



Volunteer Application & Release of Liability

3500 Noble Ave. | Ft. Worth, Texas 76111
 P: 817.632.6000 | F: 817.632.6001
 info@canetwork.org

| |
|---------------|
| Today's Date: |
|---------------|

PERSONAL INFORMATION

| | | | | |
|-----------------------------------|---|----------------|--|---|
| Full Name: | | Date of Birth: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Bilingual? <input type="checkbox"/> Y or <input type="checkbox"/> N Languages: |
| Address: | City: | State: | ZIP: | |
| Home Phone: | Cell: | Email: | | |
| Church Membership or Affiliation: | Have you ever been convicted of a <input type="checkbox"/> felony or <input type="checkbox"/> misdemeanor? If Yes, Please Explain: | | | |

Volunteering Information

| | |
|--|--|
| How did you hear about Cornerstone? <input type="checkbox"/> Web <input type="checkbox"/> Friend _____ <input type="checkbox"/> Church <input type="checkbox"/> Staff Member _____ <input type="checkbox"/> Client <input type="checkbox"/> Other _____ | What days are best for you to volunteer? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday |
|--|--|

Volunteers are encouraged to try a variety of areas of service to find the best match for their interests and skill sets. Please let us know which of the following areas you would like to know more about:

- | | |
|--|---|
| <input type="checkbox"/> Administrative Assistance <input type="checkbox"/> Cornerstone Catering - kitchen help <input type="checkbox"/> Emergency Services- client resource room <input type="checkbox"/> Emergency Services-client personal assistance <input type="checkbox"/> ESL Tutor <input type="checkbox"/> Financial Coaching <input type="checkbox"/> Food Pantry – organize, bag groceries <input type="checkbox"/> GED Tutor <input type="checkbox"/> Medical Clinic - Doctor | <input type="checkbox"/> Medical Clinic - Nurse <input type="checkbox"/> Medical Clinic - Translator <input type="checkbox"/> Mentoring (men, women, families) <input type="checkbox"/> Promise House or New Life Center <input type="checkbox"/> Receptionist <input type="checkbox"/> Social Media <input type="checkbox"/> Thrift Store (receive, sort, display donated goods) <input type="checkbox"/> Warehouse Work/Donation Pick-up <input type="checkbox"/> Other _____ |
|--|---|

Please List Two References that are not related to you.

1. Name _____ Address _____ Phone _____
Email _____ Relationship _____
2. Name _____ Address _____ Phone _____
Email _____ Relationship _____

Emergency Contact

Name _____ Relationship _____
Primary Phone Number _____ other phone _____

Please read and Initial Each Statement, then Sign Below

___ I verify that the above information is complete and accurate.

___ I will hold all information regarding Cornerstone Assistance Network clients to the utmost confidentiality.

___ By volunteering for CAN, I acknowledge and expressly agree that any unresolved claim or dispute arising out of any Accident or Occurrence will be resolved exclusively through alternative dispute resolution procedures, or other legal process. The arbitrator shall issue a written decision and award, if any, stating the reasons therefore. The decision and any award shall be final and binding. No contractual relationship is hereby created other than this agreement to arbitrate.

___ Cornerstone Assistance Network staff members have permission to utilize any photographs or videos taken of me for publicity or training purposes.

___ I give permission to Cornerstone Assistance Network to contact the provided references.

Printed Name _____

Signature _____ Date _____

Signature of Guardian if under 18 _____

| For Office Use Only | | | | | | |
|--|----|-----|---------------------------|--------------------------|------------|-------------------|
| Background Check Requested | | Yes | No | Background Check Cleared | | Yes No Date _____ |
| References Checked | | | Assigned to _____ & _____ | | Date _____ | |
| Yes | No | N/A | | | | |
| Application Processed: ___ Volunteer Coordinator | | | | | | |
| ___ Donor Perfect | | | ___ CAN Matters | | | |