



Volunteer Application

Date: _____

Male/Female **(please circle)**

Last Name _____ First _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip _____

E-mail address _____ Primary Phone # _____

Current Employment _____
(Position) (Company Name)

Address _____ Length of Time Employed _____

City _____ State _____ Zip _____ Work Phone # _____

Educational Background (please check one) _____ High School _____ College _____ Post Graduate

College/University Attended(ing) _____ Degree(s) Earned _____

Volunteer Experience:

Date	Organization	Duties	Contact Person/Phone #

Person who referred you to us or how you came to know of us: _____

Are service hours for an agency, service project, etc? _____Yes _____No

If yes, name of agency _____ # of Hours required: _____

Special skills and/or certifications (CPR, etc.): _____

Reason for wanting to volunteer: _____

What special talents or hobbies could you share? _____

Have you ever been arrested, charged with, convicted of, or received deferred adjudication with respect to any crime, except minor traffic offenses resulting in a fine of less than \$200? Yes_____ No_____
Have you ever been convicted of any crime of violence against a minor? Yes_____ No_____
Have you even been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes_____ No_____
Do you use illegal drugs? Yes_____ No_____
Have you even been fired for cause or asked to resign a job, or been expelled from school? Yes_____ No_____

References (3 required: No family members, please list at least 1 faculty or supervisor):

Name	Address	City	Phone

CANDLELIGHTERS AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Candlelighters and/or its duly accredited representative, to investigate any information included in my volunteer application. I hereby authorize employers, educational institutions, my personal and volunteer services references to furnish Candlelighters with any information they may have concerning me which they may have on record or otherwise.

I understand that Candlelighters may decline to accept me as a volunteer if I have any arrests, convictions, nolo contendere pleas, deferred adjudication, or other criminal entries on my record. I also understand that this decision is in no way intended to reflect negatively toward me; nor will factors such as race, sex, age, national origin, disability status or marital status be considered in any decision. Any inaccurate information or omissions may result in my being denied the opportunity to serve as a volunteer at Candlelighters.

I hereby fully release and discharge Candlelighters its respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency or other source providing information to Candlelighters from all claims and damages arising out of or relating to any investigation of my background for volunteer placement.

If placed as a volunteer, this authorization shall remain on file and shall serve as ongoing authorization at any time during my volunteer placement period.

Name of Applicant _____
 (Please Print) (Last) (First) (Middle)

* Driver's License #/ID # _____ State _____

* Social Security # _____ Date of Birth _____

 Signature of Applicant (Date Signed)

**Social Security Number, Photocopy of Driver's License/ID and Date of Birth are used for investigation purposes only*

Please list 3 previous residence(s) including college

Street Address	City/Town/County	State/Zip Code	Dates of Residence

VOLUNTEER STAFF AGREEMENT AND RELEASE FORM

In consideration for my being allowed to participate as a volunteer for Candlelighters, I agree to release Candlelighters from any and all claims from personal injury, property damage or any other nature, which might arise as a result of duties as a volunteer. In addition, I shall refrain from instituting, pursuing or aiding any claim, demand, action or causes of action growing out of, or hereinafter to grow out of my duties as a volunteer. This Agreement shall be binding upon me and my heirs, agents and assigns.

THIS IS A LEGAL RELEASE OF LIABILITY FORM. I HAVE READ THIS FORM CAREFULLY AND HAVE HAD ALL QUESTIONS ANSWERED BEFORE SIGNING.

X _____ (Signature) _____ (Date)

X _____ (Witness)

CONFIDENTIALITY STATEMENT

Please read carefully before signing

I understand and agree that in the performance of my duties as a volunteer of Candlelighters, I must hold in strictest confidence any observations I may make or information I may hear regarding patient, patient's family, or staff.

I verify that all of the information provided by me on this application is true, correct, and complete. I grant Candlelighters permission to verify this information in arriving at a volunteer decision. I understand that false or misleading statement or the omission of any information necessary to make this application complete may result in rejection of my application.

Applicant's Signature _____ Date _____

Volunteer Preferences (Check all that apply):

Office

- Clerical
- Health Fairs
- Presentations
- Basket Deliveries**
 - Thanksgiving
 - Christmas
- Family Meetings**
 - Arts & Crafts
 - Day Care
 - Parent Support Group
 - Art Therapy

Activities

- Valentine's Party
- Easter Party
- Halloween Party
- Field Trip Chaperone
- Camp Little
- Family Picnic
- Teen Outings
- Christmas Party

Fundraisers

- Softball Tournament
- Golf Tournament
- Holiday Card Sales
- Walk of Hope
- Fall Breakfast

Helping Hands:

- Hospital Visits
- Home Visits
- Van Driver

Camp Counselors, please remember that each is a week-long residential camp. Orientation/training for each camp will be conducted prior to departure date(s).

- Camp Bravo (Siblings)
- Camp Courageous (Patients)

Describe experiences working with groups of children:

Please check when you are available:

- | | | |
|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday |
| | <input type="checkbox"/> Thursday | |

How many hours per week? _____

- Willing to volunteer for:
- | | | |
|--|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Client transportation | <input type="checkbox"/> Cooking | <input type="checkbox"/> Serving |
| <input type="checkbox"/> Decorating | <input type="checkbox"/> Games | <input type="checkbox"/> Clean-up |
| <input type="checkbox"/> Food Bank | | |