

**CASS COMMUNITY SOCIAL SERVICES
Volunteer and Student Application Form**

Individual Applicant (must be completed annually)

PERSONAL INFORMATION (Please print)

Name _____

Address _____

City/State/Zip Code _____

How long have you resided at this address? _____ If it has been less than one year, please supply previous Address _____

Previous City/State/Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail Address _____

Birthday and Year _____

Employer and Job Title _____

Work Address _____

City/State/Zip Code _____

Work Phone (____) _____

Can you be reached at work? ____ Yes ____ No

Student at What School _____

Academic Program Elementary Junior High Senior High

 College/University Graduate Degree Program

Teacher/Professor _____

Past or Current Volunteer Experiences:

Best days/hours for volunteering:

PERSONAL REFERENCE

Name _____

Address _____

City/State/Zip Code _____

Telephone Number (____) _____

PROFESSIONAL REFERENCE

Name _____

Address _____

City/State/Zip Code _____

Telephone Number (____) _____

All volunteers at Cass Community Social Services must agree to a criminal background check. In order for us to conduct the check, you must supply your birth date, month and year (please check first page). If you have convictions that lack relevance to the volunteer position you are seeking, you may not be denied an opportunity to be a part of the Cass organization.

All CCSS volunteers working with children, youth and/or vulnerable adult populations must not have convictions for abuse or neglect. Please indicate below whether (or not) you have ever been charged with abusing or neglecting someone including the year and the outcome of the charge(s)

You may be asked to verify your answer with a report from the Department of Human Services.

Volunteers/students must provide a photo identification for duplication (driver's license, state i.d., school i.d., etc.)

**STATEMENT AND AGREEMENT BY THE PROSPECTIVE
VOLUNTEER/STUDENT**

I verify that I have and will provide information throughout the application process, including on this application form and during interviews with CCSS, that is true, correct, and complete to the best of my knowledge.

I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer/student position.

I understand that the information contained on my application will be verified by CCSS staff.

I understand that misrepresentations or omissions may cause my immediate rejection as an applicant for a volunteer/student position with CCSS or my immediate termination from such a position if I am selected. I understand that if at any time, I or my group member is threatening or physically violent, that CCSS staff will ask me or my group to leave the premises immediately.

I understand that duties will be given at the time of arrival, if not previously assigned at time of application. Volunteers work on a variety of tasks, such as food prep, grounds clean-up, building repair, and sorting donations, to name a few. CCSS staff provides general supervision to volunteers but it is expected that group leaders remain in control of groups at all times.

I understand that I must protect the confidentiality of all residents who reside in CCSS. Therefore, any person I see inside or near a CCSS facility must remain confidential.

I understand that all individual volunteers will have a criminal and sexual background check conducted prior to arrival at CCSS. I also understand that if I am the group leader, I am responsible for criminal background and sexual registry checks for all group members 18 and older prior to coming to CCSS. Group members with felonies must disclose this prior to volunteering. Individuals with sex offenses are not allowed to volunteer at CCSS.

I understand that if I volunteer on a regular basis (5 hours per week or more) that I will receive an assessment of my performance.

Finally, I understand that before I begin volunteering at Cass Community Social Services that I must participate in an Orientation/Training session to review the agencies expectations, rules and regulations.

Signed _____ Date _____

Witness _____ Date _____