



VOLUNTEER APPLICATION – RESPITE BED PROGRAM

Name

First

Last

Address

Street

Apt./Floor/Suite

City

State

Zip

Phone / E-mail (please put a star next to your preferred means of communication)

Home Phone

Cell Phone

Work Phone

E-mail Address

Some positions may require a background check. Would you be willing to have a background check done if required?

Yes

No

References

Please list 3 personal or professional references who are not family members.

Name

Daytime Phone

Relationship

Name

Daytime Phone

Relationship

Name

Daytime Phone

Relationship

Interests and Skills

Please check all volunteer opportunities you may be interested in.

Overnight Host (single site)

Dinner Host

CAMBA Corps Overnight Host (on-call)

Laundry Volunteer

Shelter Coordinator

Would you like to be on our list to volunteer for special events or other 1-time opportunities?

- Yes No

Please check all areas where you are skilled

- | | | |
|---|---|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Gardening | <input type="checkbox"/> Performing Arts |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> General Repairs | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Teaching/Tutoring |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Music | <input type="checkbox"/> Training/Facilitation |
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Office Computing | <input type="checkbox"/> Writing |

Other Skills: _____

Do you speak any languages other than English? If so please list them.

Speak	Write

Availability

Please mark the times you may be available to serve. CAMBA understands that schedules are unpredictable and may change. Individual schedules will be made according to each volunteer's availability.

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (9 – 12)							
Afternoon (12 – 5)							
Dinner Only (5 – 8)							
Overnight (7 – 7)							

How often are you interested in serving?

- Daily Weekly Monthly 1-time events

CAMBA sends periodic information to volunteers including newsletters and information about upcoming events and fundraisers. If you do not want to be included in CAMBA's mailing list please check the box.

WAIVER

I understand that I am a volunteer for CAMBA. I attest that I am physically fit and prepared to volunteer. In consideration of my acceptance as a volunteer, I hereby agree to release, indemnify and hold harmless CAMBA and its agents, affiliates, and sponsors from any and all claims for expenses, personal injury, loss or damages incurred or caused by me during or in connection with my volunteering. I grant full permission for organizers to use photographs, portraits, films and videos of me and quotations made by me in legitimate accounts and promotions of volunteerism and CAMBA.

Signature

Date