



The Chemo Crew
TheChemoCrew@gmail.com
3430 Tully Rd Suite 20 - 256
Modesto CA 95350
209-216-6271

VOLUNTEER APPLICATION

All information in this document is confidential.
Please print.

Name/Last _____ First _____ Middle _____
(Use legal name)
Address _____ Apt. # _____
City _____ State _____ Zip _____
Home Phone () _____ Cell Phone () _____ Email _____
Male / Female _____ Date of Birth _____ Physical Limitations _____
(Circle One) (Month/Day) (Be specific; if none, write none)

VOLUNTEER EXPERIENCE

Interests, Skills, Hobbies _____
Clubs, Organizations you belong to _____
Education (highest level) _____ Name of School _____
Have you volunteered before? Yes No Position _____
Describe the work _____
Agency _____ Address _____
Phone () _____ May we contact the Agency? Yes No
Your availability:
Hours per week/month _____ Preferred Days _____ Geographic Preference _____
(Specify)

EMPLOYMENT HISTORY

Name of current employer _____ Phone () _____
Address _____ Date Employment Began _____
Name of Supervisor _____ Job Title _____
May we contact employer? Yes No Description of duties _____
Does your employer have a community partnership? Yes No

REFERENCES (Personal or professional; not a relative)

Name _____ Relationship _____ Phone (____) _____

Address _____

Name _____ Relationship _____ Phone (____) _____

Address _____

Name _____ Relationship _____ Phone (____) _____

Address _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

1) Name _____ Relationship _____ Day Phone (____) _____

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DRIVING INFORMATION

If you are volunteering for a position that requires driving, Chemo Crew requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one?

Yes _____ No _____

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to Chemo Crew, so that they can be filed with this application. I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired.

Insurance Carrier _____ Policy # _____

Driver's License # _____ State of Issue _____ Expiration Date _____

Signature of Applicant _____ Date _____

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you?

Yes _____ No _____.

If yes, please explain below. (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities. Some volunteer positions may require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization form.)

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to Chemo Crew to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant _____ Date _____

Chemo Crew acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to Chemo Crew. I also give Chemo Crew my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____

CHEMO CREW VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

1. I, _____ agree to work for The Chemo Crew as a volunteer for a period of one year from today's date _____.
2. _____ As a volunteer, I understand that I control the dates and times when I do the work and that The Chemo Crew is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
3. _____ I am aware that participation as a volunteer may require periods of house cleaning, yard work, office duties, etc. and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. _____ As consideration for volunteering for The Chemo Crew, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue The Chemo Crew or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of The Chemo Crew as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE The Chemo Crew AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS,

GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.

- 5. _____ I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY The Chemo Crew's WORKERS' COMPENSATION PROGRAM. I authorize The Chemo Crew to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
- 6. _____ I understand that the materials and tools provided by The Chemo Crew are and remain the property of The Chemo Crew, and I agree to return these tools and any remaining materials to The Chemo Crew at the end of my volunteer service.
- 7. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Date Volunteer Signature

Printed Name

Date The Chemo Crew's Representative Signature

Printed Name

If volunteer is under 18 years of age, parent or guardian must read and sign the following:

This release, its significance, and assumption of risk have been explained to and are understood by the minor.

Date Parent or Guardian Signature

Printed Name