



CORRIGAN CARE VOLUNTEER APPLICATION

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Employer: _____ Job Title: _____

How did you hear about Corrigan Care, Inc.? _____

Please describe your experience with children with disabilities. _____

I am available to volunteer (days and times): _____

I am interested in volunteering in the following areas:

- Mom's Morning Out Respite Nights Special Event Staff
 Administrative Needs Committee Member Internship

Yes, I would like to be contacted via email regarding urgent or last minute volunteer needs.

Have you ever been convicted or charged with a felony? No Yes

If yes, please explain. _____

Please list two professional references (not family) that we may contact.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

In case of emergency, please contact:

Name: _____ Phone: _____ Relationship: _____

I, _____ certify that all the information I have provided is true and I have never been charged or convicted with felony offense such as child abuse or neglect, child pornography, child abduction, kidnapping, rape or any other offense. I understand that Corrigan Care, Inc. is not responsible for any injuries or damage to me and/or my personal property that may result from my voluntary involvement in their activities. I hereby discharge Corrigan Care, its directors, agents and other volunteers from all claims, demands and actions from such activities. I grant Corrigan Care permission to use any photographs, video or quotations from me during my involvement with Corrigan Care to be used to further promote Corrigan Care, Inc. Furthermore, I realize that any sensitive family information that I become aware of during my voluntary participation is confidential and should not be discussed outside the bounds of Corrigan Care, Inc. Finally, I understand that I am an 'at will' volunteer and can be terminated at anytime.

Signature: _____ Date: _____