



## Volunteer Application

**PLEASE PRINT:**

Date of Application: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
(Last) (First) (Middle) (Home) (Cell)

Address: \_\_\_\_\_  
(#) (Street) (Apt. #) (City) (State) (Zip)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_  
(Month) (Day) (Year)

Emergency Contacts:

(1) \_\_\_\_\_  
(Name) (Phone Number) (Relationship to you)

(2) \_\_\_\_\_  
(Name) (Phone Number) (Relationship to you)

**In signing this Liability Waiver**, I agree that I am willingly volunteering with The CareGivers. I agree to work in a safe and responsible manner. I agree to only perform work that I am comfortable doing and that I feel I can accomplish safely. If I am not comfortable with a task I will immediately notify a staff member. I agree that I will wear proper clothing and shoes that I believe will provide protection according to work conditions. \_\_\_\_\_ (Initials)

**Release:** I hereby release The Caregivers, any and all sponsoring organizations or partners and property owners from any and all claims that may arise from or result in any expenses, personal injury. \_\_\_\_\_ (Initials)

**Adult/Child Photographic Release:** Do you consent to photos or videos that may be taken of you while you are volunteering to be used by The CareGivers or any of its participating agencies for publicity and/or advertising? Yes – No (Please Circle)

**CareGivers Volunteer Opportunities:** (Please check those that interest you)

- Deliver groceries to homebound clients.
- Call clients for their monthly grocery requests
- Pack clients grocery bags
- Fundraising, Event Planning, Marketing & Communications
- Community Outreach & Administrative Tasks
- Drive Clients to Medical Appointments
- Deliver Birthday Gifts

Do you have any physical or medical limitations that would prohibit some activities?

\_\_\_\_\_  
Volunteer Signature:

\_\_\_\_\_  
Parental/Guardian Signature: (If under 18)