

Volunteer Application



Combined
Community
Services

Our Mission

Combining community services to provide comfort, hope and resources for neighbors in need.

Contact Information (please print)

Applicant Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

Are you interested in volunteering on

An as needed basis or

Regularly scheduled volunteer days and hours

Please check available times or indicate specific available hours of availability.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Interests

Tell us in which areas you are interested in volunteering

Administration <input type="checkbox"/> Typing <input type="checkbox"/> Filing <input type="checkbox"/> Reception <input type="checkbox"/> Stuffing Envelopes <input type="checkbox"/> Copy/Scanning	Events <input type="checkbox"/> Coordination/Planning <input type="checkbox"/> Phone Calls <input type="checkbox"/> Mailings <input type="checkbox"/> Event Volunteer <input type="checkbox"/> Guest Speaker	Food or Clothing Pantry <input type="checkbox"/> Pick-up/Delivery <input type="checkbox"/> Organization <input type="checkbox"/> Assisting Clients
Other <input type="checkbox"/> Mentoring <input type="checkbox"/> Teaching <input type="checkbox"/> Maintenance <input type="checkbox"/> Grounds <input type="checkbox"/> Cleaning	List other areas of volunteer interest:	

Special Skills or Qualifications

Please indicate any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

___ Accounting/Bookkeeping	___ Word	___ Grounds Maintenance
___ General Clerical	___ Excel	___ Mechanical
___ Receptionist	___ Power Point	___ Plumbing
___ Marketing	___ Publisher	___ Electrical
___ Event Planning	___ Quick Books	___ Truck Driver
___ Telephone Solicitation	___ Databases	___ Other Skills (list)
___ Teaching		
___ Public Speaking		

Languages spoken: _____ Written: _____

Special Licenses: _____

Previous Work or Volunteer Experience

Summarize your work and/or volunteer experience.

Reference Information

Name	
Street Address	
City/State/ZIP	
Phone	
E-Mail Address	

Name	
Street Address	
City/State/ZIP	
Phone	
E-Mail Address	

Name	
Street Address	
City/State/ZIP	
Phone	
E-Mail Address	

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Applicant Name (printed)	
Applicant Signature	
Date	
If under 18 Parent/Guardian Name (printed)	
Parent/Guardian Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with our organization.

Hold Harmless Agreement

The undersigned agrees that Combined Community Services, Inc. and its Board of Directors shall not be held responsible and shall be held harmless of any loss, damage, or injury to the undersigned or the property of the undersigned, arising from any service provided directly or indirectly for Combined Community Services, Inc.

Applicant Name (printed)	
Applicant Signature	
Date	
If under 18 Parent/Guardian Name (printed)	
Parent/Guardian Signature	
Date	

Volunteer Confidentiality Agreement

All information (written or verbal) regarding current or former clients of Combined Community Services is strictly confidential. I agree to maintain this confidentiality while volunteering. I will not disclose the identity, needs, or business of any client to anyone outside of the organization and will only discuss client needs with the appropriate staff member as the need arises.

Furthermore, all personal information regarding staff, volunteers and proprietary/confidential information of the organization as a whole will also be considered confidential.

Applicant Signature	
Date	
If under 18 Parent/Guardian Signature	
Date	
Staff Member Signature	
Date	

Permission for Mass Media

I, the undersigned, DO DO NOT give my permission for my photo to be used in any media promoting Combined Community Services (CCS) and educating the community about the services CCS provides. I understand that this release covers all media including electronic ones, such as web sites.

By giving my permission I further agree to hold harmless CCS for any injury which may result to me or my family as a result of such publication.

Applicant Name (printed)	
Applicant Signature	
Date	
If under 18 Parent/Guardian Name (printed)	
Parent/Guardian Signature	
Date	

Criminal Background Check

PLEASE PRINT ALL REQUESTED INFORMATION

Your social security number and date of birth are being requested by CCS in order to expedite a criminal background check. Your information will not be disclosed to anyone outside CCS except as mandated by law.

With few exceptions, you are entitled (at your request) to be informed about the information CCS collects about you.

Applicant Name (Last, First, Middle, Maiden)	
Other Names Used	
Date of Birth (DOB) mm/dd/yyyy	
Current Address (City/State/ZIP)	
Social Security #	
Driver's License #	
State of Issue	

In connection with my volunteer status with CCS, I hereby authorize CCS to conduct a security background check on me. I understand that this security check will cover information such as criminal history, education and employment, sanctions/exclusions, and professional licensure/certifications. I understand that this background check may include information from previous employers relating to my work experience. I hereby release CCS and its employees, from all liability resulting from the furnishing of this information to CCS. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my consideration for volunteer opportunities or could result in disciplinary action up to and including a permanent ban from CCS.

Applicant Name (printed)	
Applicant Signature	
Date	
If under 18 Parent/Guardian Name (printed)	
Parent/Guardian Signature	
Date	

THIS SECTION TO BE COMPLETED BY COMBINED COMMUNITY SERVICES

Position	Volunteer
Department	
Request Date	
Results Date	
Approved (Yes/No)	
Signature CCS Volunteer Coordinator	