



OFFICE USE ONLY	
U.J.S.: _____	Child Abuse _____
Megan's Law: _____	Criminal _____
NCIC: _____	FBI: _____

Today's Date _____ Reason for volunteering: Court Ordered School Community Service
 Internship Community Volunteer

Last Name	First Name	Middle Initial	Date of Birth
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Current Address	City	State	Zip
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Phone Number	Email	Social Security Number
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Employers Name	Position/Title
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For Drivers/Transportation only: _____
Valid Driver's License Number and State of Issue _____ Date of Expiration _____

Are you CPR certified? YES No Languages Spoken _____

Are you required to volunteer? If yes, please explain _____

How did you hear about the Volunteer Services? _____

Which areas are you interested in volunteering?

Resource Center (Clerical duties) * _____ **Events** _____ **Fundraising** _____

Cyberspace _____ **Emergency Shelter: Overnight*** _____ **Driver/Transportation*** _____
*required to attend training program.

Previous Volunteer Experience:

Position	Agency	Dates of Service
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Please list any skills that would be useful to the program:

Community CARES requires four background clearances in order to volunteer. Are you comfortable with CARES running these clearances: NCIC, State Criminal Background Check, Child Line Abuse Clearance, FBI fingerprint clearance? *These clearances are STATE MANDATED due to our service of Families with children*

YES _____ NO _____

Do you have any physical limitations? _____



Never underestimate your ability to make someone else's life better – even if you never know it. Greg Louganis

Emergency contact: In the event of an emergency, please list the person you would want notified.

Name Relationship

Home Phone Cell Phone Work Phone

References: List two people other than relatives who would be willing to serve as personal references.

1.

Name Phone

Street Address City State Zip Code

Email address

2.

Name Phone

Street Address City State Zip Code

Email Address

Statement of Understanding:

I certify that all information is true and has been given voluntarily. I understand that this information that this information is for Community CARES purposes only and will not be shared with any outside agencies.

I understand that I must be at least 18 years old to volunteer at Community CARES and if I am under the age of 18 years and/or attending high school, I will need parental consent.

Our policy: is to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Applicant's Signature: Date: