



Citizens  
Caring for  
Children

**VOLUNTEER APPLICATION**

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WK PHONE \_\_\_\_\_ HM PHONE \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

REFERENCES:

(1) \_\_\_\_\_  
(NAME) (PHONE)

(2) \_\_\_\_\_  
(NAME) (PHONE)

EMPLOYER \_\_\_\_\_

PROFESSIONAL/CIVIC  
AFFILIATIONS \_\_\_\_\_

SKILLS, TRAINING, HOBBIES,  
INTERESTS \_\_\_\_\_

PREVIOUS VOLUNTEER  
EXPERIENCE \_\_\_\_\_

DAYS & TIMES AVAILABLE TO  
VOLUNTEER \_\_\_\_\_

HOW DID YOU HEAR ABOUT CCC?  
\_\_\_\_\_

PROGRAM INTERESTED IN VOLUNTEERING (CHECK ALL THAT APPLY)

BACK2SCHOOL  RESOURCE CENTER  JOY4KIDS

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  IF YES, PLEASE EXPLAIN ON BACK

VOLUNTEER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## **VOLUNTEER AGREEMENT**

As a volunteer with Citizens Caring for Children (CCC), you are a great resource in furthering our mission of meeting the unique needs of children and young adults in foster care. We hope that your volunteer experience with CCC is a productive and rewarding one.

As a CCC volunteer, I agree to:

- 1) Follow CCC rules, procedures and policies
- 2) Meet my time and duty commitments, and give adequate notice if unable to fulfill my commitment.
- 3) Communicate openly with CCC staff regarding my experiences and impressions. My honest feedback can provide valuable insight and direction for CCC.

In return, CCC agrees to:

- 1) Respect individual needs, talents and skills, and help each volunteer find appropriate ways to help fulfill our mission.
- 2) Provide appropriate information, training, and assistance to enable the volunteer to meet assigned responsibilities.
- 3) Provide supervision and feedback on performance.

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Volunteer Signature

Date

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Director of Operations Signature

Date



## **CONFIDENTIALITY AGREEMENT**

Citizens Caring for Children (CCC) maintains strict policy on confidentiality of names and information regarding children and young adults in foster care. This is necessitated by the legal status of children in foster care, contracts between CCC and other agencies, and the nature of CCC's relationship with children in foster care. The CCC policy applies to both staff and volunteers.

### **POLICY**

Name and information regarding children and young adults in foster care must be kept confidential. Divulging information to anyone other than CCC staff is considered a violation of the rights of those we serve and will result in immediate termination from CCC.

**I have read the Confidentiality Agreement and Policy and agree to comply with its statement and intent.**

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Volunteer Signature

Date

## VOLUNTEER RELEASE AGREEMENT

This Volunteer Release Agreement (the "Release") is executed in favor of Citizens Caring for Children, Inc., an Oklahoma nonprofit corporation, and its directors, officers, employees, agents, successors and assigns (collectively, "CCC"). The undersigned volunteer ("Volunteer") desires to work as a volunteer for CCC and engage in the activities related to being a volunteer (collectively, the "Activities"). Volunteer understands that the Activities may include, but are not limited to, working in the CCC offices, participating in CCC projects and fundraisers or traveling to/from CCC-designated locations. Volunteer hereby freely, voluntarily and without duress executes this Release under the following terms:

- 1. Release and Waiver:** Volunteer does hereby release and forever discharge and hold harmless CCC from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Activities. Volunteer understands that this Release discharges CCC from any liability or claim that the Volunteer may have against CCC with respect to bodily injury, personal injury, illness, death or property damage that may result from the Activities, whether caused by the negligence of CCC, or its officers, directors, employees, or agents, or otherwise. Volunteer also understands that CCC does not assume any responsibility for or obligation to provide financial assistance, benefits or other assistance, including but not limited to medical, health or disability insurance in the event of any injury or illness.
- 2. Medical Treatment:** Volunteer does hereby release and forever discharge CCC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Activities.
- 3. Assumption of Risk:** Volunteer understands that the Activities may include work that may be hazardous to Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from remote locations. Volunteer hereby expressly and specifically assumes the risk of any injury or harm related to the Activities and releases CCC from all liability for injury, illness, death or property damage resulting from the Activities.
- 4. Insurance:** Volunteer understands that CCC does not carry or maintain health, medical or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.
- 5. Photographic Release:** Volunteer does hereby grant and convey unto CCC all of his/her right, title and interest in any and all photographic images and video or audio recordings made during the Activities, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs and recordings.
- 6. Other:** Volunteer expressly agrees that this Release (i) is intended to be as broad and inclusive as permitted by the laws of the State of Oklahoma and (ii) shall be governed by and construed in accordance with the laws of the State of Oklahoma. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be in full force and effect.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the date set forth below.

Volunteer Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Parent/Guardian Signature (if Volunteer is a minor): \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Volunteer Personal Information

Volunteer's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Emergency Contact / Relationship: \_\_\_\_\_/\_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_

Please list & explain any medical conditions you may have that would impair your ability to perform any activities:

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