



The Caring Community Volunteer Application

Application Date _____

Volunteer position applying for (please circle) Friendly Visitor* Shopper/Escort** Other**

Part 1 – Personal Data

Name _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Are you 18 years old or older? (please circle) Yes No

How were you referred to The Caring Community? _____

Employer _____

Address _____

Phone _____ Position _____

If you have worked for this employer for less than five years, please provide similar information about your other employers during that time:

In the event of an emergency, whom should we contact?

Name _____

Phone _____

Relationship _____

Highest level of education _____

Language skills _____

Time Availability

Please be as specific as possible. Please note if you are flexible

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
Morning							
Afternoon							
Evening							

What interests do you wish to pursue or what do you hope to accomplish by serving as a volunteer at The Caring Community? _____

Other Skills/Talents/Hobbies _____

Volunteer Experience (include organization names and dates of service)

Have you ever been convicted of a crime? (please circle) Yes No

If Yes, please explain the nature of the crime and the date of conviction _____

(Please note that a Yes response to this question will not necessarily disqualify you.)

Part 2 – Certification

I certify that the information provided in this application is true and accurate. I understand that the withholding of any information sought by this application, or the giving of false information on this application, may result in my disqualification from consideration from volunteer service for The Caring Community or, if discovered after I have begun volunteering for The Caring Community, my termination as a volunteer.

During the application process and at any time during the tenure of my employment/service with The Caring Community (TCC), I hereby authorize ChoicePoint Services Inc., on behalf of TCC, to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

I understand and agree that my position at The Caring Community will be entirely voluntary and without compensation. I also understand that the terms of this application do not constitute a contract of employment (either express or implied) between me and The Caring Community. I also understand and agree that if I am offered and I accept a volunteer position at The Caring Community, either I or The Caring Community may terminate the volunteer relationship at any time for any reason or no particular reason. I acknowledge that The Caring Community reserves the right to determine and change its policies and procedures applicable to volunteers at any time for any reason. I understand and agree that my volunteer position is contingent upon, among other things, my signing The Caring Community Volunteer Agreement.

In order for The Caring Community to complete a background check, please provide the following information:

a) _____ - _____ - _____
Social Security Number

b) _____
Date of Birth

I have read the above prior to signing this application.

Signature: _____ Date: _____

* Please return this application to Claudia Jacobson at The Caring Community by e-mail to claudia.jacobson@thecaringcommunity.org OR by fax to 212-353-9690 if you are applying to be a Friendly Visitor.

** Please return this application to Jonathan Maresco at The Caring Community by e-mail to jonathan.maresco@thecaringcommunity.org OR by fax to 212-353-9690 if you are applying to be a Shopper/Escort or Other.

You can also mail the application to:

Jonathan Maresco
The Caring Community
20 Washington Square North
New York, NY 10011