



Creative Visions

Social Services

Volunteer Application

Date: _____

Name (Last) _____ First _____ (MI) _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Driver's License No: _____ Social Security Number _____

Emergency Contact Name _____ Phone Number _____ Relationship _____

Name of current employer or school _____

Circle the highest grade of school you have completed 1 2 3 4 5 6 7 8 9 10 11 12 or more.

Special Training/Licenses _____

Date of Birth: Month _____ Day _____ Year _____ Fluent language (other than English) _____

Volunteer Experience & Availability

Date: _____ Organization _____

Responsibilities: _____

Hours per week available _____ Preferred Day(s) _____ Preferred Hours _____

Availability & Assignment Request

Time Available: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____

Skills & Areas of Interest

Mentoring _____ Youth Programs _____ Special Events _____ Family Services _____ Web Design _____

Office Assistance _____ Community Service _____ Administration _____ Clerical _____

Data Entry _____ Back to School Fair _____ Conferences / Workshops _____ Fund-Raising _____

Skills I have to share: _____

Related Work Experience

Related Experience: _____

Education: _____

Name of School

Dates Attended

Degree / Diploma?

Major / Course of Study

Work Experience:

Employer	Position	Dates: From	To

Previous Volunteer Experience:

Agency	City / State	Type of Service	Dates From	To

Do you currently hold any special certificates, licenses or, registration CPR First Aid, etc.)? Please list:

References

Please provide two academic, professional, or volunteer references not related to you:

1. Name: _____ Relationship / Occupation: _____

Address _____

Day Phone: _____ Evening Phone: _____

2. Name: _____ Relationship / Occupation: _____

Address _____

Day Phone: _____ Evening Phone: _____

Have you ever been convicted of a felony or misdemeanor (not including traffic citations)? Yes No

If "yes", Please explain. A "yes" answer to this question is not an automatic bar to acceptance into the program.

I hereby give Creative Visions Social Services (CVSS) the permission to request and obtain data pertinent to my volunteering at Creative Visions Social Services (CVSS) from the above individuals. I also release from all liability or responsibility all persons and institutions supplying information. I certify that all statements made in this application are true and Correct to the best of my knowledge and I agree and understand that if I am accepted by CVSS, any false statements may result in my dismissal from the program.

I, the undersigned do hereby agree to allow the individual named herein to participate in Creative Visions Social Services (CVSS) Volunteer program and I further agree to indemnify and hold Creative Visions Social Services (CVSS), its employees and contractors, harmless from and against any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this program. I also agree to grant full permission to CVSS to use my name and any photographs, videographs, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me.

Signature of Applicant: _____ **Date:** _____

Signature of Parent / Legal Guardian (if under 18): _____ **Date:** _____

Print Name of Parent / Legal Guardian: _____

As a volunteer for Creative Visions Social Services (CVSS) I agree to:

- Observe the policies and procedures of the Organization.
- Volunteer a minimum of four hours per month for a period of six months or as otherwise outlined.
- Participate in initial volunteer training as well as added trainings.
- Notify immediate supervisor when sick and unable to work.
- Perform duties as outlined in my job description.
- Dress in attire suitable to the assigned tasks.
- Give my supervisor adequate notice before terminating my volunteer commitment.

Please initial to indicate you have made the above _____

I hereby certify that all statements made in this application are true. I acknowledge that any false statement or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I understand that I am-working at all times on a voluntary basis without compensation and not as a paid employee, and that this agreement can be canceled at any time by either myself or Creative Visions Social Services (CVSS).

Volunteer's Signature _____ Date _____

Informed Consent and Release

I offer to volunteer my services to Creative Visions Social Services (CVSS). I realize that I will not be paid in any way, and I understand that this agreement can be canceled at anytime by Creative Visions Social Services (CVSS).

I release Creative Visions Social Services (CVSS), its employees, agents, leaders, instructors, contractors and volunteers from any liability for loss or injury to my person or property which might occur due to negligence or other acts or omissions. This release applies to any losses or injuries which may occur as a result of, or during my participation in, volunteer service,

I realize that this release is a binding contract. I have read and do understand it. I knowingly and voluntarily sign below.

Creative Visions Social Services (CVSS) may use my photograph for any official publications and/or productions.

Volunteer's Signature: _____ Date _____

This portion of the application must be completed by those wishing to volunteer with a youth program.

Date of Birth (must be completed) Month _____ Day _____ Year _____ Social Security # _____

Have you ever been arrested or convicted for any crime? Yes _____ No _____

If yes, please explain:

I understand that my final acceptance as a volunteer for youth programs is conditional upon a criminal records check. I authorize Creative Visions Social Services (CVSS) to receive any criminal history record (s) which may be contained in the files of any national, state or local criminal justice agency.

Volunteer's Signature _____ Date _____

CVSS (817) 608-0115

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