**Volunteer Application**

Thank you for your interest in volunteering! In order to protect our clients, volunteers, employees, and community, Cornerstone Community Wellness, Inc. maintains a thorough volunteer application and screening process. Please complete the following information completely and factually.

Contact Information:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Experience:

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer experience:

Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long did/have you volunteered?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long did/have you volunteered?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any relevant education, certifications, hobbies or special skills:

Languages spoken:

Why do you want to be a volunteer at Cornerstone Community Wellness?

How did you hear about us (current volunteer, friend, Facebook, google search, other)?

What areas interest you?

\_\_\_\_Childcare \_\_\_\_Health Education \_\_\_\_Life Skills Classes

\_\_\_\_Fitness Center \_\_\_\_Mentorship-Adult \_\_\_\_Administrative

\_\_\_\_Support Groups \_\_\_\_Mentorship-Children \_\_\_\_Construction/Renovations

\_\_\_\_Building & Grounds Maintenance \_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When are you available to serve (Days & Times)?

Have you ever been *convicted* of a criminal offense? ☐ Yes ☐ No

If yes, please explain:

Have you ever been *charged with* *or convicted of* an offense involving the infliction of physical injury on a child, sexual abuse of a child, or child abduction under state or federal law? ☐ Yes ☐ No

If yes, please explain:

Do you have a history of alcohol or substance abuse? ☐ Yes ☐ No

If yes, please explain:

References:

Please list two character references (not relatives):

Name Address Phone Relationship

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By completing this application:

1. I attest that all information in this application is true and complete and I have a responsibility to update this information if any of my answers would change.
2. I authorize investigation of all statements contained herein and of the references listed above to give you any and all information concerning my previous volunteer experience and any pertinent information, personal or otherwise. I give permission to Cornerstone Community Wellness to gather pertinent information including, but not limited to, a background check, reference check and interview in order to appropriately coordinate volunteers and maximize the potential outreach of the facility. I release all parties from all liability for any damage that may result from furnishing same to you.
3. I understand that if Cornerstone Community Wellness discovers any false statements, misrepresentations, or omissions, my volunteer relationship will be terminated.
4. I agree to comply with Cornerstone Community Wellness mission, policies and training guidelines.
5. I understand that the information given in this application and accompanying documents will remain confidential except as necessary to conduct background checks and reference checks, and subject to any applicable laws and court orders.
6. I understand that Cornerstone Community Wellness maintains complete discretion over whether or not a particular applicant will be invited to volunteer. I further understand that Cornerstone Community Wellness reserves the right to place volunteers in service areas deemed most appropriate by Cornerstone leadership and as mutually agreed upon by the volunteer.
7. I understand that, if asked to volunteer, my relationship with Cornerstone Community Wellness is strictly that of a volunteer and not an employee. Cornerstone Community Wellness retains the right to terminate the volunteer relationship at any time, for any reason.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned volunteer applicant, state under penalty of perjury that I ☐ HAVE ☐ HAVE NEVER been convicted of or charged with an offense involving the intentional infliction of physical injury on a child, sexual abuse of a child, or child abduction under state or federal law. If I have been convicted or charged with one of these offenses, I have fully and truthfully explained those circumstances in this application.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background Check Consent Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Cornerstone Community Wellness, Inc. to investigate my background for purposes of evaluating whether I am eligible to volunteer. I am aware and understand that this investigation may result in a report of my character, reputation, personal characteristics, and criminal history. I further understand that Cornerstone Community Wellness, Inc. may utilize an outside firm(s) to assist it in this process, and I specifically authorize such an investigation, including the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be taken and used to check the criminal history record information files of the Illinois State Police and the Federal Bureau of Investigation. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

I understand that subsequent background checks may be done at the discretion of the Board of Directors and I intend for this consent to apply throughout the duration of my volunteer service, unless I revoke it by submitting a signed letter to Cornerstone Community Wellness, Inc.

I also understand that I may withhold my consent to this background check. If I withhold my consent now or revoke it in the future, no additional investigation will be done, my volunteer application will not be processed further, and my volunteer services will be terminated.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in consideration of my participation as a volunteer or employee of Cornerstone Community Wellness, Inc. agree to the following Confidentiality Agreement.

I understand that I may be given access to confidential information in order to perform my duties as a volunteer of Cornerstone Community Wellness, Inc. I will not, at any time during or after participation with Cornerstone Community Wellness, Inc., make unauthorized disclosures or use of any information considered confidential in written, oral, or electronic form. Confidential information includes, but is not limited to, any personal information of Cornerstone Community Wellness, Inc., its employees, volunteers, partners, donors, or clients.

No Cornerstone Community Wellness, Inc. related information may be removed from the premise without permission from a staff member. Additionally, records or information may not be disclosed to anyone, except where required for an authorized business purpose and/or required by law. If I am unsure about the confidential nature of specific information, I will ask the Cornerstone Community Wellness, Inc. staff member acting as my supervisor for clarification before disclosing any information.

When I cease participation as a volunteer or employee of Cornerstone Community Wellness, Inc., I will return all related information and property in my possession such as documents, files, records, manuals, office supplies, or equipment.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_