

Volunteer Application Form**DRIVERS MUST SHOW VALID DRIVER'S LICENSE AND PROOF OF INSURANCE TO DRIVE FOR TCOC**

Last name: _____ First Name: _____

Check One: TCOC Volunteer Community Volunteer

If TCOC Volunteer, list name: _____

Address: _____ City _____ Zip _____

Contact Phone Numbers - List the numbers including area code you want used for reminder phone calls.

Numbers to call:(1) _____ (2) _____ (3) _____

Emergency Contact:

Name: _____ Relationship: _____

Emergency Phone Number 1: _____ 2: _____

PLEASE PROVIDE YOUR AVAILABILITY TO VOLUNTEER – CHANGE THIS AT ANY TIME.*Note: TCOC Volunteers can also sign up to volunteer at the TCOC WEBSITE***Do you plan to volunteer with another person(s)?**

If yes, list their name(s): _____

If the other person(s) will be driving, they will also need to submit a volunteer application form.

Would you like to sign up for a regular monthly, weekly, or daily(s)? Yes No

If yes, list your preferred day, frequency and opportunity: _____

Would you like to be on a “sub” list to fill cancellations? Yes No

When we call, you can decide if the opening fits your schedule.

Would you like to receive a weekly email with open/assigned opportunities? Yes No

The email shows open dates for the following week as well as an updated monthly schedule. Active TCOC volunteers do not enter email as they automatically receive the weekly update via TCOC.org.

Email address:**Would you like to call us when you are available to volunteer?** Yes No

If yes, please do! We can be reached at (714) 770-0507.

PLEASE READ THE FOLLOWING AND SIGN APPROVAL OF THE THREE REQUIRED AGREEMENTS.**1. VOLUNTEER ACCIDENT AGREEMENT***I understand that I am--to--report any incident that happens while I am volunteering for Th CenterOC. to the Th CenterOC office within 24 hours of the incident.*