VOLUNTEER INFORMATION FORM, AGREEMENT AND LIABILITY WAIVER
VOLUNTEER INFORMATION FORM

VOLUNTEERS UNDER 18 YEARS OF AGE MUST BE ACCOMPANIED BY AN ADULT

NAME _____________________________________________

LAST NAME ________________________________________

FIRST NAME ________________________________________

MIDDLE INITIAL _____________________________________

ADDRESS

_____________________________________________________

STREET ADDRESS

_____________________________________________________

CITY, STATE, ZIP CODE

PERSONAL INFORMATION

HOME PHONE ____________________ CELL PHONE _______________ ALTERNATE _______________________

EMAIL ADDRESS _______________________________________

DATE OF BIRTH _________________________________________

GENDER IDENTITY  MALE ☐  FEMALE ☐  OTHER ☐

EMERGENCY CONTACT INFORMATION

NAME _____________________________________________

LAST NAME ________________________________________

FIRST NAME ________________________________________

NATURE OF RELATIONSHIP _____________________________

HOME PHONE ____________________ CELL PHONE _______________ ALTERNATE _______________________

DO YOU HAVE ANY HEALTH PROBLEMS? ☐ YES ☐ NO IF YES, WHAT PROBLEMS? _______________________

MEDICAL INSURANCE PROVIDER? ____________________________

HOSPITAL PREFERENCE? ☐ PARKVIEW ☐ ST. MARY CORWIN ☐ OTHER ________________________________

PLEASE INDICATE THE VOLUNTEER POSITIONS YOU WOULD LIKE TO PERFORM:

☐ CLIENT INTAKE  ☐ CLIENT INTERVIEWER  ☐ CLOTHING SORTER  ☐ DATA ENTRY & REPORTING

☐ DRIVER & WAREHOUSE  ☐ FILING CLERK  ☐ FOOD SORTER  ☐ FOOD PANTRY SACKER

☐ FOOD PANTRY SERVER  ☐ OLIVE’S CLOSET  ☐ RECEPTIONIST  ☐ SECURITY

☐ WAREHOUSE  ☐ OTHER POSITION (BE SPECIFIC PLEASE) __________________________________________

WHAT DAYS OF THE WEEK ARE YOU AVAILABLE? ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY

PLEASE INDICATE ADDITIONAL ACTIVITIES YOU WOULD CONSIDER PARTICIPATING IN:

☐ CHRISTIAN MINISTRY  ☐ CHURCH VISITS  ☐ CLOTHING DRIVES  ☐ FOOD DRIVES

☐ FUNDRAISING  ☐ PUBLIC SPEAKING  ☐ SPECIAL EVENTS  ☐ MARKETING

☐ OTHER (BE SPECIFIC PLEASE) __________________________________________
ARE YOU VOLUNTEERING AS AN INDIVIDUAL OR REPRESENTING AN ORGANIZATION?

☐ INDIVIDUAL  ☐ SCHOOL  ☐ CHURCH  ☐ ORGANIZATION  NAME: ________________________________

ARE YOU VOLUNTEERING AS COURT MANDATED COMMUNITY SERVICE OR DUE TO A LEGAL PROBLEM?  YES ☐  NO ☐

ARE YOU VOLUNTEERING TO MEET SCHOOL COMMUNITY SERVICE REQUIREMENTS?  YES ☐  NO ☐

HAVE YOU VISITED OUR WEBSITE TO REVIEW VOLUNTEER POSITION OPPORTUNITIES?  ☐ YES  ☐ NO

WOULD YOU LIKE TO RECEIVE PUEBLO COOPERATIVE CARE CENTER NEWS OR UPDATES VIA EMAIL?  ☐ YES  ☐ NO

DO YOU HAVE ANY SPECIAL SKILLS THAT YOU ARE WILLING TO SHARE?  YES ☐  NO ☐  IF YES, WHAT SKILLS?

________________________________________________________________________________________

HOW DID YOU FIRST LEARN OF PUEBLO COOPERATIVE CARE CENTER?
________________________________________________________________________________________

DO YOU HAVE ANY DIETARY RESTRICTIONS?  YES ☐  NO ☐  IF YES, WHAT?  ________________________________

WHAT ARE YOUR HOBBIES?  ________________________________________________________________

WHAT IS YOUR FAVORITE RESTAURANT?  _______________________________________________________

DO YOU HAVE ANYTHING THAT YOU WISH TO SHARE WITH US?  YES ☐  NO ☐  IF YES, WHAT?

