



Volunteer Application

Contact Information

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

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday Mornings | <input type="checkbox"/> Weekend Mornings |
| <input type="checkbox"/> Weekday Afternoons | <input type="checkbox"/> Weekend Afternoons |
| <input type="checkbox"/> Weekday Evenings | <input type="checkbox"/> Weekend Evenings |

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Newsletter Production |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Other | <input type="checkbox"/> Website |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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.

Name (printed)	
Signature	
Date	

If approved as a volunteer a background check will be required. Your help in providing the \$10.00 cost to cover this fee helps reduce our administrative costs.

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

Community Lifeline Center, Inc.

Release

I, _____, agree to hold Community Lifeline Center, Inc. harmless for any and all liability due to any injury sustained by me while performing any and all activities associated with my volunteer duties with Community Lifeline Center, Inc.

I have been informed and understand that as a volunteer for Community Lifeline Center, Inc., I may not use any motorized vehicle in the performance of volunteer activities.

In case of emergency, please notify:

Name

() _____

() _____

Signature

Date

Printed Name

Street Address

City

State

Zip Code

() _____

Telephone Number

Community Lifeline Center, Inc.

Pledge of Confidentiality

I understand that, in the course of my association with Community Lifeline Center, Inc. ("CLC") I will learn information about persons who are in need of emergency assistance as well as about the officers, directors, committee members, and/or employees of CLC. I understand that this information is to be held in the strictest confidence and is not to be discussed with anyone except the employees and/or members of the Board of Directors of CLC.

I pledge to keep the aforementioned information confidential as a condition of my association with CLC. I understand that a breach of this confidentiality will result in my immediate termination as an officer, director, committee member, employee, or volunteer of CLC.

Signature

Date

Printed Name