

# VOLUNTEER FORM



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

I am a:  New Applicant  Returning Volunteer

## APPLICANT INFORMATION

Full Name:		Telephone (Best):
Address:		
District:	PO Box:	Zip
Email Address:		

## PURPOSE FOR VOLUNTEERING

<input type="checkbox"/> I want to help in the community.
<input type="checkbox"/> I am required to complete community service hours for immigration purposes. *
<input type="checkbox"/> I am required to complete community service hours for school. Number of hours required _____ Deadline for completion _____
<input type="checkbox"/> I am required to complete court ordered community service hours. Number of hours required _____ Deadline for completion _____

## VOLUNTEER WORK

Areas of interest:	Frequency:	Days Available:
<input type="checkbox"/> Office Administration	<input type="checkbox"/> Daily	<input type="checkbox"/> Sundays
<input type="checkbox"/> Running Errands	<input type="checkbox"/> Weekly	<input type="checkbox"/> Mondays
<input type="checkbox"/> Events	<input type="checkbox"/> Monthly	<input type="checkbox"/> Tuesdays
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Evening Events	<input type="checkbox"/> Wednesdays
<input type="checkbox"/> Information & Education	<input type="checkbox"/> Special Events	<input type="checkbox"/> Thursdays
<input type="checkbox"/> Patient Support	<input type="checkbox"/> Mornings (9am -12pm)	<input type="checkbox"/> Fridays
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Afternoons (12pm - 4pm)	<input type="checkbox"/> Saturdays
<input type="checkbox"/> Other	<input type="checkbox"/> Other	

## MISCELLEANOUS

I have the following skills which may be helpful to your organization:  _____
Do you have a criminal record? Or have you been charged with a crime (save for traffic offences such as speeding tickets) in the Cayman Islands or elsewhere? _____

## COMPLETE THIS SECTION ONLY IF YOU ARE VOLUNTEERING FOR IMMIGRATION PURPOSES\*

Year you will be applying for your residency _____
Number of hours required for your application _____
<b>NOTE: For these purposes, you are required to sign a volunteer attendance sheet. The CICS can only account for your attendance as indicated on our registers.</b>

## WAIVER OF LIABILITY

By my signature below, I acknowledge the following:

- 1) I agree to comply with the mission and policies of the Cayman Islands Cancer Society and to follow their established guidelines and directions.
- 2) I, the Volunteer, release and forever discharge and hold harmless the Cayman Islands Cancer Society and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to the Cayman Islands Cancer Society. I understand and acknowledge that this Release discharges the Cayman Islands Cancer Society from any liability or claim that I may have against it with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to the Cayman Islands Cancer Society or occurring while I am providing volunteer services.
- 3) I release my likeness, in photo and video image, or any media's use now or in the future. To revoke this release, I will provide my request in writing to the Society.

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

Date: \_\_\_\_\_  
MM/DD/YYYY