

Macon County Community Volunteer Corp (CVC)

APPLICATION

Last Name	First Name	Middle Initial	
Home Address	City	State	Zip Code
Home Phone	Cell Phone	Email Address	
Business Address	Business City/State/Zip	Business Phone	
Work Experience: Please list most recent employer and duties.			
Current License(s)/Certifications (Please Include Driver's License and Social Security #)			
Type:	Number:	State:	Exp. Date:
Type: Drivers License			
Type: Social Security (Opt)		N/A	N/A
Education and Training: List information related to licensure.			
Institution(s) Name:	City/State(s):	Degree Major(s):	Date(s) Attended:
Languages Spoken:			
Geographic Availability: Please check all of the boxes of the places you would be willing to volunteer:			
<i>My County</i>	<i>Multiple Counties</i>	<i>State Wide</i>	Nation/World Wide
Level of Participation: Select the level of participation you prefer.			
All the time	Training	Emergency Only	Limited Basis
Availability: Circle The Days and Times Available			
ALL DAYS	M T W TH F Sat. Sun.	ANYTIME	Morning Afternoon Evening
Emergency Contact Information:			
Name	Relationship	Address	Phone
Personal Information:			YES
Are you licensed to operate a motor vehicle in this state?			NO
Have you ever been convicted of a felony? If yes please explain.			
Past 24 months have you been convicted of a Misdemeanor that required Jail Time? If yes please explain.			

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(OVER)

Volunteer Consent

I verify that all information, provided in the Community Volunteer Corp Application, is accurate to the best of my knowledge.

I give the local public health agency (LPHA) permission to inquire into my character references, licensures, employment and/or volunteer history and if deemed necessary a background (criminal) check. This may include the Family Care Safety Registry-if not registered, the agency will register you at their expense. I also give the holder of any such information permission to release it to the LPHA.

I hold the LPHA harmless of any liability, criminal or civil, which may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above named agency. I understand that the LPHA will use this information only as part of its verification of my volunteer application.

I hold the LPHA harmless of any liability that I might incur during the process of my duties. I understand that I am volunteering on my own behalf and agree to operate within the scope of my responsibilities, be properly trained and be licensed and certified by the appropriate agencies (if required). I will not be guilty of any willful or criminal misconduct, gross negligence or reckless misconduct in the course of my duties as a public health volunteer.

Name- (Please print): _____

Signature: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____

To be completed by Agency:

Reviewed by: _____ Date: ____/____/____

Background Check Completed: Yes ___ No ___