



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

Jane Nauman
Volunteer Coordinator
817-282-0531 X120
jnauman@midcitiescarecorps.org

VOLUNTEER APPLICATION

Date _____

NAME:

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?

Do you speak any language other than English?

Spanish? _____ **Sign Language?** _____ **Other?** _____

Are you comfortable volunteering with Adults with Other Abilities (blind, deaf, memory loss)?

No _____ **Yes** _____ **If Yes, are you comfortable with all or please specify** _____

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:** _____

PROFESSIONAL REFERENCE: **PERSONAL REFERENCE:**

NAME: _____ **NAME:** _____

ADDRESS: _____ **ADDRESS:** _____

DAY PHONE: _____ **DAY PHONE:** _____

CHURCH/ORGANIZATION AFFILIATIONS: _____

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

Willing to drive on Saturdays?
 Yes No

HELPING HANDS

MINOR REPAIRS
 GROUP WORK DAYS

RAMPS/GRAB BARS
 PAINTING

ADOPT-A-LAWN
 YARD CLEANUP

SPECIAL SKILLS

CARPENTRY
 TREE REMOVAL

ELECTRICAL
 PLUMBING

HVAC
 MASONRY

SOCIAL OUTREACH

VISITING FRIENDS

MONTHLY SENIOR SOCIALS

OTHER

OFFICE VOLUNTEER

OTHER VOLUNTEER INTEREST/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's 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