



Volunteer/Intern Application Form

Name: _____
First full middle last

Address: _____
Number street Apt No., Unit No.,

City/Town Postal Code

Home: _____ **Cell:** _____

Email: _____ **D.O.B.:** _____

In case of an Emergency, Contact:

Name: _____ **Phone number:** _____

Position Applying For: *(Check the applicable circle)*

- One time volunteer
- Long term volunteer (6 month minimum)
- Unsure

What days/times are you available to volunteer? (Circle all that apply)

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Mornings Afternoons Evenings

Tell us in which areas you are interested in volunteering

Administrative
Events
Field work/Facilitating classes
Food Preparation & Service
Fundraising
Deliveries
Marketing/Social Media
Newsletter production
Volunteer coordination

Additional programs: _____

Please list your degrees, certificates, languages etc. if applicable?

How did you hear about C2 and its volunteer program?

How do you hope to benefit from this experience?

What is your preferred method of contact? (Check any amount)

- Via email
- Via phone
- Via Text

Background Information

Please note consent to investigate background on the bottom of the page.

	Yes	No
Were you ever convicted of a felony or a misdemeanor (other than a traffic violation)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any pending criminal charges?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been subjected to a civil protective order for domestic violence or abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been investigated for or charged with child abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>
Has your driver’s license ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
Other than the above, are there facts or circumstances that would call into question the supervision, guidance and care of young people?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “yes” to any question please explain. _____

Consent to Policies

	Yes	No
I understand that CulinaryCasa is a smoke-free, drug free, and alcohol free environment, With the exception of possible alcohol usage for cooking purposes only by staff, volunteers, or interns of age 21 years or older.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I may be required to attend an orientation and sanitation training, or any Other session that would help me to be a more successful member of CulinaryCasa.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I am volunteering at my own risk and am personally liable for any happenstance that occurs while on duty for CulinaryCasa and therefore will take the appropriate safety, sanitation, and thoughtful precautions to avoid illness or injury to myself or others.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that while on duty for CulinaryCasa by Eve I am to conduct myself in a professional manner at all times refraining from foul language and inappropriate commentary via Verbal, physical or printed materials.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I am to actively communicate with the appropriate member(s) of CulinaryCasa if I have any issues, concerns, or am unable to attend a previously scheduled event at my earliest knowledge.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I am not to duplicate any programs, discuss any confidential information or distribute any materials generated by CulinaryCasa outside of what has been deemed for public use by CulinaryCasa.	YES	NO

Signature: _____

Date: _____