

Volunteer Information

Thank you for your interest in becoming a volunteer for Capital City Village! Please complete the following information and a CCV staff member will contact you.

Contact Information

Title	<input type="text"/>
First Name*	<input type="text"/>
Middle Name	<input type="text"/>
Last Name*	<input type="text"/>
Country*	<input type="text" value="(None Selected)"/>
Address*	<input type="text"/>
City*	<input type="text"/>
State*	<input type="text" value="(None Selected)"/>
Postal Code*	<input type="text"/>
Email*	<input type="text"/>
Confirm Email*	<input type="text"/>
Phone*	<input type="text"/>

Areas of Interest

Volunteer opportunities include (but are not limited to):

Driving seniors to appointments and programs

Helping with computer problems

Light home maintenance

Household tasks

Writing articles and stories

Event planning

Date of Birth (for background check)

Additional Comments

Consent for Background Check

Volunteer Privacy Information and Release Authorization

Please read the following carefully.

Application information

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

Background investigation

I understand, in consideration of my application, a background investigation will be conducted. I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state, or local justice agency, driving history, performance of medical examinations, drug screening, or reference verification. I authorize Capital City Village to conduct the background investigation and release Capital City Village from responsibility for this investigation. I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Capital City Village.

By SIGNING THIS DOCUMENT, I have read and understand the above and consent to these statements.

Signature

Date

Print Name