

WNY Heroes, Inc. Volunteer Application and Alcohol & Drug Use Policy

WNYHeroes, Inc. values the participation of others. Getting involved with charitable organizations such as WNYHeroes, Inc. can make a difference in your life and the lives of others. The privilege to participate in the philanthropic process and the joy that often comes from that generosity can bring great rewards. WNYHeroes, Inc. offers a variety of ways for you to get involved and begin impacting the lives of the heroic men and women who have served our country.

PERSONAL INFORMATION (please print)

Print Name: _____ Date: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Veteran or Active Military? _____

Please note: we are only able to provide notification for Special Event volunteering (i.e. Fairs, Festivals, Golf Tournament fundraisers, Motorcycle Runs, etc.) by email and on WNYHeroes.org and on our facebook page.

There are many ways to support WNYHeroes, Inc. Please specify your preference or add any suggestions regarding your desired volunteering specifics. **Please circle one or more options, or write in your own.**

- Assisting with Recruitment Fairs, Fundraising and/or Special Events
- Committee involvement
- Office help/Answering phones, etc.
- Speak publicly
- Transportation (deliver food, gifts at Thanksgiving and Christmas)
- Writing
- Website/I.T. Skills
- Make a donation
- Getting your company involved

Your suggestions: _____

Please specify if you have any special needs (need to sit at events due to trouble standing for long periods of time, wheelchair access, etc). _____

**** Please read and sign the Alcohol and Drug Use Policy included with this form.
Thank you for your generosity and your cooperation.****

WNY Heroes, Inc. Alcohol and Drug Use Policy

WNY Heroes, Inc. is an alcohol-free and drug-free organization. The purpose of this policy is to ensure the safety of all volunteers and to promote awareness. This policy applies to all volunteers of WNY Heroes, Inc.

Substances covered under this policy include alcohol, illegal drugs, inhalants, and prescription and over-the-counter drugs.

We reserve the right to inspect our premises for these substances.

We will remove you permanently from our volunteer database if you violate this policy, or provide false information.

Definitions under this policy:

A “substance” includes alcohol, illegal drugs, inhalants, and prescription and over-the-counter drugs.

An “illegal drug” is any substance that is illegal to use, possess sell or transfer.

“Drug paraphernalia” are any items used or intended for use in making, packaging, concealing, injecting, inhaling, or consuming illegal drugs or inhalants.

A “prescription drug” is any substance prescribed for an individual by a licensed health care provider.

An “inhalant” is any substance that produces mind-altering effects when inhaled.

You are “under the influence” if any substance:

- Impairs your behavior or your ability to work safely and productively
- Results in a physical or mental condition that creates a risk to your own safety, the safety of others, or property; including WNY Heroes, Inc. “Company Premises” – buildings, grounds, parking lots; and all inside and outside event locations and vehicles.

You must adhere to these rules while you are a WNY Heroes, Inc. volunteer. The rules apply at/during any time you are volunteering, including but not limited to volunteer events, 3rd party events and within the organization’s offices, including your own vehicle.

- 1. Volunteers are not permitted to drink, possess, or be under the influence of alcohol while volunteering at any WNY Heroes, Inc. events, 3rd party events, on WNY Heroes, Inc. premises, at meetings, etc.**
- 2. Volunteers are not permitted to use, possess, or be under the influence of illegal drugs.**
- 3. Volunteers are not permitted to sell, buy, transfer or distribute and drugs or alcohol. It is against the law to do so, and we will report such actions to the authorities.**

Agreement to follow WNY Heroes, Inc. Alcohol and Drug use policy:

I have received and read a copy of the alcohol and drug use policy for WNY Heroes, Inc. I agree to follow the rules of this policy.

Volunteer Printed Name

Volunteer Signature

Date

Volunteer Coordinator Signature

Date