



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

Duane Buuck
Executive Director
817-282-0531 817-282-7980 FAX

VOLUNTEER APPLICATION

Date _____

NAME:
 MR
 MRS _____
 MS _____

FIRST _____ MID INT _____ MAIDEN _____ LAST _____ DATE OF BIRTH _____

CONTACT INFORMATION:
 HOME PHONE _____ CELL PHONE _____ HOME EMAIL _____

CURRENT ADDRESS _____ APT _____
 CITY _____ STATE _____ 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 @ work? Yes No

RETIRED FROM: _____ POSITION: _____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY/ZIP: _____

HOME/CELL PHONE: _____ WORK PHONE: _____

<p>PROFESSIONAL REFERENCE:</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>DAY PHONE: _____</p>	<p>PERSONAL REFERENCE:</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>DAY PHONE: _____</p>
<p>CHURCH/ORGANIZATION AFFILIATIONS: _____</p>	

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

TRANSPORTATION		TRANSPORTATION	
Willing to drive to Fort Worth? Yes <input type="checkbox"/> No <input type="checkbox"/>		Willing to drive to Arlington? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> ROUTINE MEDICAL	<input type="checkbox"/> SHOPPING	<input type="checkbox"/> ERRANDS	
HELPING HANDS			
<input type="checkbox"/> MINOR REPAIRS	<input type="checkbox"/> RAMPS/GRAB BARS	<input type="checkbox"/> ADOPT-A-LAWN	
<input type="checkbox"/> GROUP WORK DAYS	<input type="checkbox"/> PAINTING	<input type="checkbox"/> YARD CLEANUP	
SPECIAL SKILLS			
<input type="checkbox"/> CARPENTRY	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> HVAC	
<input type="checkbox"/> TREE REMOVAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MASONRY	

DAYS	TIMES AVAILABLE	
	AM	PM
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

SOCIAL OUTREACH			
<input type="checkbox"/> PHONE FRIENDS	<input type="checkbox"/> HOLIDAY BASKET DELIVERY	<input type="checkbox"/> VISITING FRIENDS	<input type="checkbox"/> MONTHLY SENIOR SOCIALS
<input type="checkbox"/> OFFICE VOLUNTEER	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: <input type="checkbox"/> CAR <input type="checkbox"/> TRUCK <input type="checkbox"/> SUV <input type="checkbox"/> VAN		<input type="checkbox"/> 4-DOOR	<input type="checkbox"/> 2-DOOR	# OF PASSENGERS _____
Please be sure to attach a COPY of your DRIVER'S LICENSE and PROOF OF INSURANCE when returning this profile.				

How did you hear about Mid-Cities Care Corps? _____

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 client' homes. MCCC utilizes the services of VeriFYI 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.

For Office Use Only:		
VeriFYI Date _____	Completed Application _____	Orientation Date _____
Database Entry Date _____	Database entry initials _____	



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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 DO NOT 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.

I DO DO NOT 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.

Volunteer Signature _____
Date

Print Volunteer Name _____

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