



# Volunteer Application & Release of Liability

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 info@canetwork.org

Today's Date:
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## PERSONAL INFORMATION

Full Name:		Date of Birth:	Male	Bilingual?	Y	N
			Female	Languages:		
Address:		City:	State:	ZIP:		
Home Phone:	Cell:	Email:				
Church Membership or Affiliation:		Have you ever been convicted of a felony or misdemeanor? If Yes, Please Explain:				

## Volunteering Information CSW      #Hours

How did you hear about Cornerstone?		What days are best for you to volunteer?		
Web	Friend _____	Monday	Tuesday	Wednesday
Church	Staff Member _____	Thursday	Friday	Saturday
Client	Other _____	Please let us know if you have any physical limitations.		

*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:*

- |   |   |
|---|---|
| Administrative Assistance                     | Receptionist - Admin Reception                    |
| Emergency Services- client personal assistant | Receptionist - Welcome Center                     |
| ESL Tutor                                     | Reentry First Stop*                               |
| Financial Coaching                            | Dental Clinic - Dentist, Hygienist, or Assistant* |
| GED Tutor*                                    | Thrift Store (sort donated items)-No Saturdays    |
| Medical Clinic - Doctor/Nurse*                | Warehouse - 16 years of age & up                  |
| Medical Clinic - Student*                     | Other _____                                       |
| Medical Clinic - Translator*                  | *Background Check may be required                 |
| New Life Center - Fresh Start Baskets         |   |

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.

\_\_\_ I give permission to Cornerstone Assistance Network to contact me by email.

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			Notes			
_____ Donor Perfect			_____ CAN Matters			