



Mid-Cities Care Corps
 745 West Pipeline Road
 Hurst, TX 76053

(817) 282-0531

(817) 282-7980 FAX

Volunteer Application

DATE: _____

VOLUNTEER NUMBER:

NAME:
 MR
 MRS
 MS _____
FIRST MID INT MAIDEN LAST

TELEPHONE:

HOME CELL FAX

HOME EMAIL: _____

CURRENT ADDRESS _____ APT _____

CITY: _____ **ZIP:** _____

YRS _____ MTHS _____ HOW LONG @ THIS ADDRESS?

IF AT PRESENT ADDRESS FOR LESS THAN 3 YEARS PLEASE LIST ALL ADDRESSES FOR PAST THREE YEARS:

PREVIOUS ADDRESS APT

CITY: STATE ZIP:

PREVIOUS ADDRESS APT

CITY: STATE ZIP:

EMPLOYER: _____ **POSITION:** _____

WORK PHONE: _____ **May we call you @ work?** Yes No

EMAIL ADDRESS: _____ **May we email you @ work?** Yes No

RETIRED FROM: _____	POSITION: _____
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EMERGENCY CONTACT:

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____ **CITY/ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____

<p><u>PROFESSIONAL REFERENCE:</u></p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>DAY PHONE: _____</p> <p>ASSOCIATION: _____</p> <p>CHURCH/ORGANIZATION AFFILIATIONS: _____</p>	<p><u>PERSONAL REFERENCE:</u></p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>DAY PHONE: _____</p> <p>ASSOCIATION: _____</p>
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How did you hear about Mid-Cities Care Corps? _____

VOLUNTEER OPPORTUNITIES (Please mark activities of interest to you and days/times you are available)

TRANSPORTATION

Willing to drive to Fort Worth? Yes No Willing to drive to Arlington? Yes No

DR. VISITS SHOPPING ERRANDS

HELPING HANDS

MINOR REPAIRS RAMPS/GRAB BARS PAINTING
 ADOPT-A-LAWN GROUP WORK DAYS YARD WORK

SPECIAL SKILLS

CARPENTRY ELECTRICAL HVAC
 TREE REMOVAL PLUMBING MASONRY

SENIOR OUTREACH

TLC PHONE FRIENDS HOLIDAY BASKET DELIVERY

OFFICE/ADMINISTRATION

TELEPHONES NEWSLETTER COMPUTER SKILLS SOCIAL MEDIA
 BILINGUAL NETWORKING FUNDRAISING GRANT WRITING
 PHOTOGRAPHY SPECIAL EVENTS MEDICAL TRAINING PUBLIC SPEAKING

DAYS	TIMES AVAILABLE	
	MORNINGS	AFTERNOONS
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>
SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>

OTHER VOLUNTEER EXPERIENCE: _____

AUTO INSURANCE (Required For Volunteer Drivers):

COMPANY: _____ POLICY NUMBER _____ EXPIRATION DATE _____

AUTO LICENSE NUMBER _____ STATE _____ AUTO MAKE _____ AUTO MODEL _____ YEAR _____

TYPE OF VEHICLE: Car Truck SUV Van 4-door 3-door 2-door # of Passengers: _____

Please be sure to attach a COPY of your DRIVER'S LICENSE and PROOF OF INSURANCE when returning Profile.

I hereby certify that all answers given by me on this profile are true. I authorize Mid-Cities Care Corps to write or telephone my references, and I release Mid-Cities Care Corps from any liability based upon such release.

Volunteer Signature _____ Date _____

Signature of Parent or Legal Guardian (if applicant is under 18) _____ Date _____

Executive Director Signature _____ Date _____

It is the policy of Mid-Cities Care Corps to check references and conduct background checks on volunteers who will have independent access to clients and/or the clients' homes. MCCC utilizes the services of VeriFY1 of the Volunteer Center of North Texas to conduct Texas background checks on applicants. The consent form supplied by the Volunteer Center of North Texas must be signed by the applicant, regardless of the applicant's county of residence, before the process can be implemented. Please be certain that all forms have been filled out completely prior to returning them to the MCCC office.



MID-CITIES CARE CORPS

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UNCONDITIONAL RELEASE AND INDEMNIFICATION AGREEMENT

I understand that Mid-Cities Care Corps (MCCC) is a non-profit, tax-exempt corporation, the purpose of which is to provide medical appointment transportation, minor home repairs, for those clients who are homeowners, and yard work for our clients in the Northeast Tarrant County area who are elderly, and unable to transport or manage repairs and yard work for themselves due to age and/or health related issues. I further understand that there are certain possible risks of personal injury and property damage or loss inherent in the performance of these services for individuals. I have volunteered my services to MCCC with full knowledge and awareness of these possible risks and hereby personally and voluntarily assume all risks of injury, damage or loss. In addition, I hereby unconditionally and irrevocably release MCCC and each of its officers, directors, employees and volunteers, and agree not to assert any claims or otherwise take any legal action, with respect to any injury, loss or damage to persons or property which arise out of or result from my performing volunteer services for MCCC. Further, on behalf of myself and on behalf of my family, estate, heirs, assigns or any other persons claiming by, through or under me, I hereby indemnify, defend and hold harmless MCCC and its officers, directors, employees and volunteers from and against any claims, actions, causes of action, liability, damages or losses sustained or suffered which arise out of or relate to my performing volunteer services for MCCC. Finally, I understand that (i) the execution of this Unconditional Release and Indemnification Agreement is a condition of MCCC allowing me to perform volunteer services on its behalf, (ii) MCCC relied on the agreements contained herein, and (iii) this Agreement shall be continuing in nature and shall automatically apply each time I am performing volunteer services on behalf of MCCC.

Volunteer Signature

Date

Print Volunteer Name

Signature of Parent or Legal Guardian (if applicant is under 18)

Date

CONFIDENTIALITY AGREEMENT

I promise that I shall hold in confidence and not divulge any information regarding clients involved in Mid-Cities Care Corps (MCCC). I will not violate the confidential relationship between MCCC, its clients, program and volunteers. I accept full responsibility for maintaining the confidential and private nature of all records and information entrusted to my care.

Volunteer Signature

Date

Print Volunteer Name

Signature of Parent or Legal Guardian (if applicant is under 18)

Date

PHOTO AND PRINT AGREEMENT

I DO consent to and authorize the use and reproduction by Mid-Cities Care Corps of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.
 DO NOT

I DO consent to and authorize the use by Mid-Cities Care Corps of any and all printed references of me, my name and/or any positive comments or anecdotes related to clients for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.
 DO NOT

Volunteer Signature

Date

Print Volunteer Name

Signature of Parent or Legal Guardian (if applicant is under 18)

Date