



# CCCV Central Coast Community Volunteers

[www.cccvolunteers.org](http://www.cccvolunteers.org)

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## 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)

