



Hub for Integration, Reentry & Employment

H.I.R.E. VOLUNTEER APPLICATION

Please complete the following information in blue or black ink (PRINT NEATLY)

Name: _____
(First) (Middle Initial) (Last)

Date of Birth (MM/DD/YY): _____ Age: _____ Gender: _____

Preferred Phone: () _____ Alternate Phone: () _____

Best time to reach you: From: _____ am/pm to: _____ am/pm Email: _____

Address: _____
Street City State Zip Code

Driver's License/ID Number (Please provide a copy to H.I.R.E.): _____ State of Issuance: _____

In Case of Emergency Contact (Full Name):

Relationship: _____ Emergency Contact Phone: () _____

Are you: (Check all that apply)

☐ Retired ☐ Working Full Time ☐ Working Part Time ☐ Student ☐ Not Working

If retired, from what profession: _____

If working, who is your employer? Location? _____

Describe your Duties: _____

Does your employer have a volunteer program? Y / N / Unsure

Does your employer have a charitable give program? Y / N N / Unsure

Education: (Highest level completed)

☐ Elementary School ☐ High School ☐ College graduate ☐ Post Graduate / PhD

School and Major or course of study: _____

If currently in school, what school are you attending? What are you studying?

Do you have any of the following special skills/areas of interest? (Please check all that apply)

<input type="checkbox"/> Social Work	<input type="checkbox"/> Accounting	<input type="checkbox"/> Special Events
<input type="checkbox"/> Teaching/Training	<input type="checkbox"/> Computers / IT	<input type="checkbox"/> Community Outreach
<input type="checkbox"/> Receptionist / Phone Support	<input type="checkbox"/> Video Production	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Website Design	<input type="checkbox"/> Copy Writing
<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Photography	<input type="checkbox"/> Grant Writing/Research
<input type="checkbox"/> Volunteer Management	<input type="checkbox"/> Social Media	<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Donation/Donor Management	<input type="checkbox"/> Marketing/Public Relations	<input type="checkbox"/> Data Entry

Other skills not listed: _____

Have you worked or volunteered with H.I.R.E. before? If yes, what department/position/when?

Is anyone else in your household a volunteer or employee for H.I.R.E.? ☐ Yes ☐ No

If yes, who/when: _____

How did you hear about H.I.R.E.? (Please be specific) _____



Hub for Integration, Reentry & Employment

Please list any prior volunteer experience (include location and dates): _____

Current Community Affiliations (Faith-Based, Clubs, Service, etc.): _____

SPECIFY YOUR AVAILABILITY

○ Monday _____ am/pm ○ Tuesday _____ am/pm ○ Wednesday _____ am/pm
○ Thursday _____ am/pm ○ Friday _____ am/pm ○ Saturday _____ am/pm
○ Sunday _____ am/pm

(Please notify the H.I.R.E. Volunteer Coordinator of any changes in availability)

How many months can you commit to volunteering? _____

Any potential conflicts with scheduling (ex. Vacations, Leave, Family Time etc.): _____

Do you speak any languages other than English? (Please list language(s)/fluency level) _____

Can you perform the essential function of the volunteer role you seek, with or without a reasonable accommodation? Yes ____ No ____ Please describe any accommodation(s) needed _____

What personal or professional goal(s) would you like to achieve while volunteering with H.I.R.E.? _____

VOLUNTEER APPLICATION ACKNOWLEDGEMENT

____ I understand that all equipment, materials, and supplies donated to H.I.R.E. or purchased by H.I.R.E. are property of H.I.R.E. and may not be removed without permission. I understand that failure to comply with this policy may result in disciplinary action, which could include termination from the volunteer program.

____ I affirm that I will maintain the utmost level of confidentiality with regards to any H.I.R.E. proprietary information including but not limited to: program information; donor records; staff records; partner/community records; contact information; financial information etc. and that I will not use any H.I.R.E. information or contacts for my personal or professional use (outside of H.I.R.E.).

____ I affirm that all information on this application are true and correct and that I have not knowingly withheld any fact or circumstance that could, if disclosed, affect my application unfavorably.

____ I understand that I will be servicing/assisting H.I.R.E. organization/clients on a volunteer basis and will not be remunerated for services rendered.

____ I understand that as a volunteer of H.I.R.E., my image may be captured in photographs and/or videotapes. I acknowledge that H.I.R.E. reserves the right to use and edit any such image for nonprofit and educational purposes, including marketing, publicity, and advertising on behalf of H.I.R.E. By signing below, I acknowledge I will hold harmless the H.I.R.E. program, staff, and other volunteers from any liability in connection with the documenting or use of my image and that I will receive no compensation in relation to this policy.

____ I authorize H.I.R.E. permission to release information about my participation in the volunteer program including information that might be solicited on my behalf for reference purposes. Such information may include, but not be limited to length of service, volunteer responsibilities, and quality of participation.

____ I understand the above contract and agree to comply with all H.I.R.E. policies and regulations.

I acknowledge that I have read and understand the terms above and that this application is only the first step in volunteerism with H.I.R.E. An interview will be scheduled to enhance my understanding of H.I.R.E. programs and expectations as well as provide H.I.R.E. with more information on my skills, interests and expectations.

Print Name

Signature

Date



Charitable Ventures General Media Release Form

I grant to Charitable Ventures and its affiliate Projects, the right to take and use photographs or video of me in connection with my participation or attendance at an event, training, or volunteer assignment. I agree that Charitable Ventures may use such photographs or video of me, with or without my name, and for any lawful purpose, including for example, such purposes as publicity, advertising, promotional material and website content.

I understand that I may be identifiable from such use and release Charitable Ventures from all claims and liability relating to said photographs, videos and digital images.

Agreed and Accepted by:

Print Name: _____

Sign Name: _____

Date: _____

PARENTAL CONSENT

I certify that I am the parent or guardian of the minor child, named above. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

VOLUNTEER WAIVER, RELEASE AND INDEMNITY

This Waiver, Release and Indemnity (the "Waiver") is for the direct benefit of Charitable Ventures of Orange County, a California public benefit corporation ("CVOC").

Sponsored Project: _____

Address: _____ Phone: _____

Volunteer Activity: _____

Date and Location of Volunteer Activity: _____

I, the undersigned volunteer, desire and agree to volunteer for _____, which is fiscally sponsored by CVOC, for the Sponsored Project/Volunteer Activity described above. I further acknowledge to, and agree with, each of CVOC as follows:

1. I am donating my time and services without any compensation, and shall at no time be considered an employee, independent contractor or partner of CVOC, and CVOC will provide insurance coverage or any other benefit for me;
2. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity;
3. I assume all risks of participating in this volunteer activity and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering, and I understand that CVOC is not responsible for conditions that I create myself or those created by other volunteers or participants;
4. I, binding my heirs, executors, administrators and assigns, hereby agree to release, hold harmless and indemnify CVOC, and their respective officers, directors, employees, contractors, partners, agents and volunteers, from and against any and all loss, damage, expense or cost (including attorneys' fees) of any kind for injuries (including property damage, personal injury, disability and death) or other claims, damages or disputes arising out of this volunteer activity, whether caused by the negligence of CVOC, or otherwise.

I (and parent/legal guardian if volunteer is under age 18) have carefully read this release and understand and agree with all of its terms and conditions.

Signature of Volunteer

Date

Signature of Parent/Legal Guardian
(if volunteer is under age 18)

Date

Printed Name of Parent/Legal Guardian

Date