



Community Living Options
Alice Carroll Foundation

Volunteer Application Form

Name: _____ Pronouns: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ E-mail: _____

Emergency Contact and Phone:

Preferred Communication Method: (Check One) Phone Text Email

Age: 18-29 30-39 40-49 50-59 60+

Do you have access to a vehicle? Yes No

How did you learn about Community Living Options/Alice Carroll Foundation?

What are some of your interests? (This will help us place you with someone with similar interests.)

Which volunteer position are interested in at Community Living Options/Alice Carroll Foundation?

Network Volunteer – Commitment for a minimum of one year

Special Events Volunteer – Occasionally

Other: _____

What date would you be able to start? _____

What is your weekly availability?

Where are you willing to volunteer?

- Chico
 Redding
 Oroville

- Gridley
 Other: _____

If the network you are initially placed in does not work out, for any reason, are you willing to join another network? Yes No

How long are you willing to be a volunteer?

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0-3 months | <input type="checkbox"/> 6-12 months |
| <input type="checkbox"/> 3-6 months | <input type="checkbox"/> 12+ months |

Have you volunteered at Community Living Options/Alice Carroll Foundation before? If yes, please list your role.

Why are you interested in becoming a volunteer with Community Living Options/Alice Carroll Foundation?

All volunteer positions require two references. Please provide the following information for two individuals who can speak to your suitability for this volunteer position and are not related to you.

1. Name: _____

Relationship to you: _____

Length of acquaintance: _____

Phone: _____ Email: _____

2. Name: _____

Relationship to you: _____

Length of acquaintance: _____

Phone: _____ Email: _____

Thank you for your interest in volunteering with Community Living Options/Alice Carroll Foundation!

Please return to this application to our Chico office.

Initial in the corresponding box.

Authorization

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with Community Living Options/Alice Carroll Foundation.

Yes No

Liability Release

I hereby release, indemnify, and hold harmless Community Living Options/Alice Carroll Foundation, its officers, directors, and employees, and the organizers, sponsors, and supervisors of all Community Living Options/Alice Carroll Foundation activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with Community Living Options/Alice Carroll Foundation.

Yes No

Media Release

In signing below, I agree to be photographed, videotaped, and/or recorded while volunteering with Community Living Options/Alice Carroll Foundation. I understand that Community Living Options/Alice Carroll Foundation will own rights to and may use this media (photographs, videos, audio recordings, and/or my statements), in whole or part, in Community Living Options/Alice Carroll Foundation materials such as printed publications, Community Living Options/Alice Carroll Foundation website (www.clobutteco.com), videos, social media, grant proposals, and promotional materials to support Community Living Options/Alice Carroll Foundation and its programs. As far as I know, what I say and do in this media will not violate the rights of any other person or company.

Yes No