



Group Volunteer Application

Fort Myers: 3429 Martin Luther King Blvd., Fort Myers, 33916
Fort Myers Beach: Chapel by the Sea - 100 Chapel Street, Fort Myers Beach, 33931

Date of Application _____ Have you previously applied to volunteer with us? Yes No

Group Coordinator (Mr./Mrs./Miss/Ms.) _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Date of Birth ____/____/____

Group Name _____ Total Number in Group _____

Areas of Interest to Volunteer (please check all that apply)

Preferred Location: Fort Myers Fort Myers Beach Off-Site Cape Coral Mobile Pantry

Monday Tuesday Wednesday Thursday Friday Saturday

Meals on Wheels—delivering food to homebound and elderly customers / Mon – Fri (9 am to noon)

Community Market & Garden – stocking market, planting/harvesting garden /Mon – Fri (shifts from 8am to 1:30 pm)

Community Café —preparing & serving meals, clean-up, hosting customers / Mon – Sat (shifts from 6:30am to 2:00 pm)

Family/Social/Homeless Services – Cold Weather Street Outreach, Family Night, etc.

Special Event: _____

Cape Coral Mobile Pantry: _____

Bonita Springs Mobile Pantry: _____

Please note: Not all opportunities are available at all locations. Times vary based on location.
Groups may be limited in size depending on area of service.

If your group's volunteer service will involve Meals on Wheels, each driver must provide a copy of driver's license and proof of insurance.

How did you hear about us? _____

Emergency Contact _____ Phone _____ Relationship _____

Please mail application & all background information to:
Community Cooperative c/o Volunteer Department
3429 Dr Martin Luther King, Jr. Blvd
Fort Myers, Florida 33916

E-mail Rachel@communitycooperative.com Fax (239) 479-5335 Phone (239) 332-0441

This form must be completed by each participant

Name: _____ Date of Birth _____ / _____ / _____

Have you ever been convicted of a crime? Yes No

If yes, please state the date of and the jurisdiction of the conviction _____

What was the nature of the offense? _____

Has your driver's license ever been revoked or suspended? Yes No

If yes, please specify the date of and jurisdiction of the revocation or suspension _____

What was the reason for the revocation or suspension? _____

Any additional comments or information on the above? _____

Authorization to Perform Background Check

I, _____, hereby authorize Community Cooperative, to perform a check of my background, including Criminal and Driving Records as appropriate, for the volunteer assignments for which I am applying. I understand that I do not have to agree to a background check, but the refusal to do so may exclude me from consideration for some types of volunteer work. I understand that the information collected in the course of this background check will be limited to that which is appropriate in determining my suitability for particular volunteer assignments and that all such information will be kept confidential.

Signature _____ Date _____

Address _____

Confidentiality Statement

As a volunteer with Community Cooperative, I will have contact with customers in the program as well as their family and friends. I may also have access to personal information (verbal or written) that pertains to the customer. It is mandatory that I agree to keep all personal information confidential, both during and after termination of my volunteer service. I may not divulge information about the customer to anyone other than a Community Cooperative staff member, or as otherwise provided by law.

My signature below acknowledges my understanding of the importance of this matter and my intent to respect the privacy of customers.

Signature _____ Date _____

Waiver and Release of Liability

In consideration of being allowed to volunteer my services at Community Cooperative, I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume all such risks and assume full responsibility for my participation. To the extent allowed by law, I agree to indemnify and hold harmless Community Cooperative, its officers, employees, agents, representatives and volunteers, of all liabilities and all loss or damage to person or property which may occur or be incident to my involvement or participation.

Signature _____ Date _____

Photo Release

I give my consent to Community Cooperative to use my image (photo or video) in any advertisement (social media, traditional media, promotion items, etc.) deemed appropriate by Community Cooperative. I also understand that Community Cooperative will use the images exclusively for agency and mission-related purposes and not for any commercial gain. I agree that Community Cooperative is not responsible for unauthorized use of the images, that I am not entitled to any compensation, and that the images may appear with or without name.

Signature _____ Date _____