



Citizens
Caring for
Children

VOLUNTEER APPLICATION

NAME _____ D.O.B. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WK PHONE _____ HM PHONE _____ CELL _____

E-MAIL _____

REFERENCES:

(1) _____
(NAME) (PHONE)

(2) _____
(NAME) (PHONE)

EMPLOYER _____

PROFESSIONAL/CIVIC
AFFILIATIONS _____

SKILLS, TRAINING, HOBBIES,
INTERESTS _____

PREVIOUS VOLUNTEER
EXPERIENCE _____

DAYS & TIMES AVAILABLE TO
VOLUNTEER _____

HOW DID YOU HEAR ABOUT CCC?

PROGRAM INTERESTED IN VOLUNTEERING (CHECK ALL THAT APPLY)

BACK-TO-SCHOOL RESOURCE CENTER JOY 4 KIDS

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE EXPLAIN ON BACK

VOLUNTEER SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____



VOLUNTEER AGREEMENT

As a volunteer with Citizens Caring for Children (CCC), you are a great resource in furthering our mission of meeting the unique needs of children and young adults in foster care. We hope that your volunteer experience with CCC is a productive and rewarding one.

As a CCC volunteer, I agree to:

- 1) Follow CCC rules, procedures and policies
- 2) Meet my time and duty commitments, and give adequate notice if unable to fulfill my commitment.
- 3) Communicate openly with CCC staff regarding my experiences and impressions. My honest feedback can provide valuable insight and direction for CCC.

In return, CCC agrees to:

- 1) Respect individual needs, talents and skills, and help each volunteer find appropriate ways to help fulfill our mission.
- 2) Provide appropriate information, training, and assistance to enable the volunteer to meet assigned responsibilities.
- 3) Provide supervision and feedback on performance.

Volunteer Signature

Date

Director of Operations Signature

Date



CONFIDENTIALITY AGREEMENT

Citizens Caring for Children (CCC) maintains strict policy on confidentiality of names and information regarding children and young adults in foster care. This is necessitated by the legal status of children in foster care, contracts between CCC and other agencies, and the nature of CCC's relationship with children in foster care. The CCC policy applies to both staff and volunteers.

POLICY

Name and information regarding children and young adults in foster care must be kept confidential. Divulging information to anyone other than CCC staff is considered a violation of the rights of those we serve and will result in immediate termination from CCC.

I have read the Confidentiality Agreement and Policy and agree to comply with its statement and intent.

Volunteer Signature

Date

VOLUNTEER RELEASE AGREEMENT

This Volunteer Release Agreement (the "Release") is executed in favor of Citizens Caring for Children, Inc., an Oklahoma nonprofit corporation, and its directors, officers, employees, agents, successors and assigns (collectively, "CCC"). The undersigned volunteer ("Volunteer") desires to work as a volunteer for CCC and engage in the activities related to being a volunteer (collectively, the "Activities"). Volunteer understands that the Activities may include, but are not limited to, working in the CCC offices, participating in CCC projects and fundraisers or traveling to/from CCC-designated locations. Volunteer hereby freely, voluntarily and without duress executes this Release under the following terms:

1. **Release and Waiver:** Volunteer does hereby release and forever discharge and hold harmless CCC from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Activities. Volunteer understands that this Release discharges CCC from any liability or claim that the Volunteer may have against CCC with respect to bodily injury, personal injury, illness, death or property damage that may result from the Activities, whether caused by the negligence of CCC, or its officers, directors, employees, or agents, or otherwise. Volunteer also understands that CCC does not assume any responsibility for or obligation to provide financial assistance, benefits or other assistance, including but not limited to medical, health or disability insurance in the event of any injury or illness.
2. **Medical Treatment:** Volunteer does hereby release and forever discharge CCC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Activities.
3. **Assumption of Risk:** Volunteer understands that the Activities may include work that may be hazardous to Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from remote locations. Volunteer hereby expressly and specifically assumes the risk of any injury or harm related to the Activities and releases CCC from all liability for injury, illness, death or property damage resulting from the Activities.
4. **Insurance:** Volunteer understands that CCC does not carry or maintain health, medical or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.
5. **Photographic Release:** Volunteer does hereby grant and convey unto CCC all of his/her right, title and interest in any and all photographic images and video or audio recordings made during the Activities, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs and recordings.
6. **Other:** Volunteer expressly agrees that this Release (i) is intended to be as broad and inclusive as permitted by the laws of the State of Oklahoma and (ii) shall be governed by and construed in accordance with the laws of the State of Oklahoma. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be in full force and effect.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the date set forth below.

Volunteer Signature: _____ Printed Name: _____
Parent/Guardian Signature (if Volunteer is a minor): _____
Address, City, State, Zip: _____
Phone Number: _____ Email: _____

Volunteer Personal Information

Volunteer's Date of Birth: ____/____/____
Emergency Contact / Relationship: _____/_____
Emergency Contact Phone Number: _____

Please list & explain any medical conditions you may have that would impair your ability to perform any activities:



DISCLOSURE AND AUTHORIZATION

In connection with my application for employment (including contract for services or volunteer services) or tenancy with *Citizens Caring for Children*, these consumer reports (investigative consumer reports in California) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: AmericanChecked Inc., 4870 South Lewis Avenue, Suite 120, Tulsa, OK 74105; telephone: 800-975-9876 ("Agency"), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to your obtaining the above information from the agency. You may view their privacy policy at their website: www.americanchecked.com.

I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

Notice to California Applicants:

You have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. You can have someone accompany you to the Agency's offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

Notice to New York Applicants:

For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Correction Law _____.
(Initials)

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

Print Name

Social Security No.

Applicant's Signature

Date of Birth

Date

Any other names used

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Current Address: _____

Prior Addresses:

State _____ City/County _____ From _____ to _____

Current Driver's License No. _____ State Issuing License: _____

Email Address (if you wish to be contacted this way): _____

Phone Number: _____

Position for which you are applying is: _____

May we contact your current employer? _____ Yes _____ No _____ N/A