

VOLUNTEER AMBASSADOR APPLICATION©
(Group or /Episodic)

Your information is held in the strictest confidence.

(NOTE: We are unable to accept anyone for court-mandated service hours)

Last Name (Print): _____ First Name (Print): _____

MI: _____ Social Security Number: _____

Birth date: Day _____ Month _____ Year _____

Home Address: Street: _____

P.O. Box/Apt #: _____

City: _____

State: _____ Zip: _____

Day Phone :() _____ Evening Phone: () _____

E-mail Address: _____

Present Employment

Employer: _____ Work Performed: _____

Address: _____

Phone: () _____ Supervisor/Department _____

E-mail: _____

Please check any additional skills where you have had at least 3 months of experience: _____ Clerical

____ Computer software ____ Customer Service ____ Database Mgmt. ____ Other _____

Other hobbies or skills? _____

Have you volunteered locally in the last three years? __Y__ N Where _____

How Long? __years__ months. What were your duties? _____

Have you ever been a CBC/CTS volunteer? __Y__ N If yes, where/dates? _____

You may be asked to pack items or move boxes. Are you able to perform the essential duties of this position with or without accommodation? __Y__ N

Have you ever been convicted of a felony? __Y__ N If yes, explain _____

**Please note: Senate Bill #187 requires us to notify all volunteers that they may be subject to a criminal background check if any volunteer assignment provides unsupervised access to anyone under the age of 18 years.

With my signature below, I hereby give CBC/CTS permission to inquire into my police records, employment and/or volunteer history. I further give permission to the holder of any such information or records to release the same to CBC/CTS. And I will be expected to sign and uphold a confidentiality agreement.

I do hereby hold the CBC/CTS harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business or corporation that provides information or documents to CBC/CTS. I understand that CBC/CTS will use this information as part of its verification of my volunteer application and these files are held in our Human Resources office only.

I certify that the information given herein is true and correct to the best of my knowledge and belief. I understand that providing false information of this application may be grounds for denying my application or for terminating my services as a volunteer.

Applicant's Signature: _____ **Date:** _____

Parent/Guardian Signature (when applicant is under 18 years of age) _____

What function(s) would you like to perform while volunteering (please \checkmark all that apply) ____ Administrative Support Hero ____ Hero Support Team /Groups ____ Quilt Square Hero ____ Gift of Life Courier/ Driver ____ Other
