event. CAB takes its "No Tolerance Policy" very seriously and will do what it takes to protect its members. If you have any questions about this policy or would like more detailed information concerning this policy please e-mail us at: programs@communityassociationoftheblind.org. You may also ask a CAB Staff Member or CAB Volunteer at any time during a CAB activity or event if you still need clarification on this "No Tolerance Policy".

Please initial below agreeing that you "understand" & will "adhere" to CAB's No Tolerance Policy.

Please initial here: _____

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In Case of an Emergency

In case of an emergency, I authorize a Community Association of the Blind (CAB) representative to contact the paramedics or take myself and/or my child to the nearest hospital for such emergency treatment and measures that are deemed necessary for proper safety and protection, at my own expense. Additionally, I am aware that the Community Association of the Blind (CAB) is not responsible for any illness or injuries which can occur during sponsored outings, events, and activities related to this organization.

The Undersigned further releases the Community Association of the Blind (CAB), its officers, agents, and employees from any and all legal responsibility for any accidents, injuries, and/or sickness occurring during or related to the period of time said person is a participant in any programs of the Community Association of the Blind (CAB). I (we) further agree and covenant (for valuable consideration, receipt of which is acknowledgeable) that neither said person nor I (we) will institute any suit or action of damage, loss or injury of any kind, whether to person or property, whether to us individually or as parents/guardians relating to the programs or activities of the Community Association of the Blind (CAB).

Including but not limited to any/other youth, adults, volunteers, and service animals that are attending any recreational programs or services that Community Association of the Blind (CAB) provides in which this person participates in.)

Print Full Name: _____ ID#: _____

Signed Full Name: _____ Date: _____

This document is up for Renewal and Updating in 1 Year



Community of the Blind (CAB)
Conflict of Interest Policy

The standard of behavior at the Community Association of the Blind (CAB) is that all staff, volunteers, and board members scrupulously avoid conflicts of interest between the interests of the Community Association of the Blind (CAB) on one hand, and personal, professional, and business interests on the other. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest.

I understand that the purposes of this policy are to protect the integrity of the Community Association of the Blind (CAB) decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputations of volunteers, staff and board members. Upon or before election, hiring or appointment, I will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file and I will update it as appropriate. I understand that the purposes of this policy are to protect the integrity of the Community Association of the Blind (CAB) decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputations of volunteers, staff and board members. Upon or before election, hiring or appointment, I will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file and I will update it as appropriate.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my business or other nonprofit affiliations), my family and/or my significant other, employer, or close associates will receive a benefit or gain. After disclosure, I understand that I will be asked to leave the room for the discussion and will not be permitted to vote on the question.

I understand that this policy is meant to supplement good judgment, and I will respect its spirit as well as its wording.

Signed: _____

Print Name: _____

Date: 6 / 1 / 2017

(This form will need to be filled out and signed again after 6/1/2018)



**Welcome to the Community Association of the Blind (CAB) Family!
Here is your new 2017-2018 CAB ID Card. (CAB's Copy)**

Full Name: _____ ID Card#: _____

As a reminder this new ID card is the property of the Community Association of the Blind (CAB) and is subject to the Community Association of the Blind's (CAB's) terms and conditions. This ID card is ONLY to be used for CAB activities or programs, CAB sponsored activities or events, and CAB fundraisers or functions. This ID card is NOT to be used for any other than for identification purposes. Please remember when you're out in the public and if you use your CAB ID card that means you are representing the "Community Association of the Blind (CAB)".

If you lose or misplace your CAB ID card and need a replacement the cost of a new CAB ID card is \$15. This goes for everyone NO EXCEPTIONS! You can make a money order or check payable to the "Community Association of the Blind" or you may give any CAB Staff Member \$15 in cash so you can get another CAB ID card. It will take anywhere from 1 to 2 weeks to receive your new CAB ID card once it is ordered. Please make sure to keep your CAB ID card in a safe place.

If this ID card is misused or abused and it affects CAB in a NEGATIVE way, CAB will require the ID card be returned immediately. If CAB finds evidence that the ID card is being misused in any way CAB can suspend your status as a CAB client/member, volunteer, Supporter/Benefactor, Staff Member, or Board Member. If you have any specific questions about your CAB ID card please feel free to contact us directly.

Initial Here: _____ Date: _____



**Welcome to the Community Association of the Blind (CAB) Family!
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Initial Here: _____ Date: _____