



VOLUNTEER APPLICATION

Date _____

Name (Mr. Mrs. Ms.) _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work _____

E-mail _____

Cell Phone _____ Month & Day of Birth _____

Employer _____

Previous Experience _____

Days/Hours Available _____

Have you ever been convicted of a crime? ____yes ____no

If so, please describe in the boxes below. (you may omit convictions that have been sealed, expunged, or legally erased, and marijuana related offenses more than two years old). Conviction will not necessarily be a bar to volunteer work; each case will be evaluated on it own facts and circumstances.

INCIDENT	CITY/STATE	DATE OF CONVICTION

PLEASE NOTE: Your application will not be considered unless every question is answered.

HERE'S HOW I CAN HELP:

<input type="checkbox"/>	Special Event Support
<input type="checkbox"/>	Mailings
<input type="checkbox"/>	Office Support (During normal business hours M-F 9-5pm)
<input type="checkbox"/>	Foster care
<input type="checkbox"/>	Team Training Lunches
<input type="checkbox"/>	Puppy Raiser
<input type="checkbox"/>	Receptionist

Office use only: Date received: _____ Orientation Given: Yes No Date: _____ By: _____

EMERGENCY CONTACT:

Name _____ Home Phone () _____

Relationship _____ Cell Phone () _____

PLEASE SIGN BELOW WHEN YOU HAVE READ AND UNDERSTAND ALL STATEMENTS ON THIS APPLICATION

I certify that the statements made in this Volunteer Application are accurate. I understand that CCI reserves the right to screen volunteers, and that CCI will not accept as a volunteer anyone who it believes would jeopardize any aspect of its mission or the safety of its staff, employees, participants, candidates, fellow volunteers, and/or graduates.

I agree that if I am selected to be a volunteer at CCI, that I will familiarize myself with CCI's policies, as communicated to me during my volunteer orientation and otherwise, and agree to abide by them. If I am unable to show up for a scheduled time for any reason, I am to notify the Volunteer Coordinator as soon as possible.

I understand that I will not be paid for my services as a volunteer, and I am giving my time freely to the CCI region to which I am assigned. I do not expect to be compensated in any way, financial or otherwise. I understand that by volunteering, I am not guaranteed any special consideration for any future employment with CCI, should I ever chose to apply.

I agree, on behalf of myself, my family, heirs, and dependents, to release and hold harmless CCI from any liability for any loss, injury or damage suffered by me during or in connection with my volunteer work for CCI. I further understand that as a volunteer, I am not covered under CCI's workers' compensation insurance.

I acknowledge I have read, understood, and agreed to the above statements, and certify under penalty of perjury that this application is true and correct.

Volunteer Signature _____ Date _____

Please return completed form to:

Canine Companions for Independence
Att: Volunteer Coordinator
286 Middle Island Road
Medford, NY 11763
Phone: 1-800-572-BARK
Fax: 631-561-0232

