



**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 _____, RELATIONSHIP _____
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**

Three overlapping hearts in shades of red and pink are positioned to the right of the word "YOU" in the graphic.