

**Community Action Project of Tulsa County**  
**Volunteer Services**  
**Volunteer Application**

*Your information will be entered into the CAP Volunteer database for our records. Please be as thorough as possible. This information will be kept strictly confidential in the Volunteer Manager's office.*

**Volunteer Information**

Date of Application \_\_\_\_\_

Availability:            Monday            Tuesday            Wednesday            Thursday            Friday

Times Available        \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Educational Background**

High School \_\_\_\_\_

Course of Study/Major \_\_\_\_\_ Did You Graduate  Yes  No

College \_\_\_\_\_

Course of Study/Major \_\_\_\_\_ Did You Graduate  Yes  No

**Professional Experience & Skills** (please list most recent or current)

Name of Company \_\_\_\_\_

Title \_\_\_\_\_ Dates Worked \_\_\_\_\_

Description of Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Personal Physician Information**

In the event of an emergency, please contact:

Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

**Emergency Contact Information**

In the event of an emergency, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

**Medical Release**

I hereby authorize the staff of CAPTC to act for me according to their best judgment in any emergency requiring medical attention and hereby release, exonerate and discharge CAPTC and its employees from any and all actions or cause of actions known or unknown for any injuries incurred while volunteering for CAPTC.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Volunteer Experience**

What volunteer work have you done in the past \_\_\_\_\_

Is there any type of volunteer work you prefer \_\_\_\_\_

Please check all types of volunteer work you are interested in serving as a volunteer:

- Office Help (typing, filing, data entry, bulk mailing, copying, phone survey, intake or outreach)
- Early Childhood Programs (work with infant- 4 years old children, reading, crafts, music, class assist)
- Earned Income Tax Services (tax preparation, clerical, intake screener, bond coordinator)
- Housing (landscaping, painting, demolition, gardening)
- Other (please list special skills) \_\_\_\_\_

How did you learn about the CAP Volunteer Program \_\_\_\_\_

What prompted your interest in volunteering \_\_\_\_\_

Referred By \_\_\_\_\_

Have you ever volunteered or interned at CAP?  Yes  No

If Yes, what position \_\_\_\_\_ When \_\_\_\_\_

**Photo Release**

I give permission to CAPTC to use photographs and/or video of me obtained while participating with CAPTC. I release CAPTC from all liabilities arising from the use of these items for publicity purposes and waive the right to all negatives, photos, and reproductions, as well as waive my right to inspect or approve the finished photographs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Character References**

Please list the names, addresses and phone numbers of two people (no relatives please) who can comment on your ability to serve as a volunteer.

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Background Check Release**

Authority for Release of Information: I understand that CAP requires a background check with the Oklahoma State Bureau of Investigation (OSBI) for each direct service volunteer. Information from the Department of Corrections Sex Offenders Registration List will be requested. Other states may also be contacted for background information. I authorize CAP to inquire and for the OSBI and other agencies to provide background materials to CAP and its affiliates, regulating agencies, contractors and subcontractors as appropriate.

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Other Names Used \_\_\_\_\_

Other Cities and States where you have lived or worked \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Community Action Project of Tulsa County

## Volunteer Services

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#### Employee and Volunteer Confidentiality Agreement

As a CAPTC employee or volunteer, you may have access to or control over confidential information. An important part of your work is respecting client privacy, and treating personal information that is provided as confidential. Each employee of Community Action Project and its collaborative partners is responsible for maintaining the confidentiality of information concerning each client and family of such client.

All information provided directly or indirectly or produced in the course of employment, volunteering, or providing services shall be considered proprietary to CAPTC and/or its clients and, as such, shall be treated confidentially. Confidential information includes, but is not limited to, an employee, client, or child's name, or the name of a child's parent or guardian; any medical, financial, legal or other information obtained about any client, child, parent, guardian or employee; information with respect to CAPTC employees or volunteers; and information relating to CAPTC's operations and budget.

Confidential information must not be disclosed outside of CAPTC without prior written consent of the individual to whom it relates, or within CAPTC unless there is a clear and specific job-related "need to know."

In signing this agreement, you acknowledge your responsibilities to:

- Maintain privacy of confidential information;
- Share confidential information within CAPTC only as required for the performance of your responsibilities;
- Ensure that all sensitive data, whether processed manually or with computers, receives the same degree of protection;
- Follow procedures to log-off and secure information, not allowing computers or confidential information to be left unattended;
- Protect information from theft, fraud, misuse, loss, unauthorized access or modification;
- Access or attempt to access only the data or resources specifically authorized;
- Protect against unauthorized disclosure or use, and protect information from casual inspection or unauthorized retrieval;
- Collect proper identity verification before releasing personal/confidential information to clients in person, electronically or over the phone; and
- Report promptly to your supervisor any violations or breaches of security, or unusual processing results or observed irregularities with sensitive data.

Your responsibilities remain in effect for one (1) year after the termination (whether voluntary or involuntary) of your employment or volunteer opportunity with CAPTC.

Failure to uphold this Confidentiality Agreement may result in immediate termination of employment or your volunteer opportunity.

Any questions about your responsibilities should be discussed with your supervisor.

To be completed by the employee/volunteer:

I, \_\_\_\_\_, have read and understand my responsibilities to protect confidential information and will perform my duties accordingly.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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To be completed by the employee's/volunteer's supervisor:

I, \_\_\_\_\_, certify that \_\_\_\_\_ has been notified about his or her responsibility to protect confidential information, I have discussed the responsibilities with him/her, and have answered or obtained answers to his/her questions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Volunteer Statement**

**I agree to abide by the rules and policies of Community Action Project and will participate in any necessary training. If for any reason I am unable to be at the program at the designated time, I will notify the Program Supervisor at least 24 hours in advance, whenever possible.**

I certify that the facts contained in this application, resume, and all other documents provided by me and attached hereto, as well as any verbal statements made by me during the interview, are true and correct to the best of my knowledge. I further understand that falsified statements or significant omission of facts may disqualify me from further consideration for volunteer work with CAP.

I authorize investigation of all statements made by me, my criminal record, my credit history and driving record (as applicable to the position), and the references and employers listed to give you any and all information concerning my previous and current employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you. I authorize and request any former employers, schools, law enforcement agencies, or any person to furnish CAPTC and/or its designees information concerning my work habits, character, reputation, credit history and driving record (as applicable to the position), criminal record, degree and/or completed college hours.

I understand and agree that, my volunteer work will be for no definite period and may be terminated at any time without prior notice. I understand and hereby acknowledge that any volunteer relationship with this organization is of an "at will" nature, which means that I may resign at any time and CAPTC may discharge me at any time with or without cause. It is further understood that this "at will" volunteer relationship may not be changed by any written document or by conduct unless the Executive Director specifically acknowledges such change in writing.

**By my signature below, I acknowledge that I have read and understand the above Volunteer Statement. I certify that the information listed on this application is true and accurate to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Volunteer Manager \_\_\_\_\_ Date \_\_\_\_\_