



## Volunteer Application

### Required Information

Name (last, first): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

At which number can you be reached during preferred time? Home Work Cell

At what time would you like to be contacted? Day Evening Weekend

E-mail address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Volunteering Interests and Availability

*Please check the jobs that interest you.*

- |  |   |
|--|---|
| <input type="checkbox"/> Inspecting vehicles for donation*     | <input type="checkbox"/> Office work      |
| <input type="checkbox"/> Moving vehicles to various locations* | <input type="checkbox"/> Fundraising      |
| <input type="checkbox"/> Cleaning and detailing vehicles*      | <input type="checkbox"/> Public relations |

### **Release to use photos/videos for promotional purposes:**

I understand that Communities Investing in Families may take photos/videos which may include me while I am participating in CIF activities. I hereby agree to allow CIF to use my image for promotional purposes (including, but not limited to newsletters, brochures, display boards or other materials to share CIF's mission and vision). \_\_\_\_\_ Initial

### **Statement of Understanding & Authorization:**

I verify that all of the information on this application is true, complete and correct, and I understand that any false statements will result in disqualification from working as a Communities Investing in Families volunteer. I understand that I am applying for a **volunteer position** and that this is not an application for, nor a contract of, employment. I further agree that as a CIF volunteer, I will not accept any payment for my services and that I will incur the cost of my own transportation. I will also participate in any required training applicable to my volunteer work at CIF. I authorize the references listed on this application to give CIF any pertinent information they may have regarding my qualification to volunteer with CIF. I authorize investigation of all statements contained on this application, verification of applicable licensure as it applies to my volunteer position and, if necessary for the volunteer position I am seeking.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If you are moving vehicles for CIF we need copies of your Drivers License and Auto Insurance.