



120 E. Jones, Street #123, Santa Maria CA 93454
 Tel: (805) 925-0125 Fax: (805) 925-8170
 www.partnersincaring.org

Return application to CPC
 Email: info@partnersincaring.org
 Fax: (805) 925-8170

Required with your application:

1. Vehicle Registration (up-to-date)
2. Current Car Insurance
3. Identification (for verification)
4. Completed form

APPLICANT INFORMATION

Last Name:		First:		Middle:		Generation: <i>(Jr., Sr., V...)</i>	
Maiden Name:		Yr/County/State Used in:					
Alias Name:		Yr/County/State Used in:					

Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Driver's License #:		Class:		Exp. Date:		State & Zip:	

List Residence and Counties lived in within the past 10 years

Current Address:		City:		State:		Zip:	
		County:		From: (Yr)		To: (Yr)	
Previous Address:		City:		State:		Zip:	
		County:		From: (Yr)		To: (Yr)	
Previous Address:		City:		State:		Zip:	
		County:		From: (Yr)		To: (Yr)	

Home Phone:		Cell:		Other:	
Email:					
Preferred form of contact:	<input type="checkbox"/> Email <input type="checkbox"/> Telephone Call <input type="checkbox"/> Mail <input type="checkbox"/> Text Message				
Preferred day to contact you:	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri				
Preferred time to contact you:	<input type="checkbox"/> Morning (9am – 12pm) <input type="checkbox"/> After Noon (1pm – 4pm)				
Emergency Contact (Full Name):		Relation:		Phone:	

Tell us about yourself (education, interests, hobbies, and skills):

Are you employed?		If retired, what was your past occupation?			
Employer Name:		Address:		Phone:	

Transportation Vehicle: #1		Type:		License Plate:	
Transportation Vehicle: #2		Type:		License Plate:	
Once approved, as a CPC volunteer or employee, I agree to provide proof of insurance, updated registration, and or Driver's License on a yearly basis or as requested:				Initials	

VOLUNTEER CHOICES Please check all you are willing to volunteer in:

Transportation		Friendly Visit		Minor Home Repairs		Light Housekeeping
Reassurance Calls		Administration		Paperwork Assistance		Fundraising Committee
Yard Work		Shopping & Errands		Other		

* Minor Home Repairs are currently not in service.

Mark the days you are available to volunteer:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
All Day							

How many miles are you willing to drive? (Approx. # of miles)	
I am willing to provide services to seniors except those who:	<input type="checkbox"/> Smoke <input type="checkbox"/> Have Pets <input type="checkbox"/> No Preference

REFERENCES Please list two personal and professional references:

First & Last Name:		Relationship:	
Address:		Phone:	
First & Last Name:		Relationship:	
Address:		Phone:	

OTHER How did you hear about Community Partners in Caring?

Information Event		Social Media		Referred by:	
Other:					

I _____ certify, that the information provided on this application is true, correct and to the best of my knowledge.

Applicant Signature:		Staff Signature:	
Date:		Date:	

**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN BACKGROUND CHECK FOR VOLUNTEER PURPOSES**

Please Read Carefully Before Signing the Authorization

I do hereby affirm that all of the answers provided on my volunteer application are true.

I hereby authorize Community Partners in Caring to conduct a security background check and pull a Department of Motor Vehicle Record (MVR) as part of the screening process to determine my fitness/appropriateness as a potential volunteer.

I give my permission for my references to be checked which may include past employers, volunteer organizations and personal references.

I understand that not all applicants who apply to be a volunteer are chosen to participate in the program.

I understand that Community Partners in Caring Program reserves the right to deny an applicant into the volunteer program for any reason.

I understand that if I refuse to sign this form, or if I fail to provide the information needed to perform my background check, my application to be a volunteer will be rejected.

I understand that the information requested in this application will be used only for determining suitability as a Community Partners in Caring Program volunteer.

I understand that if unforeseen circumstances prevent me from volunteering, I will submit my written resignation to the Program Director with as much notice as possible.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Community Partners in Caring (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency including, but not limited to the Department of Motor Vehicles, Department of Justice, and Background Screening Agency.

_____ /_____/_____

Printed Name

Applicant Signature Date

Social Security No.:			
Verified By:		Date:	

“If faxing or e-mailing, do not enter your social security number. We will contact you.”