



## Concerned Citizens Coalition Volunteer Intake Form

Thank you for your interest in volunteering with the **Concerned Citizens Coalition**. Please complete all sections of this form. Your information helps us match you with appropriate roles and ensures you understand our mission and policies. Completing this form does **not** create an employment relationship, and volunteers must not provide legal advice. All information provided will be kept confidential.

### Section 1: Personal Information

Field	Your response
<b>Full name</b>	_____
<b>Date of birth</b> (MM/DD/YYYY)	_____
<b>Street address</b>	_____
<b>City, State &amp; ZIP</b>	_____
<b>Phone number</b>	_____
<b>Email address</b>	_____

### Section 2: Emergency Contact

Field	Your response
<b>Emergency contact name</b>	_____
<b>Relationship</b>	_____
<b>Emergency contact phone</b>	_____
<b>Emergency contact email</b>	_____

### Section 3: Availability

1. **Days and times you are available to volunteer:**

\_\_\_\_\_  
\_\_\_\_\_

2. **Expected duration of commitment** (e.g., number of hours per week, preferred start date):

\_\_\_\_\_

### Section 4: Interests & Qualifications

1. **Roles of interest** (check all that apply):
  - Researcher

- Courier (legal document runner)
  - Conciliator (conciliation calls)
  - Comforter (emotional support)
  - Case Management Assistant
  - Social Media & Outreach
  - Legal Support (paralegal or attorney)
  - Case Manager
  - Other: \_\_\_\_\_
2. **Relevant skills and qualifications** (e.g., research experience, language proficiency, legal training):
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3. **Highest level of education:** \_\_\_\_\_

4. **Do you have a valid driver's license?**

- Yes
- No

### Section 5: Background & References

1. **Consent to background check** (required for certain roles):
    - I consent to a background check.
    - I do not consent to a background check.
  2. **Professional or personal references** (optional — please list name, relationship and contact information):
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### Section 6: Acknowledgement & Agreements

Please read each statement and check the box to indicate your agreement:

- I understand that my volunteer service is at-will and may be terminated at any time by either party.
- I agree to abide by the Concerned Citizens Coalition's volunteer code of conduct and confidentiality policies.

- I acknowledge that I am **not** acting as an attorney and will **not** provide legal advice or representation.
- I agree to treat all clients, staff and fellow volunteers with respect and to protect client confidentiality.

By signing below, I affirm that the information provided is accurate to the best of my knowledge and that I agree to the above statements.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Section 7: Support & Referrals

### 1. Optional donation

Would you like to support the coalition's work financially? Donations are not required, but your generosity helps us serve more people. If yes, please visit our secure donation page at [concernedcoalition.org/donate](https://concernedcoalition.org/donate). Providing easy donation options encourages supporters to give

- Yes, I plan to donate.
- No, not at this time.

### 2. Referrals

Do you know any friends, family members or loved ones who have a civil or criminal case that needs justice or who might be interested in volunteering? If you have their permission to share their information, please list their name(s) and contact details below:

\_\_\_\_\_

Asking supporters whether they know others who could benefit from our services or volunteer opportunities helps expand our network and can lead to additional support

Thank you for completing this form. We will review your application and contact you regarding next steps.

