



CARE INDIVIDUAL VOLUNTEER APPLICATION

Complete and email this form to CARE4eight@gmail.com, or mail to: CARE Program C/O Eric McLellan
1370 Victory Drive South Euclid, OH 44121 **Please print responses.**

Name: _____ Date: _____

Address: _____

Phone Number (that's best to reach you): (_____) _____

Email Address: _____

Please CHECK all volunteer areas you are most interested in helping with:

<input type="checkbox"/> Exterior Yard and Home Tasks (Leaf raking, weeding, small to medium paint projects, etc.)	<input type="checkbox"/> Exterior Yard and Home Tasks with Power Tools (Use of hedge trimmers, power washers, etc.)	<input type="checkbox"/> Interior Home Tasks I (Cleaning of stove, refrigerator, interior/exterior windows, switching out seasonal clothing in closets/drawers, etc.) *	<input type="checkbox"/> Interior Home Tasks II (Changing furnace filters, light bulbs, and/or smoke detector batteries)*
<input type="checkbox"/> Home Organization (Cleaning/organizing of cupboards, expired food, sorting pictures, etc.) *	<input type="checkbox"/> Technology Assistance (Assisting in the updating of devices, short educational sessions, etc.) *	<input type="checkbox"/> Simple Screen and Storm Window Changing (changing of simple storm/screen windows)*	<input type="checkbox"/> Assign me wherever help is needed *
Restrictions / Limitations / Comments:		Cities Available to Work in: (circle all that apply) Maple Hts. Solon Cleveland Hts. Mayfield Village Mayfield Hts. South Euclid Lyndhurst Highland Hts.	

*Subject to possible background check

AVAILABILITY:

Weekdays:	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Weekends:	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	I have a specific date in mind: ____ / ____ / ____
Hours per week you would like to volunteer:		Hours per month you would like to volunteer:	
<input type="checkbox"/> Please contact me to discuss availability.			



I, the undersigned volunteer of CARE, agree and understand that the purpose of CARE is to provide services and minor home repair to the older adults in Cleveland Heights, Highland Heights, Lyndhurst, Maple Heights, Mayfield Heights, Mayfield Village, Solon and South Euclid. I hereby release CARE, its directors, staff and agents from any and all claims, responsibility, liability, or causes of action, for any injury, loss, or damage that I may incur in connection with my volunteer activities at CARE. I further understand that, as a volunteer of CARE, any and all information pertaining to clients is strictly confidential. I agree to hold in confidence any information about clients and donors, which comes to my knowledge during my association with CARE. I understand and acknowledge that either party may terminate this volunteer relationship at any time and that submitting this application does not imply a guarantee to volunteer. Upon acceptance as volunteers, my family or group agrees to serve under the leadership, guidance, and procedures of CARE for the duration of the volunteer service.

Signature of Volunteer or Parent/Legal Guardian: _____

AUDIO/PHOTO/VIDEO MEDIA RELEASE FORM

I grant permission to CARE and its agents or employees to use photographs and/or video and audio taken of me. These images may be used in educational and documentary materials such as Public Service Announcements, Grant Applications, Video Documentaries and both printed and online newsletters. Furthermore, I authorize the use of my image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by CARE.

I hereby agree to release, defend, and hold harmless CARE and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from any claim, damages, or liability arising from or related to the use of the photographs/video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution.

If the volunteer is under the age of 18 years old, the parent or legal guardian of the minor must sign off on this release.

Printed Name of Volunteer: _____

Signature of Volunteer or Parent/Legal Guardian: _____

Date: _____

Emergency Contact Name and Number: _____