



## **Volunteer Application Form**

Thank you for your interest in volunteering for There With Care.  
We value your privacy and appreciate your honesty. Volunteer applications are confidential.

### **To Become A Volunteer:**

- Complete the entire volunteer application.
- Sign-up to attend a Volunteer Training session (training dates can be found on the There With Care website).
- Process your electronic background check provided in the training confirmation email, which will be sent once you have registered for a training session.
- Attend the Volunteer Training and bring with you:
  1. The Volunteer Application
  2. \$20.00 payment to cover the cost of the background check (if you are able).

THERE WITH CARE  
3475 Edison Way, Suite H  
Menlo Park, California 94025  
(650) 268-8555  
Bayarea.therewithcare.org  
Volunteer Department 650-268-8557

**Section 1: Volunteer Information**

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Date of Application: \_\_\_\_\_ MINOR  No  Yes If yes, date of birth \_\_\_/\_\_\_/\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Telephone Numbers: cell \_\_\_\_\_ work \_\_\_\_\_

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

Employer/School/Affiliation (activity group, church, service fraternity):  
\_\_\_\_\_

Employer/School/Affiliation Address: \_\_\_\_\_

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

1. Does your employer offer matching dollars for donations or volunteer hours?  Yes  No

2. In case of emergency, who should we contact?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Section 2: Volunteer History**

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1. Do you have volunteer experience?  Yes  No

If yes, please list, beginning with present or most recent experience.

#1 Organization Name: \_\_\_\_\_

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

Responsibilities: \_\_\_\_\_

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

#2 Organization Name: \_\_\_\_\_

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

Responsibilities: \_\_\_\_\_

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

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

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

3. What are you hoping to gain from your volunteer experience at There With Care?

\_\_\_\_\_

4. What special skills might you have that could be applied towards volunteering?

\_\_\_\_\_

5. How did you hear about There With Care?

\_\_\_\_\_

**Section 3: References and Driving Information**

**Personal References – ONLY COMPLETE if applicant is 18 years or older.**

1. Please provide three **non-family** references:

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

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

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

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

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

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

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

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

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

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

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

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

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

## VOLUNTEER APPLICATION

We thank you for your interest in volunteering for There With Care, supporting our mission to care for families facing critical illness. Please note, in order to protect the privacy of the families we serve and to comply with our HIPAA obligations, anyone 18 years of age or older volunteering in a capacity that involves family contact or access to family information is required to complete a criminal background check that will be automatically renewed every three years while the volunteer is actively volunteering. Once you have registered for a Volunteer Training, a confirmation email will be sent containing a link to submit your background check.

### **Section 4: 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 and 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.

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