



<b>HOLIDAY 2011</b>
Date of Application: _____
Notes: _____

**Important:** This form is to be completed by **every sponsor** who is in contact with a There With Care family.

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

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

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

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

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

Employer: \_\_\_\_\_

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

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

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

In case of emergency, who should we contact? Name: \_\_\_\_\_

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

Are you interested in being contacted about further volunteer opportunities with There With Care?  Yes  No

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: \_\_\_\_\_

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

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

**Volunteer History** Do you have volunteer experience?  Yes  No

*If yes, please list your present or most recent experience.*

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

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

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

Supervisor's Name and Title: \_\_\_\_\_

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

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

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

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

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## Personal References

Please provide two non-family references:

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

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

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

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

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

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

If you would like to include additional information about yourself, please do so on the back of this form.

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## Consent and Release

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

Position applied for: \_\_\_\_\_ **HOLIDAY FAMILY SPONSOR** \_\_\_\_\_

The volunteer position you have applied for upholds considerable responsibilities. You may be entrusted with valuable assets of There With Care, most importantly our There With Care children and families. As a condition of your potential service to There With Care we may perform a background investigation. Your participation in this process is voluntary; however, if you choose not to sign this release, you may be eliminated as a possible candidate for the position you have applied for.

**ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL.**

### Conflict of Interest and Ethics Statement

As a volunteer for 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 three years.
- 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 Foundation's legitimate and ethical objectives.
- Refrain from engaging in or supporting any activity that would discredit the Foundation.
- Perform my duties in accordance with relevant laws, regulations, Foundation 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.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Acknowledgement**

I, \_\_\_\_\_ understand that the work 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.

The volunteer position that I have applied for is: \_\_\_\_\_HOLIDAY SPONSOR\_\_\_\_\_.

My volunteer role may include one or more, but not all of the following:

Purchase and delivery of holiday meals and gifts.

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 by There With Care personnel.

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**I HAVE COMPLETED AND REVIEWED THIS ENTIRE FORM AND ATTEST THAT THE INFORMATION PROVIDED IS TRUE. ADDITIONALLY, I UNDERSTAND THAT CERTAIN VOLUNTEER POSITIONS MAY REQUIRE THE COMPLETION OF A CRIMINAL BACKGROUND CHECK.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**If applicant is under the age of 18, please complete the following section.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please return forms to:  
There With Care, 2825 Wilderness Place, Suite 100, Boulder CO 80301 | o: (303)447-CARE | f: (303)447-2274  
[www.therewithcare.org](http://www.therewithcare.org)