



# COVID 19 Volunteer Registration Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Male  Female   
(Last, First, M.I.) Prefer not to identify

Address: \_\_\_\_\_ No. of yrs. at address \_\_\_\_\_  
(Street, City, State and Zip Code)

If you have not resided at the above address for 3 years please list other address:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

If interested in being a driver for OCC please list DL# \_\_\_\_\_

\*Proof of Insurance/Copy of DL will be necessary when picking up "Driver" organization credentials.

\* **Please Initial Here if you authorize consent for a driving record check** ( \_\_\_\_\_ )

\***Do you have other driving endorsements? Please list endorsements** ( \_\_\_\_\_ )

Do you feel comfortable lifting up to 50 Lbs.? \_\_\_\_\_

Have you ever served in the Military? \_\_\_\_\_ Branch \_\_\_\_\_ Years of Service \_\_\_\_\_

Do you have any conditions, which may limit your ability to serve in any volunteer capacities, i.e.: lifting, time of day, etc.?

No  Yes . If yes please explain: \_\_\_\_\_

<b>Emergency Contact:</b>	Name: _____
	Address: _____
	Home Phone: _____ Work Phone: _____
	Relationship: _____

**\*\*Please RANK your position interest 1-6\*\***(Security position requires certain qualifications)

Delivering Meals	Meal Site Assistance	Health & Sanitation Team	Medicare Outreach
Delivering Items	Order receiver/Processor	Foreign Language	Internal Materials Handler
On Site Distribution	Armed Security (DOJ/LE/CCW Required)	Programming/Events	Project Support/Wherever I can help :)

**Do you have any special training? IE-First Aid, CPR, or any other Education that could assist any of the above areas?**

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_

**Scheduling:**

What Day(s) of the week are you available: \_\_\_\_\_

What Time(s) of the week are you available: \_\_\_\_\_

**Criminal History:**

Have you ever been convicted of a misdeemeanor? YES OR NO If yes please explain below:

Conviction/Date: \_\_\_\_\_

Conviction Date: \_\_\_\_\_

Have you ever been convicted of a felony? YES OR NO If yes please explain below:

Conviction/Date: \_\_\_\_\_

Conviciton/Date: \_\_\_\_\_

**IMPORTANT PLEASE READ AND INITIAL**

To protect the identity and confidentiality of the customers you serve, I may only discuss consumer identities and consumer information with other qualified staff on a need to know basis. "Qualified staff" means only those board or department staff that requires confidential information for a valid reason connected with their assignment in the administration of services provided by Operation Community Cares or assigned entity. Clerical, supervisory, administrative, student, or volunteer personnel may have access to this information as needed in the performance of their duties.

\*I have read all the above and I will follow confidentiality policies. Sharing the above information or any other forms or transmission of this information may lead to removal from the organization and could carry criminal charges.

**(Initials)** \_\_\_\_\_

\*\*I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief and understand and agree that any misstatements or omissions of fact on this application constitutes grounds for rejection or termination from this volunteer program.

**(Initials)** \_\_\_\_\_

\*\*\*I hereby irrevocably consent to and authorize the use and reproduction by Operation Community Cares, or anyone authorized by them, of any and all photographs which they have taken of me, for display, publication, publicity or any other

purpose whatsoever without my name, without compensation to me, and without further inspection by me.

*(Initials)* \_\_\_\_\_

\*\*\*\*Understanding certain positions listed above require background checks, please initial if you allow Operation Community Cares to perform a background check to expedite this process in your application.

*(Initials)* \_\_\_\_\_

*Signature of Volunteer:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*With my signature I am assuming responsibility and accuracy for all statements that I have initialed. All of my statements are factual and are intended for the sole purpose of qualification.*

*Once accepted you will be contacted. Upon receiving your credentials, you will need to provide a State photo ID.*

*Signature of Supervisor/Reviewer* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Position Recommendations* \_\_\_\_\_

*Comments* \_\_\_\_\_

***COMMITMENT TO NON-DISCRIMINATION***

In accordance with Civil Rights Compliance Standards, you will not be denied services or discriminated against because of religion, age, race, sex, disability, physical condition, sexual orientation or developmental disability. Reasonable accommodations will be made for disabilities in accordance with the Americans with Disabilities Act.

Completed applications should be sent to:

[OCCBROWNCO@GMAIL.COM](mailto:OCCBROWNCO@GMAIL.COM) SUBJECT LINE: Volunteer Application

*If you have any questions regarding this application please contact the organization that sent this application to you or call 920-764-0127. Thank you!*

**Thank you for stepping up and doing something great in your community!!!**

Respectfully,

The team of “Operation Community Cares”

***Copy of State ID will be attached to this page:***