

**Cleveland Westside Village (CWV) Membership Agreement Form**

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

Legal Name (with middle initial) : \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Is it okay to send email announcements about Cleveland Westside Village activities to this address?  Yes  No

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred method of contact: Phone \_\_\_\_\_ Text: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact:**

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

Phone: \_\_\_\_\_

**Criminal Background Check:** Every person making this application to Cleveland Westside Village must agree to allow CWV to do a criminal background check, without cost to applicant.  I agree

**This information below can/should be updated at any time by going on line to the Cleveland Westside Village website "volunteers" section.**

**This Section for Volunteer Drivers ONLY (fill in gray areas below):**

If your volunteer participation includes driving of Village members or property, please fill out the information below and submit the needed documents:

**Do you have a valid Driver's License?** Yes \_\_\_\_\_

Are there any restrictions on your driver's license other than eye glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

Have you ever had your license suspended, revoked or refused? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

During the last 10 years of driving, have you ever been convicted of driving while intoxicated or under the influence of drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Name of your auto insurance company:**

Does your insurance coverage provide their own safe vehicle and liability insurance from \$100,000 to \$300,000. Yes \_\_\_\_\_ No \_\_\_\_\_

**Driver’s documents needed for approved application:**

1. **Please attach a copy of your driver’s license** with the volunteer application. After that, you must only **submit** a copy of your driver’s license to the Connections Network Committee each time your license is renewed.
2. **Please attach a copy of your insurance card with your volunteer application.** After that, you only need to submit insurance information to the Service Committee if your insurance coverage has changed in any way
3. **Your official Ohio Driving Record Report must accompany your volunteer application.**

YOU MAY ACCOMPLISH THIS BY ONE OF THESE WAYS:

- **For free**, you can give the CWV the last 4 numbers of your social security # and we will gladly get the report and review it: Your last 4 Social Security #s \_\_\_\_\_
- Or also for free, you could review it yourself at <http://www.publicsafety.ohio.gov/services.stm> under [View an Unofficial Copy of Your Driving Record](#) and provide a copy to CWV now and annually.
- You can see if your insurance company will provide this report to you and then give CWV a copy to review.

Note: Once the initial Ohio Driving Record Report exists within your Village files, the Network Connections Committee will handle annual reviews.

**Previous Experience**

**Please share information about your work or personal life that may have prepared you for this volunteer work: (such as work history, organizations involved with or working for, etc) -**

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Services: Please indicate any services you are willing to provide:

<b>Member to Member Support</b>	Activities in this section are a function of the Connections Network Committee
Transportation	Drive on errands _____ Drive to medical appt. or facility ___ _____ Drive to social event _____
Friendly contact	Simple social visit _____ Friendly contact/ phone calls _____ Reading Aloud _____ Accompany to Cultural Events enjoyment _____ Hospital Visit _____
Support	Provide a meal _____ Emergency pet care _____ Emergency Plant Care _____ Grocery shop for or with another _____ Medical visit companion _____ Run an errand _____ Review/discuss finances _____
Maintenance(Upkeep)	House Plant care _____ Lt house work _____ Simple yard work/gardening _____ Simple one time chore _____ Snow mngt _____
Tech Support	Computer Wiz MAC _____ Computer Wiz PC _____ Tech gadgets support (TVs, phones etc) _____
<b>Organizational Help</b>	Activities in this section are Committee or Board related.
General	Event planning _____ Record keeping _____ Fund raising _____ Grant writing _____ Work on organization website _____
<b>Education/ Mapping Committee</b>	Committee membership _____
<b>Dining/Social Events Organizing Committee</b>	Committee membership _____
<b>Book Club Organizing Committee</b>	Committee membership _____
<b>Connections Network Service Committee</b>	Committee membership _____
<b>Board of Directors</b>	Board Membership _____
Other: please specify	

By signing this application, I verify that the information provided is true, correct, and complete.

I hereby give my consent to Cleveland Westside Village and to verify this information, including contacting references. I unconditionally release Cleveland Westside Village from all liability which might result from furnishing same. I understand that my acceptance as a volunteer is on a conditional basis, and that Cleveland Westside Village reserves the right to terminate the service of any volunteer whose conduct in any way reflects negatively upon the organization or is deemed harmful to its members.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Optional - check if "yes"; I grant full permission to the Cleveland Westside Village photographs, or any other record of participation in this volunteer service event for use in any broadcast, telecast, or any other written account of the event for publicity purposes, without compensation or remuneration.

**Cleveland Westside Village could not do what we do without the skills, talents, compassion, dedication, and commitment of volunteers. Please know how much we value your contributions! Thanks!**

**CLEVELAND WESTSIDE VILLAGE**

## VOLUNTEER HANDBOOK AGREEMENT

I have received and read the Cleveland Westside Village Volunteer Handbook and agree to follow its policies and guidelines. I understand that the policies contained in the handbook are subject to change.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### Volunteer Statement of Confidentiality and Liability Waiver

#### Liability waiver:

I acknowledge that as a volunteer I am not an employee of Cleveland Westside Village and understand that I will not be paid for any work I perform. I consent and agree to assume all responsibility for any and all risks or events of damage or injury that may occur in the course of my volunteer work and that I am volunteering at my own risk.

I fully and forever release and discharge Cleveland Westside Village, its officers, employees, agents and successors from any loss, cost, damages or other liability which I may incur in the course of my volunteer work. My signature below acknowledges my acceptance of this liability waiver.

#### Volunteer Confidentiality Agreement

It is the policy of the Cleveland Westside Village to protect the interests of the people we serve to the extent permitted by law. All members and volunteers are required to abide by this policy and will not release members' information unless expressly authorized by the person and the organization. Only those whose duties and functions as approved by the CWSV that require access to confidential information are permitted to release private information.

For any confidential information to be released to any other entity, a "consent for release of information" form must be completed and signed by the member prior to the release of confidential information.

Therefore, I agree to keep confidential all names, addresses, donation history, phone numbers and physical/mental status pertaining to the Cleveland Westside Village members, volunteers, donors, Board of Directors and associates of any kind.

*My signature signifies I agree to these terms and will abide by, adhere to and honor all of the above.*

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date