**Volunteer Application**

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Name:

Address:

Phone Number:

Any special training, talents or skill you have that you feel would benefit our organization?

Interests: Please tell us in which areas you are interested in volunteering (check all that apply)

Fundraising Preparing food boxes for recipients

Pre-bagging food items Stocking shelves

Please indicate days available: Mon Tue Wed Thu Fri

Times available: From: to

Any physical limitations?

In case of emergency contact: Phone:

Have you ever been charged or convicted of a felony, misdemeanor, or offense other than a minor traffic violation? If so, please explain

Please list 2 (two) employment/volunteer references

Name: Phone:

Name: Phone:

Why are you interested in volunteering at CRNA?

When are you able to begin volunteering?

Please read the following carefully and initial each paragraph

I hereby authorize CRNA to thoroughly investigate my references, education, criminal record, and other matters related to my suitability for volunteering at CRNA.

I hereby release CRNA and all other persons or entities from any and all claims, demands, or liabilities arising out of, or in any way related to such investigation or disclosure.

I understand as a volunteer with access to confidential information will not disclose any information that is legally protected or is non-public information. Volunteers must exercise the highest degree of confidentiality and integrity in the best interest of CRNA’s clients.

I understand that nothing contained in this application, or conveyed to me during any interview that may be conducted is NOT intended to create an employment contract, implied or explicit, between myself and CRNA.

I understand that if I am selected as a volunteer with CRNA, I would not be entitled to any pay, compensation, or benefits and I also understand that I may be released from volunteering at any time.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned, have personally completed this application. I understand that any omission or misstatement on this application or on any document used to secure volunteering shall be grounds for rejection of this application or for immediate release from volunteering, regardless of the

time elapsed before discovery. Non-disclosure of criminal record could result in possible denial of volunteer status.

I agree to follow all State, Federal laws and CRNA policies or procedure while being a volunteer of this program.

My Signature below certifies that I have read and understand this document and agree to the terms and conditions as outlined.

Printed Name Signature Date