



Thank you for your interest in volunteering with us! We are GRATEFUL for every hour that every volunteer serves. Whether your interest is in seeing patients in our HOPE Program, assisting with administrative work, cleaning the building, or helping with events, you make this work possible.

Please complete the following paperwork and return it to us in one of the following ways:

- Email - info@caringsolutionspc.com
- Mail - 1044 Washington Avenue, Suite 104, Macon GA, 31201
- In Person - 1044 Washington Avenue, Suite 104, Macon GA, 31201 or 239B Smithville Church Road, Warner Robins GA, 31088

Please make sure every section is filled out completely. A member of our team will let you know that it has been received and keep you updated as your application is in process. We will check your references and complete a background check which often takes more than a week to complete.

If you have not already toured one of our facilities and met with one of our Lead Team Members, please email us at info@caringsolutionspc.com to schedule that visit.

Again, thank you for taking the time to walk through this process with us. We greatly appreciate your willingness to give of your time, allowing lives to be impacted!



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | |
|--|--|
| <input type="checkbox"/> Weekday mornings in Macon | <input type="checkbox"/> Weekday mornings in Warner Robins |
| <input type="checkbox"/> Weekday afternoons in Macon | <input type="checkbox"/> Weekday afternoons in Warner Robins |
| <input type="checkbox"/> Weekday evenings in Macon | <input type="checkbox"/> Weekday evenings in Warner Robins |

Interests

Tell us in which areas you are interested in volunteering

- Administration
- Events
- Fundraising
- Phone work
- Newsletter production
- Cleaning
- Work with Patients

Motivation

What motivates you in your desire to volunteer your services?



Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Name three of your strengths:

- 1.
- 2.
- 3.

Name three of your weaknesses:

- 1.
- 2.
- 3.

Volunteer Experience

Summarize your previous volunteer experience:

What church are you a member of?

How long have you been a member?

Are you actively involved?

In what ways?



Please Provide 3 References: (one should be from a Pastor)

Name of Reference:	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Name of Reference:	
Street Address:	
City ST ZIP Code:	
Home Phone:	
Work Phone:	
Email Address:	
Name of Reference:	
Street Address:	
Work Phone:	
Email Address:	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, national origin, gender, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. We will be contacting you for an in-person meeting.



Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on (date) ____/____/____ by (name of volunteer candidate) _____ ("Volunteer") releases CS, ("Organization") a non-profit corporation organized and existing under the laws of the State of Georgia, and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer service for CS and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with organization is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that organization will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to CS.

- 1. Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless CS and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to CS. I understand and acknowledge that this Release discharges CS from any liability or claim that I may have against the organization with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to CS or occurring while I am providing volunteer services.
- 2. Insurance:** Further I understand that CS does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of CS beyond what may be offered freely by CS in the event of such injury or medical expenses incurred by me.
- 3. Medical Treatment:** I hereby Release and forever discharge CS from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with CS.



4. **Assumption of Risk:** I understand that the services I provide to CS may include activities that may be hazardous to me. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release CS from all liability for injury, illness, death or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.

5. **Photographic Release:** I grant and convey to CS all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by CS in connection with my providing volunteer services to CS.

Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Volunteer Signature

___/___/___
Date



Background Check Release

(This form is to be filled by the individual whose background is to be checked)

First Name: _____ Middle Name: _____ Last Name: _____

Other name(s) that may have been used in the past: _____

Gender: _____ Date of Birth: _____ City of Birth: _____

State: _____ Country: _____

Social Security Number: _____ Phone: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Do you have any criminal convictions? _____

If YES, briefly explain the nature: _____

Country, State and County that the conviction occurred: _____

Date of conviction(s): _____

I hereby give permission for Caring Solutions to run a background check based on the information provided.

Signature: _____ Date: _____

Witness: _____ Date: _____