



CHILDREN'S
HEART
FOUNDATION

VOLUNTEER INFORMATION FORM

Join Children's Heart Foundation in making a difference in the lives of children with heart conditions.
All volunteer forms must be completed and returned to Children's Heart Foundation by delivery, mail or email.

Name: _____

Address: _____

Street

City

State

Zip

Email: _____

Phone Number(s): _____

Cell

Home

How did you hear about Children's Heart Foundation? _____

Additional Information: _____

Do you have any special talents/skills that you would like to share with CHF? _____

Please return applications to:

Children's Heart Foundation
3006 S. Maryland Pkwy. Suite 690
Las Vegas, NV 89109
Email: info@chfn.org

BIG  S HELPING LITTLE  S

Children's Heart Foundation
3006 South Maryland Parkway, Suite 690 · Las Vegas, NV
89109 www.chfn.org · (702) 967- 3522 office



CHILDREN'S **HEART** FOUNDATION

Confidentiality Agreement:

As a member of the Children's Heart Foundation Staff (volunteers included), I understand that confidential interactions and experiences with our heart kids and their families will occur as well as review of private records. Any information I obtain is to be considered highly confidential. The use of such information is subject to normal standards of medical confidentiality. No identifying information about the heart kids and their families is to be revealed in subsequent discussion or writing about Children's Heart Foundation with the public at any time. I agree that during and after the termination of my volunteer service, I shall not disclose or divulge to others any confidential information or any other proprietary information regarding Children's Heart Foundation.

Personal Affidavit

I _____, do hereby certify that I have not been charged or convicted of a felonious crime. In addition, I also state that I have not been convicted of misdemeanor criminal activity. As of the date on this form, I have no pending criminal charges and am not being investigated in regard to such charges. With my signature I assure the above statement to be true to the best of my knowledge. I understand that failure to report previous criminal activity to Children's Heart Foundation may result in termination and/or legal action.

Photo and Name Release

I _____, hereby authorize Children's Heart Foundation and all Children's Heart Foundation Community Affiliates to use pictures of me or my child/ward taken in a photograph, digital image, videotape, motion picture, and/or testimonial (written words). I hereby release Children's Heart Foundation, its agents or employees, as well as any and all users and exhibitors of said pictures, from any and all claims, demands, accountings and causes for which the aforesaid photographs, digital images, videotape, motion picture, or testimonial may be used. It is also my understanding that I will receive no compensation for my likeness or testimonial. Children's Heart Foundation may use my name and photograph in newsletters, brochures and publications depicting activities for Children's Heart Foundation.

Participant Signature _____ Date _____

Signature of Parent/Guardian (REQUIRED - if Participant is under 18) _____

THANK YOU FOR YOUR BIG HEART!

BIG  S HELPING LITTLE  S

Children's Heart Foundation

3006 South Maryland Parkway, Suite 690 · Las Vegas, NV 89109

www.chfn.org · (702) 967- 3522 office