



Volunteer Application

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you!

Demographic Information			
Name			
SNN/TIN		Date of Birth	
National/Voter ID		Nationality	
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Other <input type="checkbox"/>
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Other <input type="checkbox"/>
Address			
Cell Phone		Home Phone	
E-mail			
Valid Driver's License Number (If You Have One)			

Parents/Legal Guardian Information (if under 18 years of age)			
Mother Name/Guardian			
Father Name/Guardian			
Home Address			
Phone		Email Address	
Guardian Signature: _____			Date: <input style="width: 100px; height: 20px;" type="text"/>

Emergency Contact			
Name		Relationship	
Home Address			
Phone		Email	

List All Languages You Can Speak Fluently



Volunteer Application

Employment	
Employer Name	
Current Position	
Employer Name	
Current Position	

Previous Volunteering Experience		
Organization Name		
Supervisor Name	Phone Number	
Address		
Describe Your Work		

Hours and Days Available for Volunteer Work	
Day	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>
Time(s)	From _____ AM/PM To _____ AM/PM

Do You Have Certifications Such as First Aid & CPR or Any Other Training? If Yes, Please List All of Them Below

Do You Have Any Physical Limitations? If Yes, Please List All of Them Below



Volunteer Application

Certification and Execution of Volunteer Application

I, _____ hereby acknowledge that I have read and understand the Mission, Vision, Values and Pride of Our Caring Hands and will respect them in the manner in which I serve.

- I do hereby give Our Caring Hands, its licensees, and legal representative, the right to use my name (or any fictional name), picture, portrait, or photograph of me in any manner.
- In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and/or anesthesia by a licensed physician or health care professional for the individual named on the form.
- I understand that Our Caring Hands Corporation does not provide any insurance coverage for losses, sickness, or injuries that may occur while participating in the program. I am responsible for providing my own insurance coverage.
- By signing this form, I agree and understand that I will be operating as a volunteer for Our Caring Hands. I do not expect any remuneration for my services. I understand that I may be reimbursed for some incidental expenses.
- I am aware of the potential risks to me and my property during my volunteer assignment with Our Caring Hands. With such knowledge, I voluntarily release and indemnify Our Caring Hands, their representatives and employees from any and all liability related to the activities of the program.
- I will complete and submit the Volunteer & Donations Record monthly to the Volunteer Coordinator. I have read the Mission Statement of Our Caring Hands.

Non-Disclosure and Confidentiality Agreement

Certain system, intellectual property and documentation may be available to you by Our Caring Hands, in order to perform your function. By signing below, you agree to a Non-Disclosure Agreement.

Applicant should give specific attention to the identification of those portions of its proposal that it considers confidential, proprietary commercial information or trade secrets, and provide justification why such materials, upon request, should not be disclosed by the Our Caring Hands under the Public Information Act, of the local and federal Government Article of the Annotated Code. Applicant are advised that, upon request for this information from a third party, Our Caring Hands Procurement Officer will be required to make an independent determination regarding whether the information may be disclosed.

Hold Harmless Affidavit

I hereby agree to forever hold harmless and release from any and all legal and financial liabilities from the said volunteer/s, the organization (Our Caring Hands) and its employees and officers for providing the said services in good faith. I / We acknowledge and understand that the volunteers who assist us are not providing any legal advice or services.

I having been duly sworn, say that I affirm to the information herein true. I further certify that during my term, I will not disseminate any information to any other non-governmental organization (NGO) or organization of Our Caring Hands rules of engagement. However, I volunteer myself for any other NGO which does not conflict with Our Caring Hands, I will be enthusiastic while writing tubing and publishing about Our Caring Hands. I further certify that I will "never" negatively write, publish or talk about Our Caring Hands, that I am qualified under the Constitution and Laws of the land and the Charter and Bylaws of the Our Caring Hands, Inc. that I have not violated any laws of the land. I agree with the terms and conditions set forth.

I the undersigned, certify that I agree to the above terms and conditions and acknowledge the Confidentiality of this application and executed on the, day of

Applicant Signature

Applicant Guardian Signature

Date:

Date:

----- Official Use Only -----

Approved Application # _____

Recommended by: _____ Approved By: _____