

# VOLUNTEER APPLICATION

## CONTACT INFORMATION:

Contact Name		Date	
Address			Suite/Unit
City		State	Zip Code
Total # of people volunteering		Cell Phone	
Email		Phone Number	

## AVAILABILITY:

<b>Weekdays:</b>	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
<b>Weekends:</b>	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
<b>How often would you like to volunteer with CMC?</b>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Special Events <input type="checkbox"/> Whenever needed		
	How many hours would you like to volunteer?		
	<input type="checkbox"/> Please contact me to discuss our availability.		

**Previous Volunteer Experience:** \_\_\_\_\_

\_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Education, general interests/hobbies:** \_\_\_\_\_

\_\_\_\_\_

**Languages Spoken:** \_\_\_\_\_

\_\_\_\_\_

**Tell us in which areas you are interested in volunteering**

<ul style="list-style-type: none"> <li>• Administration</li> <li>• Events</li> <li>• Field work</li> <li>• Fundraising</li> </ul>	<ul style="list-style-type: none"> <li>• Deliveries</li> <li>• Newsletter production</li> <li>• Volunteer coordination</li> <li>• Childcare and youth</li> </ul>
---	--

**What are your expectations from CMC?**

\_\_\_\_\_

\_\_\_\_\_

**I, the undersigned volunteer ["Volunteer"] of CMC agree and understand that the purpose of CMC is to provide services to marginalized small and emerging multicultural communities and those in need. I agree and understand that the guests served by CMC have many diverse needs and conditions, which may include mental, emotional, physical, and social maladjustments. I hereby release CMC and its directors, staff, and agents from any and all claims, responsibility, liability, or causes of action, for any injury, loss, or damage that I may incur in connection with my volunteer activities at CMC.**

**I further understand that, as a volunteer of CMC, any and all information pertaining to guests is strictly confidential. Due to the privacy and protection of our guests, I understand that photography and/or videography is not allowed. I agree to hold in confidence any information about clients and donors, which comes to my knowledge during my association with CMC.**

**I understand and acknowledge that either party may terminate this volunteer relationship at any time and that submitting this application does not imply a guarantee to volunteer. Upon acceptance as volunteers, my family or group agrees to serve under the leadership, guidance, and procedures of CMC for the duration of my volunteer service.**

**I grant permission to CMC and its agents or employees to use photographs and/or video and audio taken of me. These images may be used in educational and documentary materials such as Public Service Announcements, Grant Applications, Video Documentaries and both printed and online newsletters. Furthermore, I authorize the use of my image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by CMC.**

**I hereby agree to release, defend, and hold harmless CMC and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from any claim, damages, or liability arising from or related to the use of the photographs/video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution.**

**Finally, I understand I am the Family/Group Representative and by signing this waiver, I am signing for all mentioned parties. I will communicate the above mentioned standards to all group members and take responsibility for each group member's compliance with these standards.**

**Printed Name: \_\_\_\_\_**

**Signature of Authorized Representative: \_\_\_\_\_**

**Date: \_\_\_\_\_**