

Center of Protective Environment, Inc.-COPE, Inc.
Volunteer Application

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone#: Home: _____ Work: _____ Cell: _____

Email Address: _____ Social Security #: _____

In Case of Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

Work Experience:

(Provide place of work, address, phone number, and name of supervisor)

Volunteer Experience:

Agency: _____

Address: _____ Phone #: _____

Supervisors Name: _____

Agency: _____

Address: _____ Phone #: _____

Supervisors Name: _____

Education & Training:

(Degree, Certificate, Licensure)

Groups and Organizations You are Affiliated With:

Do You Have Special Talents That could benefit COPE? Please Describe

Type of Work You Would Enjoy Doing (Check all that apply)

- | | |
|----------------------------|-----------------------|
| Working with adults | Clerical Work |
| Working with Children | Donation Distribution |
| Fundraising activities | Safe Home |
| Gardening/Maintenance Work | |

Please List Three Personal References:
(References will be contacted)

Name & Relationship: _____

Address: _____ Phone #: _____

Email Address: _____

Name & Relationship: _____

Address: _____ Phone #: _____

Email Address: _____

Name & Relationship: _____

Address: _____ Phone #: _____

Email Address: _____

Applicant's Signature: _____ Date: _____

Interviewer's Signature: _____ Date: _____

If you are interested in helping with direct services a background check will be conducted and a TB test will be necessary before you are scheduled to start. You will be asked to participate in volunteer training and in-services training that are scheduled.

**Volunteers are a tremendous asset to our organization.
We appreciate your willingness to help, thanks for caring.**

Confidential Agreement

Due to the sensitive and confidential nature of the individuals seen at the Center of Protective Environment, Inc. (COPE, Inc.), it is imperative that their information be kept confidential.

I affirm that I will not reveal any information that I obtain in the course of my contact at COPE, Inc., relating to the clients of the agency. If it is necessary for me to have access to client records, I will not discuss any information from these reports. I will not reveal any information about individuals I see at COPE, Inc. I understand that such breach could potentially affect their safety, and I affirm that I will not jeopardize their safety by revealing any knowledge I may have of their affiliation with COPE.

Printed Name: _____

Signature: _____ Date: _____

Received By: _____ Date: _____