



### Volunteer Application Form

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address (Street): \_\_\_\_\_

Address (City, State, Zip Code): \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Preferred way to contact (check one): Phone \_\_\_\_\_ Email \_\_\_\_\_

***The following information is requested for compliance with reporting requirements only. Cart to Cupboard believes all persons are entitled to equal volunteer opportunities.***

Please check the appropriate boxes:

Are you 60 years of age or older: Yes  No

Race/Ethnic Data: Caucasian  Black/African American  Hispanic/Latino

Native American or Alaskan Native  Asian/Pacific Islander/Native Hawaiian

#### General Availability

Morning: M  T  W  Th  F  Occasionally

Afternoon: M  T  W  Th  F  Weekends

Do you have any medical conditions that would affect your ability to perform your volunteer duties that we should be aware of? Yes  No

If yes, please explain: \_\_\_\_\_

#### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Day Time Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**I certify that the information provided on this registration form is true and correct to the best of my ability.**

**Signature**

**Date**

*Opportunities are provided solely on merit of applicants related to specific volunteer assignment requirements and without regard to religion, creed, race, national origin, age, gender, sexual orientation or disability.*



Name: \_\_\_\_\_

**Volunteer interests and tasks**

Please check all areas in which you are willing to volunteer:

- |  |                          |   |                          |                 |                          |
|--|--------------------------|---|--------------------------|-----------------|--------------------------|
| Shopping for customers                     | <input type="checkbox"/> | Making deliveries                               | <input type="checkbox"/> | Light housework | <input type="checkbox"/> |
| Taking orders over the phone in our office | <input type="checkbox"/> | Committee or task force member (about 2 hrs/mo) | <input type="checkbox"/> | Chores          | <input type="checkbox"/> |
| Other office assistance                    | <input type="checkbox"/> | Companionship                                   | <input type="checkbox"/> | Other:          | <input type="checkbox"/> |

**Special skills you have to share (computer knowledge, writing, speaking, fundraising, marketing, photography, etc.) :** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please describe your prior volunteer experience(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why are you interested in volunteering for Cart to Cupboard?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Where did you hear about volunteer opportunities with Cart to Cupboard?**

\_\_\_\_\_

*Office Use Only*

Start Date \_\_\_\_\_ Confidentiality Form \_\_\_\_\_

Application Complete \_\_\_\_\_ Orientation \_\_\_\_\_

Background Check \_\_\_\_\_ Training \_\_\_\_\_



**CRIMINAL BACKGROUND AUTHORIZATION CONSENT FORM**

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

**Re: Minnesota Bureau of Criminal Apprehension – Background Check**

The following named individual has made application with this agency to be a volunteer and may be provided information about *CART TO CUPBOARD* customers.

Last Name of Applicant: (please print) \_\_\_\_\_

First Name: (please print) \_\_\_\_\_

Middle Name (full): (please print) \_\_\_\_\_

Maiden, Alias or Former Name: (please print) \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month/day/year

Sex (M or F) \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information on me to *CART TO CUPBOARD* for the purpose of evaluating whether I may do volunteer work with the vulnerable adult population served by this agency. I also hereby waive my right of privacy with respect to this search for and release of information, and hold harmless *CART TO CUPBOARD* and its agents from any liability arising from this authorization and waiver.

This authorization expires one year from the date of my signature, unless I provide *CART TO CUPBOARD* written notice that it is being withdrawn prior to that time.

I agree that if the results of such investigation are not satisfactory to *CART TO CUPBOARD*, in its sole discretion, or if I have made any misrepresentation herein, *CART TO CUPBOARD* may immediately withdraw any offer made to me to volunteer or terminate any position I hold as a volunteer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## **VOLUNTEER CONFIDENTIALITY AGREEMENT**

*We ask all of our volunteers to observe the following guidelines. This agreement is distributed to all volunteers to protect the welfare of those we serve.*

**As a Cart to Cupboard volunteer, I understand that I am expected to:**

- Be aware of the general mission of the agency: We strive to enable independent living and provide quality and affordable services to aging and disabled adults.
- Project a positive attitude and be reliable and dependable in my volunteer assignment.
- Respect all customers, staff and other volunteers.
- Conduct myself with honesty and integrity while working with Cart to Cupboard.
- Adhere to staff directions, guidance and policies.

I understand that it is my responsibility to protect any information I may learn or be given about the clients of Cart to Cupboard. It is essential not only to protect client names from public disclosure but to keep all client information confidential. I understand however, that client information will need to be shared with Cart to Cupboard staff and other volunteers in the course of executing my duties as a volunteer.

I also understand that when acting in my capacity as a volunteer for Cart to Cupboard or identified as a Cart to Cupboard volunteer, I must refrain from giving my personal opinions to the media, press, public audiences, television and/or radio, as they may be interpreted as representing the official position of Cart to Cupboard.

I give Cart to Cupboard permission to print my photographic image in news releases and to publicly display my photographic image on the agency website, posters, and other print media, unless I state otherwise.

I understand and fully acknowledge that in volunteering for Cart to Cupboard, I am entering into an at-will relationship. This relationship can be terminated at anytime at Cart to Cupboard's sole discretion.

I agree to indemnify, defend and hold Cart to Cupboard harmless from any claims, liabilities, losses, demands, costs and expenses of any kind, including reasonable attorney's fees, which Cart to Cupboard may hereafter incur, sustain or be required to pay by reason of any negligent act or omission or any intentional misconduct by myself.

I understand by signing this agreement that I am representing that I have read and understand this information and agree to uphold its policies and procedures in my volunteer work, as well as the provisions stated above. I also understand that Cart to Cupboard will continue to update these policies as deemed necessary.

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Volunteer Name (print)

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Date

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Signature (If under the age of 18, parent's signature is necessary)