

TOUCHSTONE SERVICES, INC.
VOLUNTEER / STUDENT INFORMATION AUTHORIZATION FORM

1. Proper insurance coverage is needed for an automobile driven in the State of Michigan. You, as a student/volunteer have the responsibility to be sure that the automobile you may use for the program(s) has adequate insurance. No special additional insurance is required for your car, but you need to have the basic automobile coverage required for any vehicle.
2. As a student / volunteer, you will be expected to abide by the policies of Touchstone Services, Inc., standards and rules, especially regarding confidentiality and Recipient Rights. This information will be provided to you and described by the staff.
3. Whenever the public is served, the possibility for legal liability must be considered. Hopefully, this type of difficulty will never occur in this program(s). I will provide a copy of my Professional Liability Insurance coverage. In the case it is needed, all students / volunteers in the program(s) are covered under Touchstone Services, Inc.'s professional liability insurance policy. This does not cover personal injury, worker's compensation or other insurance.
4. I agree not to represent myself to members, staff or the public as a Touchstone staff, but to represent myself as a student / volunteer.
5. I agree to hold forth all ethical standards of my position with the agency. I have read the above and understand all provisions. I understand my responsibilities in these areas. I agree to maintain reliable transportation during this placement. I also give the program(s) authorization for a check of my driving record by the Michigan State Police driver records. I also give permission for the agency to obtain a background check. This authorization is valid only during the period I am a student / volunteer for the program(s).
6. I understand that my placement within the agency is on a "volunteer" basis, thus, without compensation or benefits provided to employees. As such, the placement may be terminated by either the agency or myself with or without cause. Such notification if effective upon mailing a written notice.
7. I understand that I may be required to attend new orientation/training sessions.

Signature of Applicant

Date