

Group Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

How did your group hear about Project Independence?

Please describe your group's mission, history, and function.

What are other types of services or events has your group helped with in the past?

What can your group offer to Project Independence?

Why does your group want to volunteer with Project Independence?

Have you ever volunteered with Project Independence before? \_\_\_\_ Yes \_\_\_\_ No

Dates \_\_\_\_\_

## Group Contact Person

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Do you have a valid California Driver's License? \_\_\_\_ Yes \_\_\_\_ No

Do you have valid automobile insurance? \_\_\_\_ Yes \_\_\_\_ No

Auto Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Name Insurance is carried under \_\_\_\_\_

Renewal Date \_\_\_\_\_

I understand I must maintain and provide proof of current automobile insurance. (Initial) \_\_\_\_

Do you have First Aid Certification? \_\_\_\_ Yes \_\_\_\_ No

Do you have CPR certification? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a misdemeanor or a felony? \_\_\_\_ Yes \_\_\_\_ No

(A conviction may be relevant if job-related, but does not necessarily bar you from employment; do not provide information on a marijuana-related conviction that is more than 2 years old.)

If yes, please give dates and details.

\_\_\_\_\_

I understand that I must attach a list of emergency contacts for every member in my group.

(signature) \_\_\_\_\_

Date Available to Start \_\_\_\_\_

Days Available \_\_\_\_ Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun

Hours Available \_\_\_\_\_

# Group Member's Information

\*\*use additional paper if necessary\*\*

Name

over 18?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
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I am aware that if I am over 18 years of age, I need to provide valid liability insurance, DMV report, CA driver's license and undergo a background check to work directly with clients. If I am under the age of 18, I understand that I will not be allowed to drive clients, or be around clients without my group's leader.

\_\_\_\_\_

On behalf of everyone in group, group leader's signature

\_\_\_\_\_

date

## PLEASE READ THIS STATEMENT CAREFULLY

I certify that all the answers and/or statements I have made on this application are true and correct without omission. I acknowledge that any false statement or misrepresentation on this application will be cause for refusal to hire or for immediate dismissal from volunteering at anytime. I authorize this company to contact any of my past employers. I authorize my past employers to furnish any information concerning my previous employment. I release this company and all persons and organizations from all claims and liabilities of any nature arising from such investigations. I also understand that an investigation report may be made whereby information is obtained through personal interviews and agency background checks to my character, general republication, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report. I have read and understand the foregoing statements and accept the same as conditions of volunteering.

## CONDITIONS OF VOLUNTEERING

1. Volunteers may work in a position in which they will transport a client and will be asked to provide a current DMV report, a valid driver's license, and show proof of auto insurance during the course of volunteering.
2. Volunteers will be subject to a criminal background search through fingerprinting.
3. All volunteer positions are unpaid.

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Signature

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Date