



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Convalescent Aid Society (CAS). As a small non-profit organization, we are grateful for individuals like yourself to help meet the needs of the clients we serve. This application is the first of a three part process including application, interview and orientation. Please return your application to the attention of Deborah Lewis, Volunteer Coordinator, in person, by e-mail to volunteer@cas1.org, or via mail. You will be contacted after receipt of your application to discuss current opportunities.

The information on this application will help us find the most satisfying and rewarding volunteer service for you by ensuring your interests match our current needs. Again, thank you for your interest in CAS.

Name (*please print*): _____

Address: _____

City and Zip Code: _____

Home Phone: _____ Best time to reach you: _____ AM PM

E-mail address: _____

Emergency contact: _____ Relationship to you: _____

Emergency contact number: _____

Please list any education, training or special skills you may have as volunteer:

Languages: English Spanish Other: _____

Computer skills: None Learner Good Excellent

Software skills: MS Words MS Excel Other: _____

Have you ever been a volunteer? When and Where? _____

How often would you like to volunteer? Twice a week Once a week Other: _____

Are you available on short notice if needed? Yes No

Please check all the volunteer opportunities that interest you:

- Phone follow-up: good telephone skills; willing to learn computer skills including our database
- Customer service: assist staff with returns and donations. Good people skills; attention to detail
- Computer-basic: using customized database, enter client information; attention to detail
- Computer-advance: broad range of errors needing correction, merge files; detail-oriented
- General office: filling, restocking office supplies
- Warehouse: equipment assembly, cleaning, repair. Some moderate lifting.
- Outreach-basic: assist at events where CAS has a table; drop off literature at selected locations
- Outreach-advanced: visit specified locations to tell the CAS "story"
- Other: _____

Do you have a valid CA driver's license and can you provide proof of insurance? Yes No

Have you ever been convicted of a felony or serious misdemeanor, including child, sexual, physical or actual acts of physical or sexual abuse, misconduct, stealing or substance abuse? Yes No

No applicant will be denied solely on the grounds of a criminal offense. The nature of the offense, date of offense, surrounding circumstances and relevance if the offense to the volunteer position may, however, be considered.

Please provide the names and phone numbers of three reference who have knowledge of your work performance.

_____ Name	_____ Phone	_____ Relationship
_____ Name	_____ Phone	_____ Relationship
_____ Name	_____ Phone	_____ Relationship

I certify that all statements I have made on this application are true and correct. I understand that volunteer work may involve risk and agree that my work as a volunteer is of a voluntary and independent nature and not as an employee or agent of the Convalescent Aid Society.

Applicant's Signature: _____

Print name: _____ Date: _____

- **Please email application back to volunteer@cas1.org
Or send it to:**



Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability ("Release") executed on _____ (Date) by _____ ("Volunteer") releases Convalescent Aid Society ("CAS"), organized and existing under the State of California and each of its Directors, Officers, Employees and Agents. The Volunteer desires to provide volunteer services for CAS and engage in activities related to serving as volunteer.

Volunteer understands that the scope of the Volunteer's relationship with CAS is limited to a volunteer position, and that no compensation is expected in return for the services provided by Volunteer; that CAS will not provide for any wages, expenses, costs or other budgetary-matters traditionally associated with employment to Volunteer in exchange for any services provided by Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of any personal injury, illness, harm, or any damage or loss to personal property as a result of Volunteer's service to CAS.

1. **Waiver & Release:** I, the Volunteer, release and forever discharge and hold harmless CAS and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arises or may hereafter arise from the services I provide to CAS. I understand and acknowledge that this Release discharges CAS from any liability or claim that I may have against CAS with respect to bodily injury, personal injury, illness, death, or property damage which may result from the services I provide to CAS or occur while I am providing services as a Volunteer.
2. **Insurance:** I understand that CAS does not assume any liability or responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits, life insurance or insurance of any nature in the event of my injury, illness, death, or damage to my property. I expressly waive any such claim for compensation and any or all liability as to CAS. Any exercise or offer of assistance by CAS to Volunteer in the event of any injury, illness, damage to personal property or death, is freely provided by CAS in the event of such injury, illness, or damage to personal property incurred by me, and in no way forms any contract, express or implied, nor does it create any liability or obligation for continuing to provide any such assistance or support.
3. **Medical Treatment:** I hereby release and forever discharge CAS from any claim whatsoever which arises or may hereafter arise due to any first-aid treatment or other medical services rendered in connection with my tenure as a volunteer with CAS.
4. **Assumption of Risk:** I understand that the services I provide to CAS may include activities potentially hazardous to me. As a volunteer, I am expressly assuming all potential liability and assume all related risk of injury or harm from these activities. In assuming the risk involved, I am

releasing CAS from any and all liability for injury, illness, property damage or death resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.

5. **Photographic Release:** I consent to convey to CAS all rights, title and interest in any and all photographs, images, video or audio recordings of me or my likeness or voice made by CAS in connection with my providing volunteer services to CAS.

I prefer that CAS offer me a "Right of First Refusal" in relation to any photographs, images, video or audio recordings of me or my likeness or voice made by CAS in connection with my providing volunteer services, such as that I may elect to opt-out of consenting to Paragraph No. 5 on a case-by-case basis. I exercise this preference by checking the line above, at the onset of this paragraph.

6. **Other:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California, and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of the Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

First and Last Name (Printed)

Signature

Date

If Volunteer is under 18, a parent or guardian must sign on his/her behalf.

Accepted by:

First and Last Name (Printed)

Signature

Date