



**COBB COUNTY COMMUNITY SERVICES BOARD  
DOUGLAS COUNTY COMMUNITY SERVICES BOARD**

**VOLUNTEER APPLICATION**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Education/Highest Degree: \_\_\_\_\_ Major Area: \_\_\_\_\_

Special Training: \_\_\_\_\_

Skills, Abilities, Hobbies: \_\_\_\_\_

**WORK EXPERIENCE:**

As a Volunteer: \_\_\_\_\_

As an Employee: \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**VOLUNTEER INFORMATION:**

Reason for Volunteering: \_\_\_\_\_



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**HEALTH:**

Do you have any health problems which might limit your ability to perform certain volunteer assignments? \_\_\_\_\_

**PERSONAL REFERENCES** *(No Relatives)*

_____	_____	_____
Name	Phone	Address
_____	_____	_____
Name	Phone	Address
_____	_____	_____
Name	Phone	Address

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In the past five years, have you been convicted of any crime other than minor traffic violations? \_\_\_\_\_ If so, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that all answers given on this application are true to the best of my knowledge. I authorize Cobb/Douglas CCSB to contact references whom I have listed on this application. I understand that I am to be available for orientation and training prior to volunteer service. I also understand that for some assignments, fingerprints and a background check are required.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**



**COBB COUNTY COMMUNITY SERVICES BOARD  
DOUGLAS COUNTY COMMUNITY SERVICES BOARD**

**PLEDGE OF CONFIDENTIALITY  
STATEMENT**

Cobb County Community Services Board and Douglas County Community Services Board have the responsibility mandated by Federal and State law to protect the anonymity of all people who are (or who have been) consumers of this agency.

We must request that you agree not to identify to others any person that you may have seen or divulge any information that you may read or hear about individuals who are consumers of our agency.

My signature below acknowledges that I do understand and pledge to maintain the confidentiality of all consumers of the Cobb County Community Services Board and Douglas County Community Services Board.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**COBB COUNTY COMMUNITY SERVICES BOARD  
DOUGLAS COUNTY COMMUNITY SERVICES BOARD**

**VOLUNTEER AGREEMENT**

*The Cobb County Community Services Board and Douglas County Community Services Board Agrees:*

1. To provide a Volunteer Coordinator and site supervisor/program coordinator for supervising and discussing concerns, problems and suggestions that the volunteer might have.
2. To offer an orientation course as well as on-the-job training.
3. To review volunteer performance on a regular basis (informally), keep an account of volunteer hours, and provide a letter of recommendation upon request.
4. To recognize volunteer achievements with a structured program.

*The Volunteer Agrees:*

1. To accept and to adhere to all policies of the Cobb County and Douglas County Community Services Boards.
2. To accept the guidelines and decisions of the Volunteer Coordinator and the site supervisor/program coordinator.
3. To be present at scheduled times and to carry out duties promptly and reliably.
4. To maintain the dignity and integrity of the agency with the public and to honor confidential information.
5. To accept evaluation and notify the agency in writing, or by phone, with appropriate notice, of extended leave or resignation.
6. To understand the function of the paid staff, maintain a smooth working relationship with them, and stay within the bounds of volunteer responsibility.

I, the undersigned, have read the Volunteer Agreement and agree to abide by it and the policies of the Cobb County and Douglas County Community Services Boards.

Volunteer's Name \_\_\_\_\_ Volunteer's Signature \_\_\_\_\_  
 (Please print)  
 Volunteer Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**COBB/DOUGLAS COMMUNITY SERVICES BOARDS  
VOLUNTEER ACTIVITY RELEASE**

We are pleased that you have chosen to volunteer with the Cobb County Community Services Board (“Cobb CSB”) and the Douglas County Community Services Board (“Douglas CSB”). Our goal of reaching and empowering the underserved can only be accomplished through the on-going support of valued volunteers such as yourself.

In consideration of the participation of volunteering with the Cobb CSB and the Douglas CSB (collectively the “CSBs”), the undersigned (“Volunteer”) hereby agrees to donate and offer his/her personal services and labor, free of charge, to the CSBs. Volunteer understands and agrees that he/she is not an employee of the CSBs and is not entitled to any wages and/or benefits with these services.

Volunteer further agrees, on behalf of himself/herself and on behalf of his/her heirs, assigns, trustees, receivers, administrators, executors and agents to release and forever discharge the CSBs, their directors, officers, employees, agents, volunteers, invitees, sponsors, cash donors, in-kind donors, and all other persons or entities whomsoever, of and from any and all actions, claims, and demands, known or unknown, which Volunteer has or may have in the future arising out of volunteering for the CSBs. Additionally, Volunteer specifically releases any subrogation rights that might arise.

Volunteer understands that this Release discharges the CSBs from any liability or claim that the Volunteer has or may have against the CSBs now or in the future with respect to any bodily injury, illness, death or property damage that may result from Volunteer’s Activities with the CSBs whether caused by the negligence of the CSBs or their officers, directors, employees, or agents or otherwise. Volunteer understands that the CSBs will not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness. Volunteer understands he/she will not be covered by any liability insurance program or policy of the CSBs. As an unpaid volunteer, Volunteer further understands that he/she will not be covered by workers’ compensation insurance, as are employees of the CSBs.

Volunteer does hereby release and forever discharges and holds harmless the CSBs and their successors and assigns from any liability or claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s activities with the CSBs.

The undersigned acknowledges that he/she has read this Release and understands that this Release may be pled as a complete bar and defense to any action or other proceedings instituted or filed by Volunteer on account of any matter contained herein. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of Georgia and that this Release shall be governed by and interpreted in accordance with the laws of Georgia. Volunteer agrees that in the event any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release which shall continue to be enforceable.

If, for any reason, I believe that my working as a volunteer for the CSBs might endanger myself or others or I have knowledge of or suspect any dishonest, deceptive, illegal or unethical activities, I must report this to the Ethics and Compliance Hotline at 678-213-0242. If I encounter an injured person, I should not attempt to provide medical attention to the person, unless I am a licensed medical professional. I must notify qualified medical personnel immediately. I understand and agree to adhere by the CSBs policies and will not conduct myself in actions that may discriminate or harass others.

I recognize that any and all medical, mental health, or substance abuse related information that may be shared with me as part of my duties as a volunteer or encountered by me in conjunction with my duties as a volunteer is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Volunteer

In the event that the volunteer is less than eighteen (18) years old, this *Release* must be executed by said minor’s parent or legal guardian.

\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_