

VOLUNTEER APPLICATION:

Name: _____ Date: _____

Address: _____
(Street) (Apt.) (City) (State) (Zip code)

Home Phone #1: ☎ _____ Work #2: ☎ _____ Cell/Pager#3: ☎ _____

E-mail Address: _____

Date of Birth: _____ Sex: Male Female Social Security Number: _____ - _____ - _____

Emergency Contact: _____

Work #1: ☎ _____ Home #2: ☎ _____

EDUCATION: (*check level completed*) Elementary school High School College / University

Degree/Title: _____ Vocational Training: _____

Computer Skills: (*List programs you're familiar with*) _____

FOREIGN LANGUAGES: Spanish French Creole Other: _____

List any other skills, hobbies or interests you have that might be helpful for our agency:

What type of volunteer work are you interested in?

Special Events

General Volunteer Office Work

Other: _____

Have you ever volunteered before? YES NO If Yes, where and when:

Date: _____ Agency/Organization: _____

Volunteer Activity: _____

How did you hear about our agency? _____

Have you ever been convicted of a crime? YES NO *If so, please explain:* _____

Please list the **names, telephone numbers and addresses** of two people, other than relatives, who have known you for at least 3 years. If employed, please include the name of your present employer as one reference. **NOTE: CARE RESOURCE and its Staff will keep these responses confidential.**

1. _____
2. _____

What do you expect to gain and give as a volunteer?

Please indicate the day or days and time slots you will be available to volunteer:
(This is only for our reference; your supervisor will issue your assignments and schedules.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> 9 am – 5:45pm	<input type="checkbox"/> 9 am – 5:45pm	<input type="checkbox"/> 9am – 5:45pm	<input type="checkbox"/> 9am – 5:45 pm	<input type="checkbox"/> 9am – 5:45 pm	<input type="checkbox"/> 9am – 5:45 pm

STATEMENT OF AGREEMENT:

As a volunteer applicant, I understand CARE RESOURCE requires a reference check. I grant my permission for such a check. I, _____, affirm that what is state in this document is the true.

Volunteer Signature: _____ **Date:** _____

Starting Date: _____ **Location/Bldg:** _____

VOLUNTEER POLICIES AND GENERAL AGREEMENT RELEASE FORM

I, the VOLUNTEER understand that becoming a volunteer requires making a commitment to Care Resource. Therefore, I agree to the following:

- Respect those we serve.
- Maintain confidentiality and privacy regarding history, records, information and discussions about the clients we serve and or pertinent agency information. Failure to do so may result in the individual or organization to which such confidential information belongs pursuing a civil suit against me in a court of law for any loss or damages incurred as a result of my disclosure.
- Respect the confidentiality and privacy of those we serve. However, if I am in any way concerned about safety issues, I will discuss my concerns with my supervisor.
- Maintain open communication with **CARE RESOURCE**; its staff, and my supervisor.
- As a representative of **CARE RESOURCE** I will exhibit a neat, well-groomed appearance, particularly while working at an event, or in the office. Clothing will be appropriate for the occasion.
- I understand that during my shifts at events I am assigned to, there will be no drinking of alcoholic beverages; no use, trading, selling or offering anyone illegal drugs; no eating or smoking while I am on duty. Once my shift has been terminated, or I am given a break, I may partake of the food and entertainment. I realize I am always a representative of the agency and as such my behavior will be exemplary.
- I will notify the Volunteer Program at **CARE RESOURCE** when I have questions, a change of address, job changes, or problems.
- I understand and accept **CARE RESOURCE** right to ask me to stop volunteering at any time, for any reason.
- I accept and will follow all volunteer policies and procedures stated by **CARE RESOURCE**

In consideration of allowing me to volunteer my services for which I receive personal satisfaction, I agree to release and discharge and hold **CARE RESOURCE** harmless for any damages to my person and or my property by any act of a third party. I hereby agree to indemnify **CARE RESOURCE** for any damages I may occasion to cause to any third party by my negligence resulting in personal injury or damage to any third party for which **CARE RESOURCE** is found responsible and for any loss suffered by **CARE RESOURCE** as a result of my negligence.

I understand that public relations is an important part of volunteering at **CARE RESOURCE**. I therefore agree on behalf of myself, my heirs, personal representatives and executors to allow **CARE RESOURCE** to use any photographs or video images taken of me, for **CARE RESOURCE** use. Reasonable efforts may be made to notify me. However, such notification is not a condition of the use of the photographs or video images for public relations purposes.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing Volunteer Policies and General Agreement Release form and that I will comply with the same.

(Please Print)

Volunteer's Name: _____ Volunteer's Signature: _____

Date: _____

Parent or Legal Guardian (if under 18 year of age)

As a parent or legal guardian of the above named volunteer, I hereby give my consent to allow my child/ward to volunteer services for Care Resource as described within this volunteer agreement and release.

I have read this volunteer agreement and release and fully understand its terms and condition. On behalf of my child/ward, and myself I agree to all terms and conditions as set out in this volunteer agreement and release.

Parent/Guardian Signature: _____

Date: _____