



## Youth Volunteer Application Form

Thank you for your interest in volunteering for There With Care. Young people are caring members of our community, and we are grateful for you to share your time and talents with us.

Please review this application with a parent or guardian, and contact There With Care if you need further information.

We value your privacy and respect your honesty. Volunteer applications are kept confidential, using the same standard of privacy as dictated by HIPPA.

### To Become A Volunteer:

- Complete the entire volunteer application
- Sign up for a Volunteer Training. Dates can be found on the There With Care website.
- Attend the Volunteer Training and bring with you:
  - The Volunteer Application
  - Your Driver's License, if you have one
  - Your Car Insurance card, if you have it

Have questions? Call 303 447 2273 or email [volunteertraining@therewithcare.org](mailto:volunteertraining@therewithcare.org)

There With Care  
2825 Wilderness Place Suite 100  
Boulder, Colorado 80301  
(303) 447-CARE (2273)  
Fax: (303) 447-2274  
[www.therewithcare.org](http://www.therewithcare.org)

## Section 1: Volunteer Information

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Date of Application: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth:        /        /  
                          DD    MM    YYYY

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about There With Care? \_\_\_\_\_

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In case of emergency, who should we contact?

\_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

## Section 2: Volunteer History

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Do you have volunteer experience?  Yes  No

If Applicable: Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position and Responsibilities: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Have you ever been asked to relinquish a volunteer position?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

What would you like to gain from this volunteer experience?

\_\_\_\_\_

\_\_\_\_\_

Do you have personal or professional experience with families affected by critical illness?

\_\_\_\_\_

Please list any special skills or interests you have: \_\_\_\_\_

\_\_\_\_\_

If you would like to include additional information about yourself, please do so on the back of this form. You can also attach a resume to this application.

## Section 3: Volunteer Acknowledgment

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I, \_\_\_\_\_ understand that the service I am performing for There With Care is being provided in a volunteer capacity. I understand that I will not receive any compensation or any other benefits in connection with my volunteer position. My volunteer role may include one or more, but not all of the following:

Grocery delivery, prepared meal delivery, housecleaning, laundry service, handyman service, lawn & garden care, pet care, home modifications for disability access, industrial cleaning, babysitting services (waiting room or otherwise), tutoring for siblings, special event chaperone, transportation to school or activities, transportation to hospital or treatment visits, accounting services, legal services, alternative therapies, family counseling and/or individual counseling, hair cuts for the family, translating service, resource & information library, computer access.

To the best of my knowledge, there is nothing that will prevent me from being able to perform the essential duties of this volunteer position, as explained to me in the volunteer training manual.

**Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Section 4: Reference and Driving Information

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##### Personal References

Please provide three non-family references:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you hold a valid driver's license?  Yes  No

If yes, which state? \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Have you ever had your driver's license suspended or revoked?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a criminal offense?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you use drugs that could impair your driving?  Yes  No

If yes, please explain: \_\_\_\_\_

## Section 5: Confidentiality, Conflict of Interest, and Ethics Statement

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As an employee/volunteer of There With Care, I have an obligation to the organization I serve, to the general public, and to myself to maintain the highest standards of ethical conduct. I will not commit acts contrary to these standards nor will I condone the commission of such acts by others within the organization. I have a responsibility to:

### Confidentiality

Keep confidential information confidential unless legally obligated to do otherwise. Refrain from using or appearing to use confidential information acquired in the course of my service for unethical or illegal advantage either personally or through third parties.

### Conflict Of Interest

Avoid direct or indirect, actual or apparent, conflicts of interest and advise all appropriate parties of any potential conflict, if:

- a. A There With Care representative's personal business provides goods or services to There With Care for consideration.
- b. A friend or relative of There With Care representative provides goods or services to There With Care for consideration.
- c. A vendor or business acquaintance with whom a There With Care representative has an outside business relationship provides goods or services to There With Care for consideration.

Refrain from engaging in any activity that would prejudice my ability or the ability of others to carry out duties ethically.

Refuse any gift, favor, or hospitality that would influence or would appear to influence my actions or the actions of others, for example: a There With Care representative receives a referral fee or preferential discount, gift, or other valuable consideration from a vendor, paid promoter, fund-raising event sponsor, or any other outside party, for referring There With Care business to such party.

### Legal Assurance

Submit to a criminal background check every two years (applicable only to volunteers 18 and older). Report any present, past, or future allegations of criminal activities, criminal investigations, arrests, and/or convictions involving myself.

#### Integrity

Refrain from violating any criminal or civil law or regulation.

Refrain from either actively or passively subverting the attainment of the There With Care's legitimate and ethical objectives.

Refrain from engaging in or supporting any activity that would discredit There With Care.

Perform my duties in accordance with relevant laws, regulations, There With Care policies and standards.

Represent the interests of all people served by this organization and not favor special interests inside or outside the organization.

I, \_\_\_\_\_, attest and agree to be bound by the foregoing standards. I have not been party to an unethical or conflicting action that has not been previously disclosed. I also agree to report any potential future conflicts of interest or observed unethical activity of which I have become aware to the appropriate parties. **I do not currently have pending against me any criminal proceedings, nor have I been placed under arrest for or been convicted of a criminal offense within the past year.**

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Youth Signature

Date

Parent Signature

Date

I, \_\_\_\_\_, have no objection and hereby consent to the use of my name and/or likeness in connection with the non-profit "THERE WITH CARE" in connection with the marketing, advertising and promoting of the organization, in all media, now known or hereafter devised, in perpetuity.

My permission is also granted, when applicable, for my minor children listed below:

\_\_\_\_\_

\_\_\_\_\_

Adult and/or Guardian's Name

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

Minor's Name

Date of Birth

I have completed and reviewed this entire form and attest that the information provided is true. Additionally, I understand that certain volunteer positions require the completion of a criminal background check, to be done every two years.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_