________________________________________________________________________________________

IF YOU WISH TO PROCEED WITH THIS APPLICATION PLEASE RETURN THIS COMPLETED FORM TO
PUEBLO COOPERATIVE CARE CENTER.  WE ARE OPEN MONDAY'S THROUGH FRIDAY'S
FROM 9:00 A.M. TO 12:00 P.M. AND ARE CLOSED ALL MAJOR HOLIDAYS.

FOR OFFICE USE ONLY:

VOLUNTEER FILE CREATED:  YES ☐  NO ☐  REFERENCE CHECK COMPLETED:  YES ☐  NO ☐

BACKGROUND REVIEW  YES ☐  NO ☐  APPROVED TO VOLUNTEER:  YES ☐  NO ☐

START DATE:  _________________  COMPLETION DATE:  _________________

VOLUNTEER TERMINATED:  YES ☐  NO ☐  ELIGIBLE TO VOLUNTEER AGAIN:  YES ☐  NO ☐

RESTART DATE:  _________________  COMPLETION DATE:  _________________

RESTART DATE:  _________________  COMPLETION DATE:  _________________
AGREEMENT AND LIABILITY WAIVER

Pueblo Cooperative Care Center appreciates the dedicated service of all volunteers. We could not exist without volunteers and our mission would be impossible to accomplish. To assist our volunteers, our Volunteer Guidebook was developed to ensure a safe, productive and rewarding experience while volunteering at Pueblo Cooperative Care Center. Pueblo Cooperative Care Center is committed to consistently provide adequate information about its mission, work and opportunities for volunteer and public involvement. Every volunteer of Pueblo Cooperative Care Center and its programs, regardless of age, must completely read and sign this Volunteer Agreement and Liability Waiver prior to starting any volunteer activity.

All volunteers of Pueblo Cooperative Care Center and its programs, regardless of age, must completely read and sign this Liability Waiver prior to starting volunteer activities. I understand that if I am under age 18, an adult age 21 or older must sign this Volunteer Liability Waiver Agreement on my behalf. By signing this Volunteer Agreement and Liability Waiver, I acknowledge:

- I have read and reviewed the Pueblo Cooperative Care Center Volunteer Guidebook and approve of its practices and policies.
- If under the age of 18, I understand that an adult age 21 or older must be onsite during my volunteer activities.
- I will follow Pueblo Cooperative Care Center policies and guidelines and I understand that my continued service will be contingent upon my ability to work productively and safely within these policies and guidelines.
- I will be supervised during all volunteer activities and accept supervision willingly.
- I am encouraged to provide feedback to Pueblo Cooperative Care Center administrators when appropriate as to uphold my volunteer schedule and responsibilities.
- I have the right to terminate my volunteer activities at Pueblo Cooperative Care Center at any time and for any reason, and that Pueblo Cooperative Care Center may terminate me from volunteer activities as deemed appropriate, without cause.
- There are risks associated to all volunteer activities at Pueblo Cooperative Care Center and I agree that I am volunteering at my own risk and agree to work in a safe and responsible manner.
- I am willing only to perform work that I am comfortable in doing and that I can accomplish safely. If I am uncomfortable with an assignment, I will immediately notify Pueblo Cooperative Care Center administration.
- I hereby release all associated and sponsoring agencies, organizations or partners, property owners and Pueblo Cooperative Care Center from any and all claims that may arise from or result in any expenses, personal injury, loss or damage incurred to me or by me during my participation with Pueblo Cooperative Care Center.

**Photographic Release:** I consent that films, pictures, photographs or videos that may be taken of me while volunteering at Pueblo Cooperative Care Center for marketing or advertising needs. I release Pueblo Cooperative Care Center from any liability in connection with the use of these materials. □ YES □ NO □ INITIALS ______

I understand that all information I elect to provide Pueblo Cooperative Care Center will be held in confidence and that Pueblo Cooperative Care Center and its programs may use and reproduce anonymously compiled survey results, including any information I may have provided, for purposes of program evaluation, communication and publication.

Signature: ___________________________ Date ___________________________
THANK YOU
FOR VOLUNTEERING AT
PUEBLO COOPERATIVE CARE CENTER!

YOU CAN MAKE A DIFFERENCE