

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)	
Address _____		City _____	ZIP _____
Phone: Home _____		Work _____	Cell _____
E-mail _____		FAX _____	
May we add you to our mailing list? YES / NO (please circle)			

Please help us in our fundraising efforts. Volunteer employment information is optional; however, grant providers DO 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

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 becoming a permanent volunteer. Yes / No

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

**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)