



## Volunteer Application

“Scares that Care!” is a 501(c)(3) charity organization with the focus of helping and raising awareness for sick children, people diagnosed with breast cancer, and children who have been victims of severe burns.

By filling out this application you are expressing your desire to assist in our efforts and understand all positions are on a volunteer basis with no funding for compensation or benefits.

All information submitted through this application process will be kept confidential and not shared with any entities outside of the “Scares that Care!” organization or its subsidiaries. **Please provide a recent photo with your application submission.**

**Name:** \_\_\_\_\_  
*First Initial Last*

**Address:** \_\_\_\_\_  
*Number street Apt No., Unit No., P.O Box*  
 \_\_\_\_\_  
*City/Town Postal Code:*

**Phone – Primary:** \_\_\_\_\_ **Secondary (if applicable):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Best Time To Contact Via Phone** \_\_\_\_\_

**Drivers License#:** \_\_\_\_\_ **Social Security#:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Preferences (Check the applicable boxes):**

Area of Interest*	Volunteer Schedule*
<input type="checkbox"/> Scares that Care!	<input type="checkbox"/> One Time Volunteer
<input type="checkbox"/> Scares That Care Charity Weekend	<input type="checkbox"/> Long Term Volunteer
<input type="checkbox"/>	<input type="checkbox"/> Unsure

Start Date*	Method of Contact*
<input type="checkbox"/> ASAP	<input type="checkbox"/> Email
<input type="checkbox"/> Date:	<input type="checkbox"/> Phone

<b>Would you be interested in taking part of an email database that will update you on “Scares that Care!” and its upcoming events?*</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No



**How did you hear about “Scares that Care!” and its volunteer program?**

---



---

**Why are you interested in volunteering?**

---



---

**If you are looking for one-time/short term volunteer opportunities, which events are you interested in?**

---



---

**How do you hope to benefit from this experience?**

---



---

**Do you have any special skills which you have or could bring to the events?**

---



---

**List Any Previous or Current Volunteer Experience:**

Organization	Position/Major Responsibility	Dates of Service (yy/mm)	
		From:	To:

**Please provide 3 references:**

Name of Contact	Phone Number

**Have you ever been convicted of a crime?** (This does not include minor traffic offenses and/or convictions which have been sealed, expunged or statutorily eradicated.) \_\_\_ yes \_\_\_ no

If **yes**, please explain \_\_\_\_\_

**I understand that “Scares that Care!” will run a criminal background check to verify the responses given in the application process for the sole purpose of protecting staff, volunteers and others. By signing and dating below, you acknowledge your awareness of this background check and agree.**

---

Signature

Date



***Liability Disclaimer:***

*I, and my heirs, in consideration of my participation in the Scares That Cares/Scares for Pairs/I Helped Kane, hereby release Scares That Cares/Scares for Pairs/I Helped Kane, its officers, employees and agents, and any other people officially connected with this organization and/or event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating with this organization/in this event. I am aware of the risks of participation. I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that the Scares That Cares/Scares for Pairs/I Helped Kane does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur should the need arise as a result of my participation. I understand that I am acting as an independent contractor, and further, I understand that I am not entitled to workers compensation in the event of injury or death."*

Certification of Application:

**"I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions or misrepresentations are discovered my application may be rejected and active volunteer status may be terminated."**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**"Scares that Care!" would like to thank you for your expressed interest in our charity and the fight to help those who need it most. Please submit this application using one of the following methods:**

- Email signed, digital or scanned, copy to [Volunteer@scaresthatcare.org](mailto:Volunteer@scaresthatcare.org)
- US Postal Service: Please print, fill out and mail to;

"Scares that Care!"  
ATTN: Volunteer Coordinator  
PO Box 210  
Hampstead, MD, 21074

Once your application has been received, it will be reviewed and you will be contacted by Founder/CEO Joe Ripple for a phone interview.