



CCCV Central Coast Community Volunteers

www.cccvolunteers.org

660 PISMO STREET SAN LUIS OBISPO, CA 93401 (805) 544-8740 FAX (805) 544-9146
All Timesheet E-Mail: Cheryl@seniorvolunteers.org

ENROLLMENT FORM

LAST NAME		FIRST NAME		MI	TELEPHONE NO.
STREET ADDRESS		CITY	STATE	ZIP	MALE FEMALE
DATE OF BIRTH	IN EMERGENCY NOTIFY		RELATIONSHIP		TELEPHONE NO.
E-MAIL ADDRESS:			FAX NUMBER:		
CELL PHONE NUMBER:		WORK PHONE NUMBER:		EXT:	

WORK EXPERIENCES

EDUCATION, LICENSES, and/or SPECIALIZED TRAINING

MILITARY SERVICE? Yes No (Please circle)

ELECTRONIC COMMUNICATION?

Would you like to receive communication via your e-mail? Yes ___ No ___
(Newsletters, Welcome Letters & correspondence)

HOBBIES, ORGANIZATIONS, CLUBS

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CURRENT VOLUNTEER SERVICE

PREVIOUS VOLUNTEER SERVICE

CLERICAL

COMPUTERS	YES	NO
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PLEASE COMPLETE BOTH SIDES OF THIS FORM

Do you have any physical conditions that may limit your assignment? Explain below.

ARTHRITIS	HEART	LUNGS	VISION	HEARING	STANDING	SITTING	WALKING
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(The following information is required for CCCV insurance coverage)

DESIGNATION OF BENEFICIARY

(CCCV Accident Insurance)

NAME	RELATIONSHIP	ADDRESS

AUTOMOBILE INSURANCE

DIVER'S LICENSE No.	AUTO INSURANCE CO.	POLICY No.	EXPIRATION DATE

MUTUAL UNDERSTANDING

A.I _____ volunteer my services through **the CCCV Central**
(PLEASE PRINT YOUR NAME CLEARLY)

Coast Community Volunteers program and I understand that I am not an employee of CCCV or the station to which assigned.

B. I understand that if I use my personal automobile in my Volunteer service that I must carry Automobile Liability Insurance equal to the minimum limits required by the State of California.

C. I understand that I should report my hours of volunteer service on a monthly basis, and that this entitles me to the supplemental liability, medical and auto insurances provided only to Volunteers enrolled in CCCV program. Reporting of hours may be done on a workstation roster or on a completed monthly report "Volunteer Hours Log" form and mailed, e-mailed, telephoned or faxed to the CCCV office. **If I fail to report my hours I am not eligible for the supplemental insurances offered at no cost to me or the station where I volunteer.**

I understand my mileage can be donated to the SVS/CCCV Program as an in-kind donation, and based on individual tax situations may qualify for a deduction.

I understand and agree with the above statements:

(VOLUNTEER SIGNATURE)

(DATE)

Referred by: _____

FOR CCCV USE ONLY:

Workstation (s) Assigned: _____ Date Assigned: _____

 (SIGNATURE OF CCCV COORDINATOR)

 (DATE)

 (SIGNATURE OF CCCV DIRECTOR)

 (DATE)

