

Volunteer Application



Combined
Community
Services

Our Mission

Combining community services to provide comfort, hope and resources for neighbors in need.

Contact Information (please print)

Applicant Name	
Street Address	
City ST ZIP Code	
Home Phone	
E-Mail Address	

Availability

Are you interested in volunteering on

An as needed basis or

Regularly scheduled volunteer days and hours

Please check available times or indicate specific available hours of availability.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Interests

Tell us in which areas you are interested in volunteering

Administration <input type="checkbox"/> Typing <input type="checkbox"/> Filing <input type="checkbox"/> Reception <input type="checkbox"/> Stuffing Envelopes <input type="checkbox"/> Copy/Scanning	Events <input type="checkbox"/> Coordination/Planning <input type="checkbox"/> Phone Calls <input type="checkbox"/> Mailings <input type="checkbox"/> Event Volunteer	Food or Clothing Pantry <input type="checkbox"/> Pick-up/Delivery <input type="checkbox"/> Organization <input type="checkbox"/> Assisting Clients
Other <input type="checkbox"/> Maintenance <input type="checkbox"/> Grounds <input type="checkbox"/> Cleaning	List other areas of volunteer interest:	

Special Skills and Qualifications

Please indicate any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

<input type="checkbox"/> Accounting/Bookkeeping	<input type="checkbox"/> Word	<input type="checkbox"/> Grounds Maintenance
<input type="checkbox"/> General Clerical	<input type="checkbox"/> Excel	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Power Point	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Marketing	<input type="checkbox"/> Publisher	<input type="checkbox"/> Electrical
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Quick Books	<input type="checkbox"/> Truck Driver
<input type="checkbox"/> Telephone Solicitation	<input type="checkbox"/> Databases	<input type="checkbox"/> Other Skills (list)
<input type="checkbox"/> Teaching		
<input type="checkbox"/> Public Speaking		

Languages Spoken: _____ Written: _____

Special Licenses: _____

Previous Work or Volunteer Experience

Summarize your work and/or volunteer experience.

Reference Information

Name	
Street Address	
City/State/ZIP	
Phone	
E-Mail Address	

Person to Notify in Case of Emergency

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

How did you hear about volunteer opportunities at CCS?

<input type="checkbox"/> Church
<input type="checkbox"/> School
<input type="checkbox"/> Social Media (Please specify where: _____)

___ Brochure (Please specify where: _____)
___ Speaking Engagement (Please specify where: _____)
___ Employer (Please specify where: _____)
___ Kos. County Work Release
___ Other (Please specify where: _____)

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.

Applicant Name (printed)	
Applicant Signature	
Date	
If under 18 Parent/Guardian Name (printed)	
Parent/Guardian Signature	
Date	

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

Hold Harmless Agreement

The undersigned agrees that Combined Community Services, Inc. and its Board of Directors shall not be held responsible and shall be held harmless of any loss, damage, or injury to the undersigned or the property of the undersigned, arising from any service provided directly or indirectly for Combined Community Services, Inc.

Applicant Name (printed)	
Applicant Signature	
Date	
If under 18 Parent/Guardian Name (printed)	
Parent/Guardian Signature	

Volunteer Confidentiality Agreement

All information (written or verbal) regarding current or former clients of Combined Community Services is strictly confidential. I agree to maintain this confidentiality while volunteering. I will not disclose the identity, needs, or business of any client to anyone outside of the organization and will only discuss client needs with the appropriate staff member as the need arises.

Furthermore, all personal information regarding staff, volunteers and proprietary/confidential information of the organization as a whole will also be considered confidential.

Applicant Signature	
Date	
If under 18 Parent/Guardian Signature	
Date	
Staff Member Signature	

Criminal Background Check

PLEASE PRINT ALL REQUESTED INFORMATION

Your social security number and date of birth are being requested by CCS in order to expedite a criminal background check. Your information will not be disclosed to anyone outside CCS except as mandated by law.

With few exceptions, you are entitled (at your request) to be informed about the information CCS collects about you.

Applicant Name (Last, First, Middle, Maiden)	
Other Names Used	
Date of Birth (DOB) mm/dd/yyyy	
Current Address (City/State/ZIP)	
Driver's License #	
State of Issue	

In connection with my volunteer status with CCS, I hereby authorize CCS to conduct a security background check on me. I understand that this security check will cover information such as criminal history, education and employment, sanctions/exclusions, and professional licensure/certifications. I understand that this background check may include information from previous employers relating to my work experience. I hereby release CCS and its employees, from all liability resulting from the furnishing of this information to CCS. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my consideration for volunteer opportunities or could result in disciplinary action up to and including a permanent ban from CCS.

Applicant Name (printed)	
Applicant Signature	
Date	
If under 18 Parent/Guardian Name (printed)	
Parent/Guardian Signature	
Date	

CCS Staff Signature: _____