



## VOLUNTEER APPLICATION

Today's Date \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender:  Female (she/her)  Male (his/him)  Nonbinary (they/them)

*Race (please choose one):*

American Indian/Alaska Native  Asian  Black/African American  Hispanic/Latino  
 Middle Eastern  Multiracial  Native Hawaiian/Pacific Islander  White/Caucasian

*Education Level:*

Less than HS  HS Diploma or Equivalent  Vocational/Technical School  
 Some College  Bachelor's Degree  Master's Degree  Advanced Degree

*Military Involvement:*

Past Military Service (Discharged/retired)  Current Military Member  
 Immediate Family Member  None

Other language(s) spoken (*basic or fluent?*): \_\_\_\_\_

How did you hear about CaringMatters? \_\_\_\_\_

Do you volunteer with or are you affiliated with any organizations? \_\_\_\_\_  
\_\_\_\_\_

Employment (*if employed, please describe below*):  Full-time  Part-time  Retired  
\_\_\_\_\_

Skills and Hobbies: \_\_\_\_\_

Please describe your experience working or volunteering with:

- People who are seriously ill or at end-of-life: \_\_\_\_\_
- Grieving adults or children: \_\_\_\_\_

Please review the information on <https://www.caringmatters.org/volunteer> regarding CM volunteer opportunities and then check all those you are interested in below:

Companionship and Support

Transportation

Good Grief Clubs

Camp Erin

Adult Bereavement

Administrative and Events

*Availability (please choose all that apply):*

Daytime only

Evenings only

Both days and evening

Weekdays only

Weekends only

Both weekdays and weekends

Are you required to complete community service under a court order or provision of probation?

Yes     No

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Is there any additional information you would like to share with us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## **Conflict of Interest Statement**

Volunteers of CaringMatters, Inc. shall avoid any conflict or appearance of conflict between their respective individual interest or the interests of a relative or business associate and the interests of CaringMatters, Inc. in any and all actions taken by them on behalf of CaringMatters, Inc. and those it serves. Any possible conflict of interest on the part of such person or persons shall be disclosed to the Executive Director of CaringMatters, Inc.

**I have read and understand the policy as stated above. I agree to and accept its provisions.**

**Please Print Name**

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**Volunteer Signature**

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**Date**

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**Staff Signature**

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**Date**

**A copy of this document is included in your Volunteer Handbook.**



## Confidentiality Statement

CaringMatters requires that volunteers sign a confidentiality agreement as a condition of employment and keep strictly confidential certain information related to persons served, donors and volunteers. Volunteers are prohibited from disclosing “confidential Information” as defined below, to any external parties without prior authorization or to the other CaringMatters employees, independent contractors, or consultants that do not have a legitimate reason to know such information. External parties are any person or entity besides CaringMatters employees, volunteers, representatives or authorized agents. Volunteers must maintain confidentiality in all locations, all modes of communication and at all times, continuing indefinitely after termination of their relationship with CaringMatters, Inc. Volunteers are responsible for knowing what information should be treated as Confidential Information and should consult their program director for clarification if in doubt.

Confidential Information includes information that relates to CaringMatters, its clients, operations, finance, technology, donors and volunteers.

- Do not discuss Confidential information in public places
- When discussing potential confidential information, be aware who is around you and consider whether they have a specific need to know such information
- Do not take hard copies of confidential information off CaringMatters premises unless absolutely necessary, if you do, make sure it is safe and secure
- Keep electronically-stored confidential information password protected, and store hard copies out of sight in a secure location
- Shred or tear up hard copies of confidential information before disposing in the trash/recycling
- Do not share or disclose information that is identifying through email, voicemail, text or social media

Confidentiality is expected in all actions taken on behalf of CaringMatters, Inc. and those it serves. Do not remove or share any confidential information from CaringMatters, Inc., without specific authorization to do so from the Executive Director. Any possible breach of confidentiality shall be reported to the Executive Director of CaringMatters, Inc. and may result in disciplinary actions up to and including termination. **I have read and understand the policy stated above. I agree to and accept its provisions.**

Please Print Name \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**A copy of this document is included in your Volunteer Handbook.**



## **ACKNOWLEDGEMENT OF RECEIPT OF VOLUNTEER POLICIES**

I have received a copy of Caring Matters Inc., Volunteer Policies and I understand that it supersedes any prior policy, manual, rules, and practices of Caring Matters, Inc. I also understand that nothing in these Volunteer Policies in any way creates or implies an express or implied contract or guarantees any benefits described herein.

**Please Print Name**

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**Volunteer Signature**

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**Date**

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**Staff Signature**

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**Date**

**A copy of this document is included in your Volunteer Handbook.**



## EMERGENCY CONTACT INFORMATION FORM

For: \_\_\_\_\_

**In the event of an emergency, please contact:**

### Emergency Contact #1

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

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (including city, state and zip code): \_\_\_\_\_

\_\_\_\_\_

### Emergency Contact #2

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

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (including city, state and zip code): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



## APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize CaringMatters, Inc. or other authorized representatives of the organization bearing this release, or copy thereof, to obtain any information pertaining to criminal and/or civil court records. I hereby direct you to release such information to CaringMatters, Inc. or other authorized representatives of the organization.

I hereby fully release and discharge CaringMatters, Inc., their employees, agents, attorney, and their respective affiliates from all claims and damages arising out of or relating to any investigations of my background for employment/volunteer purposes.

**Please print clearly.**

**Name** \_\_\_\_\_  
(First, Middle, Last Name)

**Current Street Address**

\_\_\_\_\_  
**City** **State** **Zip Code**

**Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Other Name/s and/or Alias** \_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date**