



**Mid-Cities Care Corps**  
3401 Booth Calloway Rd.  
Richland Hills, TX 76118

Jane Nauman  
Volunteer Coordinator  
817-282-0531 X120  
inauman@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:

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DAY PHONE:** \_\_\_\_\_

### PERSONAL REFERENCE:

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**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:  CAR  TRUCK  SUV  VAN

4-DOOR

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**  
6

\_\_\_\_\_  
**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**