



Volunteer Application

Email completed application to: Eric Patrick,
Director Fund Development and Community
Relations at: epatrick@ccareconnects.org

APPLICANT INFORMATION

Last Name: _____ First Name: _____

Street Address: _____

Apartment/Unit: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

VOLUNTEER PROGRAM

Position Applying for: cCARE Connects Foundation Volunteer

I can volunteer:

- (3 hours a week) (10 hours a week) (20 hours a week) (I would like to volunteer ____ hours a week)

If approved, on what date can you begin volunteering at cCARE Connects Foundation? _____

PERSONAL INFORMATION

Have you ever applied to or worked for cCARE?Yes No

If yes, when? _____ Position applied for: _____

Do you have any friends or relatives working for cCARE?Yes No

If Yes, state name(s) and relationship:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If accepted, would you have reliable means of transportation to and from volunteering?Yes No

Are you at least 15 years old?.....Yes No

Are you a cancer survivor?.....Yes No

Do you know anyone with cancer?Yes No

Are you able to perform the essential functions of which the volunteer role you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: _____

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Volunteer may be subject to passing a medical examination, and skill and agility test.)



PERSONAL INFORMATION CONT.

Are you currently employed? Yes No

EDUCATION, TRAINING and EXPERIENCE

High School: _____ Number of Years Completed: _____

College/University: _____ Number of Years Completed: _____

Vocational/Business School: _____ Number of Years Completed: _____

Are you Cardiopulmonary Resuscitation (CPR) certified? Yes No

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for volunteering at cCARE? Yes No

If so, please explain: _____

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer.

1) Name of Employer: _____ Telephone No.: _____

Type of Business: _____ Supervisor Name: _____

Address: _____

Dates of Employment From: _____ To: _____ Position: _____

Duties: _____

EMPLOYMENT HISTORY CONT.

2) Name of Employer: _____ Telephone No.: _____

Type of Business: _____ Supervisor Name: _____

Address: _____

Dates of Employment From: _____ To: _____ Position: _____

Duties: _____



MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe: _____

REFERENCES

1) Name: _____ Telephone No.: _____
Occupation: _____ No. of Years Acquainted: _____

2) Name: _____ Telephone No.: _____
Occupation: _____ No. of Years Acquainted: _____

3) Name: _____ Telephone No.: _____
Occupation: _____ No. of Years Acquainted: _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my volunteer role and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure a volunteer role shall be grounds for rejection of this application or for immediate discharge if I am accepted, regardless of the time elapsed before discovery.

_____ I hereby authorize cCARE to do a basic background check for the purpose of volunteering and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release cCARE/cCARE Connect Foundation, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application or conveyed during any interview which may be granted or during my volunteer role, if accepted, is intended to create an employment contract between me and cCARE or the Foundation.

_____ Volunteers of cCARE Connects Foundation are expected to model and reinforce ethical behavior in accordance with cCARE Connect Foundation Volunteer policy. This includes maintaining the privacy and confidentiality of information; protecting the assets of the organization and non-profit; acting with ethics and integrity; conducting business with honesty; following through on commitments; admitting mistakes and showing consistency in words and actions; supporting compliance initiatives and reporting noncompliance; and adhering to applicable federal, state, and local laws and regulations, accreditation and licensure requirements (if applicable), and cCARE's policies, guidelines, and procedures.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by cCARE, I am entitled to copies of any such public records obtained by cCARE unless I mark the check box below. If I am not selected as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Print Name

Applicant's Signature

Date