

Volunteer Information Sheet

You must be 17 years or older to volunteer or be accompanied by a parent. Criminal background checks are conducted on all applicants to protect the organization, our volunteers, customers, clients and donors.

Name _____
Address _____
City, State, Zip _____
Phone number _____ Date of Birth _____
Email address _____

Training/Degrees:	Institution:	Date:
_____	_____	_____
_____	_____	_____

Present and Past employment (most recent):		
Company:	Type of work:	Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Present and Past Volunteer Activities: (most recent):		
Organization:	Type of work:	Dates:
_____	_____	_____
_____	_____	_____

Current Affiliations (Church, Service Organizations, etc.):

_____	_____	_____
_____	_____	_____

Do you currently work for or have past experience working for a retail, antique, resale or similar store? _____ YES _____ NO

Special Skills: _____

Do you speak Spanish or any other language?

Spanish Other _____

Please list any health problems (illnesses, food or medication allergies, etc.) that may limit your participation:

In case of emergency, whom should we contact? (name, relation, and phone number)

**The Caring Place
Confidentiality Agreement**

I acknowledge that I am aware that all information contained in the files at The Caring Place is confidential. I will not disclose or discuss such information with anyone other than office workers, caseworkers, or official representatives of The Caring Place.

Date _____ Signature _____

Release from Liability

I hereby release and forever discharge and hold harmless The Caring Place, its Board of Directors, employees, and contractors from any and all causes of actions, suits, liabilities, costs, damages, expenses and injuries, debts and sums of money, claims and demands whatsoever, and any and all attorneys' fees, court costs, and other expenses incurred on behalf of myself, my spouse, my executor or administrator, or any persons, arising out of participation with The Caring Place.

_____ Signature of Volunteer

_____ Date

Preferred Time:

Morning 8:30am-12:30pm

Afternoon 12:15pm-4:15pm

Preferred day(s) of the week

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Preferred Areas of Service

Client Services – if you have received assistance within the last year from The Caring Place you can not volunteer in this area.

Monday thru Friday

___ Reception

___ Casework

___ Data Entry

___ Food Pantry

___ Food Warehouse

Fabulous Finds & Donations

Monday thru Saturday

___ Donation

___ Cashier

___ Boutique

___ Truck Driver

___ Books*

___ Jewelry*

___ Pricing

___ Electronics *

___ Fabrics & Crafts

___ Seasonal

___ Toys

___ Retail Associates

___ Clothing

___ Linens

___ Stuffed Animals

*special skills needed

