

CDCI Volunteer Application

Name (please print) _____

Address _____

Phone _____ Alt. Phone _____

Do you have previous volunteer experience? Y / N (Please circle)

Where/How long? _____

Supervisor's Name & Phone _____

May we call this person? Y / N (Please circle)

Why are you interested in volunteering at CDCI? _____

Do you have experience with people with disabilities? Please explain. ____

Please list your interests pertaining to CDCI in order of priority:

- 1. _____
- 2. _____
- 3. _____

Please list your skills in order of priority:

- 1. _____
- 2. _____
- 3. _____

How many hours per month are you interested in volunteering? (Please choose one)

4-8 _____ 8-16 _____ 16-20 _____ 20+ _____

What days/times will you be available to work? (mornings/afternoons)

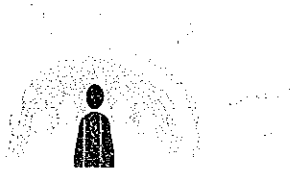
Monday Tuesday Wednesday Thursday Friday

STATEMENT OF VOLUNTEER COMMITMENT

I understand that I am making a commitment to the Capital District Center for Independence, Inc. as a valuable Volunteer Staff Member and, as such, I will be conscientious in the execution of my duties. I will consider as confidential all information that I hear directly or indirectly concerning all consumers of the Capital District Center for Independence, Inc. I will uphold the traditions and high standards of CDCI and will conduct myself accordingly. I understand that I will be provided with a Certificate of Completion of Office Training from the Office Manager after completing 50 hours of volunteer work. This Certificate will not prevent me from continuing my volunteer work at CDCI. I also understand that I will not receive a Training Certificate unless I complete 50 hours of volunteer service.

Signature of Volunteer Staff Member

Date



Confidentiality Agreement

All information obtained from past or future employment, volunteering, interning, or in any capacity at Capital District Center for Independence, Inc. (CDCI) is considered confidential. All information pertaining to consumers, employees, grantors, members, and financial issues are confidential and may not be shared. Records and any equipment are the sole property of CDCI and may not be copied or used for personal usage. All information stored on personal devices (i.e. personal computers, mass storage devices, laptops, cell phones, etc.) with regard to Capital District Center for Independence, Inc. must be destroyed upon completion of projects.

Signed: _____

Printed Name: _____

CDCI Director

Date Signed