**Volunteer Application**

**Personal Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of emergency, we have your permission to contact:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Opportunities at CCN (check all areas of interest)**

☐ Driver\*

☐ Friendly Visits

☐ Errands/Grocery Trips

☐ Check-In Calls

☐ Basic Tech Support (circle preferred: Mac PC)

☐ Providing Meals

☐ Office Work

☐ Preschool Reading Program

☐ Event Set Up/Clean Up

☐ Other (describe):

☐ I am physically and mentally able to perform each of the volunteer opportunities I have checked above.

\*Drivers must include a copy of their driver’s license and proof of insurance (minimum limits $100,000/$300,000/$50,000).

**Volunteer Category**

☐ Adult (18+) ☐ Teen\* (age 14 to 17)

\*Any child under the age of 18 must have accompanying signed letter from parent giving permission for son or daughter to be a volunteer and take responsibility for child to complete expected responsibilities.

**Preferred Availability:**

**Day Morning Afternoon Evening**

|  |  |  |  |
| --- | --- | --- | --- |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

Reference: Please provide a personal or professional reference (not a family member). We kindly request you notify your references in advance to inform them about CCN and your interest in volunteering.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Privacy Information, Release Authorization. Liability Waiver and Confidentiality Agreement**

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date. I understand the completion of this application does not obligate Care Connections Network to offer me a volunteer position.

In processing my volunteer application, background and DMV (if you will be driving) checks will be conducted, including my listed references and potentially with former volunteer sites and/or other persons. I hereby grant permission to any school, person, firm or corporation to give Care Connections Network any relevant information that may be required to arrive at a decision on the status of this application. I release Care Connections Network, its offices, employees, representatives, and agents, from any and all liability and/or damages incurred by me in accessing or using such information. I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Care Connections Network.

I understand that during the course of my activity with Care Connections Network, I may have access to information that is confidential and may not be disclosed except as permitted or required by law and in accord with Care Connections Network policies and procedures. I agree to protect the confidentiality of all information pertaining to any Care Connections Network member, non-member or other volunteer or client associated with Care Connections Network. I also agree to abide by the volunteer guidelines, rules, and responsibilities provided to me.

I acknowledge that as a volunteer, I am not an employee of Care Connections Network and understand that I will not be paid for any work I perform. I consent and agree to assume all responsibility for any and all risks or events of damage or injury that may occur in the course of my volunteer work and that I am volunteering at my own risk. I fully and forever release and discharge Care Connections Network, its officers, employees, agents and successors from any loss, cost, damages or other liability which I may incur in the course of my volunteer work.

Your signature below acknowledges your acceptance of all parts of this waiver.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent or Guardian (if applicable) Date

Thank you for applying to the Care Connections Network volunteer program!

Please submit your application to:

Care Connections Network

9812 Hamilton Avenue

Huntington Beach, CA 92646

714.962.9346