(When complete, send with check to CWV c/o Susan Greene @ 1303 W 103rd St, Cleveland, OH 44102 for processing. Thanks!)

Cleveland Westside Village (CWV) Membership Application

Date:_____

Legal Name (with middle initial): _____ **Age:** _____**Date of Birth:** _____

Address:_____ **Phone:**_____

Email:_____ CWV will send email announcements to this address.

Local Emergency Contact: Name:_____ Relationship: _____

Phone:_____

Family Contact: (not spouse) 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

The information below can/should be updated at any time there is a change by reporting that information to Cleveland Westside Village at cwsvillage@gmail.com .

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 for 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)

_____

_____

_____

_____

_____

_____

_____

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

Member to Member Support	
Transportation	Drive on errands or medical appointments or social events _____
Friendly contact	Accompany to Cultural Events _____ ; Friendly contact/ phone calls_____ Reading Aloud_____ ; Simple social or hospital visit _____
Support	Emergency pet or plant care_____ ; Grocery shop with/for _____ Medical Appt Companion_____; Provide a meal_____ ; Review/discuss finances _____ ; Run an errand_____
Occasional Maintenance	House Plant care_____ ; Light house work _____ ; Simple one time chore_____; Simple yard work/gardening_____ ; Snow management_____
Tech Support	Computer or electronic device assistance_____
Organizational Help	Activities in the following section are Committee or Board related.
General	Event planning_____ Fund raising _____ Grant writing _____ Record keeping _____ Work on organization newsletter _____ Work on an organizational website _____
Education/ MAP Committee	Committee membership _____
Dining/Social Events Committee	Committee membership _____
Membership Committee	Committee membership _____
Housing Committee	Committee membership _____
Board of Directors	Board Membership_____

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Please sign the following agreements:

By signing this application, I verify that the information I have provided is true, correct, and complete. I hereby give my consent to Cleveland Westside Village to verify this information. 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.

CWV VOLUNTEER HANDBOOK AGREEMENT
(handbook can be seen on CWV website @ https://clevelandwestside.helpfulvillage.com/)

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

CWV VOLUNTEER STATEMENT OF CONFIDENTIALITY AND 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.

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. (cont' next page)

Continued:

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 the above.

_____ _____

Signature Date

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!

1/27/23