

## **Volunteer Application**

We are grateful for your interest in volunteering with Cambridge Neighbors, formerly Cambridge at Home. Please tell us a little more about yourself.

General Information							
Name: Date:							
Address:							
Home Phone:	Cell Phone:						
E-mail Address:	Date of Birth:						
Emergency Contact:	Relationship:						
Phone:	E-mail:						
<u>About You</u> Member of Cambridge No	eighbors?	□ Yes □ N	No If no. w	here did voi	u hear abou	it us?	
Employed? □ No □ Y	_			-			
					-		
Current employer/educat _							
Former occupation:							
Current volunteer work:_							
Past volunteer work:							
Please list your top 6 skill	s:						
Do you have any physical	limitations	(e.g. difficu	Ity hearing,	climbing sta	irs, lifting, e	etc.)?	
I can volunteer in □ Arli How would you like to he □ Driver	elp?		ambridge [				velopment
□ Driver & Escort							riting/Editing
Non-Driver Escort   Snow Shoveling   Companionship   Photography							
□ Shop & Drop off Groceries □ Computer Assistance □ Event Helper □ Meal Prep & Delivery □ Errands □ Membership Recruitment							nt
Availability (please check Morning (8a-12p) Afternoon (12p-5p) Evening (5p-9p)		M	Т	W	T	F	S

□ I'm flexible

## References

Please list two references who are not related to you. If you are applying to be a driver, list someone who has ridden in your car. 1. Name: \_\_\_\_\_\_ Title/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_\_ E-mail: \_\_\_\_\_ 2. Name: Title/Relation: Address: Phone: \_\_\_\_\_\_ E-mail: \_\_\_\_\_ **Volunteer & Confidentiality Agreement** By submitting this application, I affirm that the facts set forth in it are true and complete. As a Cambridge Neighbors volunteer, I will agree to the following: 1) I will offer my time without monetary compensation; 2) I agree to conform to all of Cambridge Neighbors policies, rules and procedures; 3) I understand that if I am accepted as a volunteer any false statements, omissions, or other misrepresentations I have made on this application may result in my dismissal; 4) I authorize Cambridge Neighbors to contact my references; and 5) I agree to indemnify Cambridge Neighbors against and hold it harmless from all liability, loss and expense arising out of any act, neglect or fault on my part. Finally I agree to protect the confidentiality of all information pertaining to any Cambridge Neighbors member, staff, or non-member volunteer. Name (please print): Signature: Date: Registry of Motor Vehicle (RMV) Check Agreement (DRIVERS ONLY) I give Cambridge Neighbors my permission to perform a Registry of Motor Vehicle (RMV) check. We check RMV records only if you have applied to be a volunteer driver. Please include a copy of your driver's license and insurance coverage page with this application. Name (please print): Signature: Date: **Volunteer Application Checklist** If you are applying to be a volunteer driver, ☐ Complete application please include: ☐ CORI Acknowledgment Form (non-☐ Signed copy of the Volunteer Driver member volunteers only) Statement of Understanding

Cambridge Neighbors | 545 Concord Avenue, Suite 104 | Cambridge, MA 02138 617-864-1715 | cambridgeneighbors.org | info@cambridgeneighbors.org

☐ References

☐ Copy of driver's license

☐ Copy of your insurance coverage page