



### Contact Information

Date \_\_\_\_\_

Full Name	Contact Number(s)
Address _____ _____	Email Address
	Emergency Contact Person/Number
Group Affiliation (if applicable)	Group Contact Person/ Number

### Personal References

Name	Address	Contact Number

### Most Recent Work/Volunteer Experience

Company Name	Address	Contact Number

Have you ever been convicted of or pleaded nolo contendere to a criminal or driving offense?	Yes	No
If YES, please explain: (include Dates and Type of Offense)		

### Availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you willing to transport individuals or provide volunteer services driving your vehicle?	Yes	No
Would you be willing to provide transportation in an Agency vehicle?	Yes	No

If YES, to any of the above please provide the following information:

Drives License Number/License Type	Insurance Company/Policy Number	Vehicle Information (Make Model, Year)

### Tutorial Profile (Complete ONLY if you are interested in Tutoring)

Are you currently enrolled in school?	Yes	No
Is YES, Please provide the following information		
School Name	Level	GPA
What Academic Subject are you comfortable tutoring students (ie. Algebra Honors, Biology)		

# Citizens Alliance For Progress, Inc.

*All Volunteers: Please, carefully read the following notices. Thank you...*

## Volunteer Agreement

As a volunteer, I will attend an initial orientation program and training as identified by the organization. I will comply with all policies and procedures of the CAP program, respecting the personal rights, confidentiality and personal property of the participants and the organization. I will not impose any religious beliefs or practices on any participant, nor discriminate with respect to age, race, religion, sex or nationality. I will be responsible to be at the site at the time agreed upon or give a reasonable notice of my absence. I am directly responsible to the program supervisor or designee and will discuss scheduling, problems and any suggestions with him/her.

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## Volunteer Protection Act

In July of 1997, the Volunteer Protection Act, legislation designed to provide volunteers for nonprofits and governmental entities with a decreased standard of liability. The law now provides a volunteer whose efforts on behalf of the organization resulted in harming others with a defense against civil lawsuits, unless that harm resulted from the volunteer's willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the individual harmed by the volunteer." The decrease in the Liability standard does not apply to volunteers causing harm while the volunteer is under the influence of drugs or alcohol or while operating a motor vehicle. The version signed into law differs from previous versions in that lowers the standard of immunity for volunteer services.

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## Code of Ethics

Citizens Alliance for Progress, Inc. Volunteers are subject to CODE OF ETHICS similar to that of employees. The agency expects volunteers to do their assigned tasks and to be accountable for the quantity and quality of their work. Volunteers make a firm commitment of their time, talents, and skills for a definitive period of time. If they cannot report for duty, volunteers are to notify their supervisor and client. Volunteers will conduct themselves in a professional manner, with dignity and courtesy at all times. Volunteers will keep confidential all information they may learn directly or indirectly about a client or fellow worker. Volunteers will only seek information on a client that is important to the performance of an assigned task. Volunteers will bring to their work an attitude of open-mindedness and a willingness for training and supervision. They will follow the agency's policies and procedures. Each person, whether paid or unpaid, brings his/her own unique gifts to the agency. Volunteers enrich the agency and the lives of CAP's consumers. Volunteers will attend conferences and meetings as directed by their supervisor. They will record and report volunteer time.

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It shall be a misdemeanor of the first degree to fail to disclose by false statement, misrepresentation, impersonations or other fraudulent means, to disclose any material making a determination as to a person's qualifications to work with children, developmentally disabled children and adults.

I understand that, to protect individuals served by CAP, a routine check through law enforcement, license bureaus, agency files and references made. I understand that a criminal offense will not automatically exclude me from all volunteer positions, however, certain convictions will exclude me from volunteering in some positions.

I further agree to treat all information on clients that should come to my attention and knowledge as privileged and confidential, and that I will not disclose such information to anyone other than authorized persons.

I understand that this is a service for which I will not be paid.

I have read all of the above and agree to abide by.

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Volunteer Signature

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Date

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Volunteer Coordinator Signature

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Date





Citizens Alliance For Progress, Inc.  
 401 E. Martin Luther King Jr. Dr. ~Tarpon Springs, FL 34689  
 Telephone: (727) 934.5881 Fax: (727) 934.2781

**AUTHORITY FOR RELEASE OF INFORMATION AND PERSONAL INQUIRY WAIVER**

To: Concerned person or authorized representative of any organization, institution, or repository of record

From: CAP, INC. DBA "Citizens Alliance for Progress, Inc."

Re: (See Below)

Full Name	Maiden Name	
Nickname or Alias	Race	Sex
Current Address  _____	Date of Birth	
	Social Security Number	
Previous Address (if less than 5 years)	Driver's License (DL) Number	
Position Applied for:	DL Issuance State / Expiration Date	

I authorize Citizens Alliance for Progress, Inc. (CAP) to perform a background investigation to assist in determining my suitability for the position I am seeking.

I respectfully request and authorize you to furnish CAP and its representatives all information that you have concerning my employment records, school records (to include copies of transcripts), claim history records, medical history records, character, reputation, military records, criminal history records, and drivers license (where applicable). This information is to be used to assist CAP in determining my qualifications and fitness, for the position I am seeking.

I hereby release you, your organization , or others from any liability or damage which may result from furnishing the information requested.

\_\_\_\_\_  
 Volunteer Signature Date

***PLEASE CERTIFY THE RESULTS OF THE ABOVE INQUIRY***

**FOR OFFICE USE ONLY**

The above information has been verified by examining the following document:

<input type="checkbox"/> Driver's License	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Other (please specify)
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 Administrative Services Manager Signature Date