

Volunteer Application Form

Name:	e: Pronouns:					
Address:						
City/State/Zip Code:						
Phone Number:	E-mail:					
Emergency Contact and Phone:						
Preferred Communication Method: (Check On	e) Phone Text	Email 🗌				
Age: 18-29 30-39 40-49	50-59 60+					
Do you have access to a vehicle? Yes	No 🗌					
How did you learn about Community Living O	ptions/Alice Carroll Found	lation?				
What are some of your interests? (This will help interests.)	o us place you with someone	with similar				
Which volunteer position are interested in at C Foundation?	ommunity Living Options/	Alice Carroll				
☐ Network Volunteer – Commitment for a mini	imum of one year					
☐ Special Events Volunteer – Occasionally	•					
☐ Other:						
What date would you be able to start?						
What is your weekly availability?						
Where are you willing to volunteer?						
☐ Chico ☐ Redding ☐ Oroville	☐ Gridley ☐ Other:					

	network you are init another network?	· -		out, for any reason, are you willing		
How long are you willing to be a volunteer?						
	0-3 months 3-6 months			6-12 months 12+ months		
•	you volunteered at C lease list your role.	Community Living C	Options/A	lice Carroll Foundation before? If		
	are you interesting in Il Foundation?	becoming a volunt	eer with	Community Living Options/Alice		
two in			_	provide the following information for nis volunteer position and are not		
1.	Name:					
	Relationship to you	:				
	Length of acquaints	ance:				
	Phone:		Email:			
2.	Name:					
	•					
	Phone:		Email:			

Thank you for your interest in volunteering with Community Living Options/Alice Carroll Foundation!

Please return to this application to our Chico office.

Initial in the corresponding box.

Authorization

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with Community Living Options/Alice Carroll Foundation.
Yes No
Liability Release
I hereby release, indemnify, and hold harmless Community Living Options/Alice Carroll Foundation, its officers, directors, and employees, and the organizers, sponsors, and supervisors of all Community Living Options/Alice Carroll Foundation activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with Community Living Options/Alice Carroll Foundation.
Yes No
Media Release
In signing below, I agree to be photographed, videotaped, and/or recorded while volunteering with Community Living Options/Alice Carroll Foundation. I understand that Community Living Options/Alice Carroll Foundation will own rights to and may use this media (photographs, videos, audio recordings, and/or my statements), in whole or part, in Community Living Options/Alice Carroll Foundation materials such as printed publications, Community Living Options/Alice Carroll Foundation website (www.clobutteco.com), videos, social media, grant proposals, and promotional materials to support Community Living Options/Alice Carroll Foundation and its programs. As far as I know, what I say and do in this media will not violate the rights of any other person or company.
Yes No