

Agape Counseling Center and Network



Volunteer Application Form

Please print this form, fill out and mail or fax to the address below.

Today's Date _____

Name _____ Nickname (if desired) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Best time to reach you _____

May we contact you at work? yes no

E-mail Address _____

Are you at least 16 years of age? yes no

Drivers License Number or ID _____ State _____

In case of an emergency or illness please notify:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please describe any medical condition/allergies that we need to be aware of:

How did you learn about our volunteer opportunities?

on a website (specify which website) _____

in a newspaper or magazine _____

in a brochure _____

from a friend/family member _____

from another volunteer _____

at the Volunteer Booth at an event (specify which event) _____

other (please explain) _____

What do you hope to gain from being a volunteer at Agape Counseling Center and Network? What interests you about volunteering here?

Availability for volunteering: (Circle all that apply)

on going/year round summer only

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Afternoon

What volunteer activity are you interested in?

Please list any current/past volunteer experiences:

Please list any areas in which you have experience or an interest in and explain briefly:

P.O. Box 2433
Fairfield, CA 94533
Fax 707-247-4233
EIN # 47-2541023
www.agapecan.org

Agape Counseling Center and Network

Are you fluent in any other languages? (please specify)

Education (please circle last year completed: High School 9 10 11 12 College 1 2 3 4

Graduate School, Degree in: _____

Name and location of College or University: _____

Would you like to be notified of one time/special event volunteer opportunities? yes no

I agree that the statements made in this volunteer application have been freely given and are correct and true. I understand that the Agape Counseling Center and Network will hold all information provided in this application in strict confidence.

Applicant Signature _____ Date _____

If the applicant is under the age of 18 years of age, a parent or guardian must sign below.

Parent/Guardian Signature _____ Date _____

(must be at least 21 years of age)

Agape Counseling Center and Network Volunteer Agreement

A. General Provisions

1. I will attend the required orientation and training for my volunteer position.
2. I understand that, as a volunteer, I am not an employee of Agape Counseling Center and Network, that my involvement will not lead to employment status, and that I will not receive compensation for my services.
3. I am not authorized to drive or transport any clients without prior permission from the Program Director or Clinical Supervisor..
4. I understand that I must operate within the scope of the duties associated with my volunteer position, as outlined by the Program Director or Clinical Director.

B. Waiver, Hold Harmless and Indemnity

I will save, indemnify, keep and hold harmless Agape Counseling Center and Network, the Program Director, Clinical Director, Board of Directors, employees, agents and other volunteers from all damages, judgments, expenses (including reasonable attorney fees), costs of liabilities in law or equity suffered because of damage to property that may arise out of, or as a consequence of my negligent or intentional acts while participating in Agape Counseling Center and Network volunteer programs.

C. Photo Release

I agree that the Agape Counseling Center and Network may use my likeness in any brochures or promotional materials that will be used to promote Agape Counseling Center and Network.

D. Background Check

I understand that Agape Counseling Center and Network will conduct a background check prior to my admittance into the volunteer program. I will provide the necessary information as requested.

Volunteer's Signature _____ Date _____

Print Name _____ Birth Date _____

Volunteer's Address _____

(City, State, Zip)

Phone _____

(Note: If the volunteer is under 18 years of age, a parent or the guardian of the volunteer must sign this application on behalf of the volunteer, agreeing to the terms and conditions of this agreement..

Date _____

(Signature of parent/guardian)

Date _____

(Print name of parent/guardian)

For Office Use Only

Date Application Received _____

Placement _____

Approved By _____

P.O. Box 2433
Fairfield, CA 94533
Fax 707-247-4233
EIN # 47-2541023
www.agapeccan.org