

Cambridge at Home

Volunteer Application

Date: _____

We are grateful for your interest in volunteering with Cambridge at Home. In order to be sure that we match your interests with the jobs to be done, please tell us a little more about yourself.

I can volunteer in Arlington Belmont Cambridge Somerville Watertown All cities/towns

General Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Date of Birth: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ E-mail: _____

About You

Employed? No Yes: Full-time Part-time Seeking employment Student

Current employer/educational institution: _____

Other current volunteering: _____

Past volunteer experience: _____

Special skills or training: _____

How would you like to help?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Driver | <input type="checkbox"/> Home Repair/Maintenance | <input type="checkbox"/> Organizing | <input type="checkbox"/> Development |
| <input type="checkbox"/> Driver & Escort | <input type="checkbox"/> Gardening | <input type="checkbox"/> Bill Paying | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Non-Driver Escort | <input type="checkbox"/> Snow Shoveling | <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Shop & Drop off Groceries | <input type="checkbox"/> Computer Assistance | <input type="checkbox"/> Event Helper | |
| <input type="checkbox"/> Meal Prep & Delivery | <input type="checkbox"/> Errands | <input type="checkbox"/> Membership Recruitment | |

Availability (please check)

	S	M	T	W	T	F	S
Morning (8a-12p)							
Afternoon (12p-5p)							
Evening (5p-9p)							

References

List three references who are not related to you, at least one of which is a professional contact. If you are applying to be a driver, list someone who has ridden in your car. Please let these references know that CAH staff will be contacting them.

1. Name: _____ Title/Relation: _____

Address: _____

Phone: _____ E-mail: _____

2. Name: _____ Title/Relation: _____

Address: _____

Phone: _____ E-mail: _____

3. Name: _____ Title/Relation: _____

Address: _____

Phone: _____ E-mail: _____



Volunteers must be able to commit to at least one year of service with Cambridge at Home.

Volunteer & Confidentiality Agreement

By submitting this application, I affirm that the facts set forth in it are true and complete. As a Cambridge at Home 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 at Home procedures and regulations 3) I understand that if I am accepted as a volunteer any false statements, omissions, or other misrepresentations made by me on this application may result in my dismissal 4) I authorize Cambridge at Home to contact my references 5) I agree to indemnify Cambridge at Home against and hold it harmless from all loss and expense arising out of any act, neglect or fault on my part. Finally, as a Cambridge at Home volunteer, I understand it is imperative to protect the confidentiality of all information pertaining to any Cambridge at Home member, non-member or other volunteer associated with Cambridge at Home, including any unauthorized possession, use, copying, reading or disclosure of applicable records, ledgers or files.

Name (please print): _____

Signature: _____ Date: _____

Registry of Motor Vehicle (RMV) Check Agreement (DRIVERS ONLY)

I give Cambridge at Home 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 insurance coverage page with this application. **Please note that we require insurance coverage for Parts 3 (Bodily Injury Caused by an Uninsured Auto) and 12 (Bodily Injury Caused by an Underinsured Auto) to be at least \$50,000 per person and \$100,000 per accident. In Part 5 (Optional Bodily Injury to Others), you should have coverage of at least \$250,000 per person and \$500,000 per accident. If you are unwilling to have that coverage, we will not be able to consider your application to become a volunteer driver, but you may volunteer in other ways.*

Name (please print): _____

Signature: _____ Date: _____

Volunteer Application Checklist

- Volunteer Application
- Volunteer & Confidentiality Agreement
- CORI Acknowledgment Form (print from website, www.cambridgeathome.org or ask us to mail you one)
- Copy of driver's license
- Resume

If you are applying to be a volunteer driver, please also include:

- RMV Check Agreement
- Copy of insurance coverage page

Please return these materials to: Cambridge at Home, 545 Concord Avenue, Suite 104, Cambridge, MA 02138

If you have any questions please contact Suzanne at **617-864-1715** or suzanne@cambridgeathome.org