



Transforming Lives  
Ending Homelessness  
in Porter County

Ph: 219-548-2379

## CCA Spring Valley Shelter Volunteer Registration Form

[www.ccatransforms.org](http://www.ccatransforms.org)

Thank you for volunteering at CCA Spring Valley. You are helping to Transform Lives. If you have questions, please contact the Spring Valley Program Director, Erin Miller, or the CCA Operations Director.

**Please complete the front and back pages of this form.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Preferred Phone Number: \_\_\_\_\_ Best Time For Us to Contact You: \_\_\_\_\_

Email Address: \_\_\_\_\_ Are You 18 or Older? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and Phone Number of an Emergency Contact Person:  
\_\_\_\_\_

Local Church Membership (if any): \_\_\_\_\_

**Please, check the following items that apply to you.**

- \_\_\_\_\_ I am a member of Thrivent Financial Services for Lutherans.
- \_\_\_\_\_ I will need certification of completion of my volunteer hours.
- \_\_\_\_\_ I am interested in working with pre-school/school aged children, and/or adolescents tutoring or Child Enrichment Program.
- \_\_\_\_\_ I am interested in working with technology.
- \_\_\_\_\_ I have skills in maintenance/repair/construction.
- \_\_\_\_\_ I have office skills.
- \_\_\_\_\_ I have other skills I would be willing to share.

Skills and Talents I Would Like to Use as a Volunteer: \_\_\_\_\_

Times I Am Available: \_\_\_\_\_

**Please, turn to the back of the page to complete volunteer registration.**

**To Be Completed By Staff**

Tutoring and CE Volunteer Information:

Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Copy of Driver's License Made

\_\_\_\_\_ Volunteer Has Read Program Materials

\_\_\_\_\_ Criminal Background Check Completed

**Please, read each of the following sections.**

**Consent for Use of Images**

I hereby authorize CCA Spring Valley to use photo and video images of me in newspapers, newsletters, displays and other media for the purposes of promoting the work of the agency.

**Release of Liability**

I hereby hold CCA Spring Valley and all employees, volunteers, and donors harmless and indemnified from and against any losses, damages, liabilities, lawsuits, injuries, and all other possible actions arising out of my volunteer work. I will report any injury related to my volunteer work immediately to the staff.

**Ethical Standards**

Christian Community Action is committed to the highest ethical standards. We appreciate your willingness to volunteer at Spring Valley. We are committed to utilizing your time as a volunteer in a productive and worthwhile manner. We ask the following of you.

- Abide by the law and also follow the rules of Spring Valley.
- Strive to meet the highest standards of performance, quality, service and achievement.
- Be honest in words and actions.
- Refrain from using CCA/Spring Valley's name or resources for personal gain.
- Refrain from engaging in political activities on behalf of a candidate or party, as well as, creating the appearance that you are acting on behalf of CCA Spring Valley.
- Respect the dignity, uniqueness, and intrinsic worth of everyone; volunteers, residents, and staff.
- Refuse to engage in or tolerate any form of harassment or discrimination against any person; volunteer, resident, or staff.
- Refrain from becoming personally involved in the lives of our residents.
- Always work with the Spring Valley staff in the donation of items or monetary gifts rather than directly interacting with a resident(s).
- Report any potential conflicts of interest to CCA Spring Valley staff.
- Immediately report any known or possible breaches in ethics to a staff member.

**Confidentiality**

At CCA Spring Valley we are serving residents who have a legal right to expect confidentiality. If, as you volunteer at CCA Spring Valley you become aware of the identities of residents and/or any information about them, you agree to keep this information confidential and not share it with others. Please, do not ask staff or residents for information about others. We also have strict rules about the taking of pictures, videos, etc. A staff member must be present and/or approve of the taking of pictures, in order to preserve the confidential rights of our residents.

**By placing my signature at the bottom of this page I am certifying that I have read and understand the Consent for the Use of Images, Release of Liability, Ethical Standards, and Confidentiality sections as presented on this page. I agreed to comply with all items.**

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

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

Parent Signature for Minors: \_\_\_\_\_



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Spring Valley Shelter**

**CONSENT FOR BACKGROUND CHECK FOR VOLUNTEER WORK**

**FULL NAME:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **ARE YOU OVER 18?** YES  NO

**I consent to:**

- 1) My adult criminal history information being released to Christian Community Action by the IN State Police and/or any other law enforcement organization.**
- 2) My name being researched on web sites of registered sex offenders.**

**The information I have given is true and complete. I understand that giving false or misleading information will result in dismissal.**

Signature	Printed name	Date
Signature of parents, if under eighteen (18) years of age	Printed name of parent	Date

**\*\*\*Please attach a photocopy of your driver's license and/or a state ID to this form.**