

VOLUNTEER APPLICATION & REGISTRATION

Community Services Agency

Serving Mountain View, Los Altos, and Los Altos Hills

204 Stierlin Road, Mountain View CA 94043 (650) 968-0836

Name (Mr. Mrs., Ms.) _____ (Last) (First)	Date _____
Address _____	City _____ ZIP _____
Phone: Home _____	Work _____ Cell _____
E-mail _____	FAX _____
How did you hear about CSA's volunteer program? _____	

Please help us in our fundraising efforts. Volunteer employment information is optional; however, grant providers may request this information as part of a grant request. **The ability to provide such information may increase the likelihood of CSA receiving such grants.**

My employer is: _____

I authorize CSA to provide my employer or funding sources with my name and volunteer information should CSA seek funding from my employer _____

Signature

Date

The information requested in this section is optional and is used only to assist CSA assess its effectiveness to recruit volunteers who are reflective of the diverse populations we serve.

_____ Asian _____ Asian and White _____ Hispanic _____ Native American _____ Pacific Islander

_____ African American _____ African American and White _____ White _____ Other

Do you have any physical limitations related to health? Yes / No

This information will enable CSA to make reasonable accommodations for volunteers to perform essential functions in accordance with the Americans With Disabilities Act.

If "yes", what is your limitation? _____

Age Group _____ (under 16) _____ (16-18) _____ (19-25) _____ (26-54) _____ (55 and over)

Birthday (month and day) _____

PHOTOGRAPH, INTERVIEW, VIDEO, AND SOUND RECORDING RELEASE AND AUTHORIZATION FOR ADULTS

I hereby consent to and authorize the photographing, interviewing, filming, and or recording of me and authorize Community Services Agency of Mountain View and Los Altos to use such photographs, interviews, videos and recording without compensation, for publicity, training and promotional purposes. I understand that I have the right to establish restrictions or limitations on my consent.

Signature: _____

Name: _____

(Please Print)

Complete back of this form } } }

Confidentiality Agreement

Volunteers must ensure confidentiality and privacy in regard to history, records, and discussions about the people we serve. The very fact that an individual is served by this agency must be kept private and confidential.

I _____, hereby agree not to disclose any information regarding
(Print Name)

services provided to clients through Community Services Agency, including the fact that a person is or is not served by Community Services Agency, to anyone outside of this organization.

Signature

Date

I am interested in the following volunteer programs? Please circle one or more.

Food & Nutrition Senior Care	M.I.S Department Senior Nutrition	Administrative Alpha Omega	Holiday Sharing Program Thanksgiving Food Program	Special Projects Development
---------------------------------	--------------------------------------	-------------------------------	--	---------------------------------

Comments _____

Most convenient time to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings	_____	_____	_____	_____	_____	_____	_____
Afternoons	_____	_____	_____	_____	_____	_____	_____
Evenings	_____	_____	_____	_____	_____	_____	_____

I am interested in being a substitute volunteer Yes / No

Substitute volunteers “fill-in” for volunteers who cannot make their scheduled shift/s. This position is on call and subject to volunteer’s availability, and may be done in addition to other volunteer placements.

Comments _____

Interest and skills: Please list any skills, hobbies, or interests you would be willing to share as a volunteer. Or, any skills you would like to learn. _____

References: Please do not list relatives (Not required for all positions)

Name: _____ Home phone: _____ Work phone: _____

Name: _____ Home phone: _____ Work phone: _____

Applicant Signature _____ **Date** _____

Your signature indicates your approval for us to check references and to call your emergency contact if needed. Community Services Agency is not obligated to provide a placement, nor are you obligated to accept the position offered.

This Section to be completed by Volunteer Director or Staff Volunteer Supervisor Date Placed: _____

Volunteer Job Assignment: _____ Days Assigned: _____

Volunteer Supervisor: _____

Notes: