



## JUST RIDES VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

How did you hear about CaringMatters?

What interested you about this volunteer opportunity?

Current employment:

Military:      Past Military Service      Current Military Member      Family Member

Skills and Hobbies:

Other language(s) spoken: \_\_\_\_\_ Basic      Intermediate      Advanced

Are you providing community service under a court order or provision of probation?

Are interested in volunteering with any other CaringMatters programs:

Care Giving	Camp
Children's Bereavement	Adult Bereavement
Fundraising	Community Ed
Administrative	Events

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**Emergency Contact:**

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

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

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

*\*If there is additional information you would like to share with us, please let us know on the back of this form.*

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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**



## 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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
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**