



Court Ordered Volunteer Application

PLEASE PRINT:

Date of Application: _____ How did you hear about us? _____

Name: _____ Phone Number(s): _____
(Last) (First) (Middle) (Home) (Cell)

Address: _____
(#) (Street) (Apt. #) (City) (State) (Zip)

Date of Birth: ____/____/____ Email: _____
(Month) (Day) (Year)

Emergency Contacts:

(1) _____
(Name) (Phone Number) (Relationship to you)

(2) _____
(Name) (Phone Number) (Relationship to you)

Court Ordered Hours:

Numbers of hours needed: _____ Completion deadline: _____

Will you need written confirmation of hours served from The Caregivers? Please Circle: Yes – No

Description of offense: _____

Date of Conviction: _____

Case Worker/Probation Officer (If Applicable)

Name: _____ Phone: _____

Address: _____ Email: _____

Agreement & Signature

In signing this Liability Waiver, I agree that I am willingly volunteering with The CareGivers and its programs. I agree to work in a safe and responsible manner. I agree to only perform work that I am comfortable doing and that I feel I can accomplish safely. If I am not comfortable with a task I will immediately notify a staff member. I agree that I will wear proper clothing and shoes that I believe will provide protection according to work conditions. _____ (Initials)

Release: I hereby release The CareGivers any and all sponsoring organization or partners and property owners from any and all claims that may arise from or result in any expenses, personal injury. _____ (Initials)

Adult/Child Photographic Release: Do you consent to photo or video that may be taken of you while you are volunteering to be used by The CareGivers Yes – No

Do you have any physical or medical limitations that would prohibit some activities?

Volunteer Signature:

Parental/Guardian Signature: (If under 18)
