

## Cooper Ridge Inc. Volunteer Application

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most appropriate volunteer opportunity for you.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Please tell us why you would like to volunteer with our organization:

Please tell us what you hope to gain from your experience with us:

Please tell us about any educational background, work or volunteering experience that would be relevant to the volunteer role you are applying for:

If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role:



What hobbies, skills, special interests or qualities do you have that may be relevant to the volunteer role you are applying for?

Any other comments:

Please indicate days available: Mon Tues Wed Thur Fri Sat

Times Available: From: \_\_\_\_\_ to \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

\*Due to the nature of the services provided at Cooper Ridge, all volunteers are subject to a background check. Are you willing to have a background check performed? Yes or No (circle one)

*As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.*

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

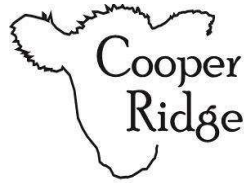
Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Guardian signature required for volunteers under 18 years of age.*

Please submit this form and signed Conflict of Interest Policy to the following email address:

[josephine@cooperridgefarm.org](mailto:josephine@cooperridgefarm.org)

Thank you for your interest in our organization.



## **Cooper Ridge Inc.**

### **Conflict of Interest Policy**

The standard of behavior at Cooper Ridge Inc. (also referred to as Cooper Ridge) is that all Board members, Officers, staff and volunteers, shall avoid conflicts of interest between the interests of Cooper Ridge on one hand, and personal, professional, and business interests on the other. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest.

- a. All Board members, Officers, staff and volunteers shall refrain from using information obtained from Cooper Ridge that has not been made generally available to the public by Cooper Ridge, either for personal profit or in any manner that affects or might reasonably affect adversely the interests of Cooper Ridge.
- b. All Board members, Officers, staff and volunteers shall avoid any situation and refrain from any activity or investment which creates or might reasonably create a conflict of interest between that individual and Cooper Ridge.

I understand that the purposes of this policy are to protect the integrity of the Cooper Ridge decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputations of Board members, Officers staff and volunteers. Upon or before election, hiring or appointment, I will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file and I will update it as appropriate.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my business or other nonprofit affiliations), my family and/or my significant other, employer, or close associates will receive a benefit or gain. After disclosure, I understand that I will be asked to leave the room for the discussion and will not be permitted to vote on the question.

I understand that this policy is meant to supplement good judgment, and I will respect its spirit as well as its wording.

Signed:

Date: