



## Computer Assistance Volunteer Application

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Cross Streets \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Company/Organization \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Office Fax \_\_\_\_\_

Education: Major/Degree \_\_\_\_\_

Are you bilingual? Yes No

Emergency Contact \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Reference Contact \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Reference Contact \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Drivers license # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Auto Insurance \_\_\_\_\_ Policy# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Preselect Services to Provide & Availability: Transportation Minor Repairs

Computer Assistance Instructor Computer Assistance Technical Support

Computer Skills (check those that you know): Word Excel PowerPoint Access

Internet Explorer Basic Search Engines Publisher Other

Technical Skills/Experience \_\_\_\_\_

Monday Tuesday Wednesday Thursday Friday Saturday Sunday



## Photo Release

I give About Care permission to publish and use the photographs they have taken of me for editorial, illustration, and advertising or trade purposes. I grant these rights to About Care, their photo agency and agents.

## Conditions, Release and Waiver of Liability (This is a Legal Document)

Please read and understand the following:

Upon Request volunteers may be asked to submit an application for a criminal background check and/or to submit to be fingerprinted or photographed by About Care, for the protection of the agency and the clients. (This is mandatory if assigned to interact with clients.) Information provided by the volunteer may be verified and permission is give to About Care to make inquiries of others concerning the suitability to act as a Volunteer for About Care. In the course of volunteering for About Care, volunteers may be dealing with confidential information and must agree to keep said information in the strictest confidence. Volunteers will be expected to use standard safety rules while volunteering, not endangering fellow volunteers. Usage of equipment should be appropriate according to age, experience, and ability. Provisions should be made in advance to accommodate food and water needs.

### Please answer the following questions:

Do you use illegal drugs?    Yes    No

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

Have you ever been charged with neglect, abuse, assault, or other crimes?    Yes    No

Has your driver's license ever been suspended or revoked in any state?    Yes    No

I affirm that I have read the above and that the information I have given is true and complete.

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**Volunteer Signature**

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**Date**

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**If Under 18, Parent/Guardian Signature**

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**Date**

Page | 2



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Orientation Date \_\_\_\_\_ Driver License Copy      Car Insurance Copy  
Conditions Release & Signed Waiver of liability      PR Photo Release  
Provided Volunteer with Volunteer Guide for the 12-Week Computer Training Course.

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<b>Orientation Completed By</b>	<b>Date</b>
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Comments: \_\_\_\_\_  
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