

Cedar Rapids AniMeals Volunteer Application



Contact Information	
Today's Date	
Name	
Street Address	
City, State, Zip	
Main Phone/Alternate Phone	
E-Mail Address	

Reference Contact Information	
Reference Name	
Relationship	
Phone	

Availability	
<p>Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>All volunteers under 18 must have an adult present when volunteering for Cedar Rapids AniMeals.</p> <p>How much time would you like to donate monthly?</p> <p>Are you willing to make a minimum 3 month commitment to AniMeals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>During which hours are you available for volunteer assignments?</p> <p>Weekday mornings <input type="checkbox"/></p> <p>Weekday afternoons <input type="checkbox"/></p> <p>Weekday evenings <input type="checkbox"/></p> <p>Weekend mornings <input type="checkbox"/></p> <p>Weekend afternoons <input type="checkbox"/></p> <p>Weekend evenings <input type="checkbox"/></p>

Community Service	
<p>Are you volunteering to fulfill a required community service? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide the following:</p> <p>College or entity requiring community service</p> <p>How many hours are required? Completion Date</p>	

Interests

Please check areas you are interested in volunteering.

Meal Deliveries	<input type="checkbox"/>	Events/Special Projects	<input type="checkbox"/>
Preparing Routes	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
Packaging Food	<input type="checkbox"/>	Picking Up Donations	<input type="checkbox"/>
Transporting Animals	<input type="checkbox"/>	Working With Clients	<input type="checkbox"/>

Summarize why you are interested in becoming an AniMeals volunteer.

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.

Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency	
Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
E-Mail Address	

Our Policy

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

I understand that my participation in Cedar Rapids AniMeals is on a voluntary basis and does not include coverage against any bodily harm or other incident, liability, injury, or damage that may occur to me or my property. I release Cedar Rapids AniMeals, its agents, contractors, volunteers and assigns from any and all liability against same. I will secure authorization prior to incurring any expenses for which reimbursement will be requested.

I understand some volunteer opportunities with AniMeals may expose me to sickness or illness with animals and I am taking the proper precautions at home.

My signature on this form insures I understand the aforementioned and demonstrates my willingness to comply with all Cedar Rapids AniMeals policy and procedures. My signature gives my permission for Cedar Rapids AniMeals to conduct any reference or background check(s) as necessary.

I certify that the information given herein is true and complete to the best of my knowledge.

I recognize Cedar Rapids AniMeals may not be able to assure placement as a volunteer and I will be put on a waiting list until an opportunity is available. I will be contacted over e-mail for new volunteer opportunities as they become available.

Agreement and Signature

AniMeals makes every reasonable effort to provide a safe environment for our clients. Therefore, the organization requires the following information:

Have you ever been convicted or investigated for a crime? Yes No

If yes please explain:

Answering yes could result in a background check by Cedar Rapids AniMeals

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)

Date of Birth

Signature

Date

Thank you for your interest in volunteering for Cedar Rapids AniMeals. Please sign your application and mail to Cedar Rapids AniMeals PO Box 11195 Cedar Rapids, IA 52410-1195 or email to volunteer@cranimeals.org

Our Volunteer Coordinator will contact you via e-mail shortly after receiving your application. We appreciate your patience.