



# CarePartners' Volunteer Registration Form

## Personal Contact Information

<b>First/Last Name</b>					
<b>Address</b>					
<b>City, State, Zip, County</b>	City:	State:	ZIP:	County:	
<b>Phone</b>	Home		Cell		
<b>Email Address</b>					
<b>Date of Birth <small>Required</small></b>	Month	Day	Year		
<b>Ethnicity <small>check one</small></b>	White	African-American	Hispanic	Asian	Other
<b>Gender <small>check one</small></b>	Male	Female			
<b>Contact Preference <small>check one</small></b>	Mail		Email		
<b>E-news Subscription <small>check one</small></b>	Yes		No		
<b>Foreign Languages Spoken <small>list</small></b>					

**Agreement to Report Hours:** As a volunteer of CarePartners, I agree to track and report my volunteer service hours on a monthly basis. Hours are recorded by using a sign in sheet for each CarePartners program, Gathering Place, Second Family, Common Ground, Caregiver Support, Conference or Day Center. Volunteer hours must be completed and submitted to your designated CarePartners' Care Team Coordinator for monthly reporting.

**Report Suspected Abuse:** It's everyone's responsibility to protect those who are elderly or have disabilities from exploitation. Texas law states anyone who thinks a child, or person 65 or older, or an adult with disabilities is being abused, neglected, or exploited must report it to the Texas Department of Family Services (DFPS).

**Statement of Confidentiality:** CarePartners obtains confidential information provided by our clients; caregivers/care partners. To protect the privacy of our clients and volunteers, information obtained; both personal and medical, is protected by the organization and cannot be shared. I understand that I may not disclose any client or volunteer information without written consent by the client, volunteer and organization.

**Authorization to Background Check:** CarePartners completes a volunteer background screening on all volunteers to create and maintain a safe environment for our clients, volunteers and community partners. To be eligible to serve as a CarePartners' Volunteer, this registration form must be completed and signed. CarePartners reserves the right to periodically screen volunteers.

**Photo consent:** By signing below, I agree to participate as a volunteer in a CarePartners program and I am giving consent to photographs or videos being taken of me while participating. These photographs or videos may be used in print, film, online or social media by CarePartners and our partnering congregations and agencies without liability of any nature.

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

Staff Use Only					
Care Team Volunteer _____	Administrative Volunteer _____	Intern _____	Day Center Volunteer _____		
Partnering Congregation/Nonprofit/Corporate Name: _____			Code: _____		
Program: <i>(select all that apply)</i>	Gathering Place	Second Family	Common Ground	Caregiver Conference	Caregiver Support
Entered by: _____		Cleared Date: _____			