



Group Volunteer Application & Release of Liability

3500 Noble Ave. | Ft. Worth, Texas 76111
 Contact: Susan Derstine P: 817-632-6038
 sderstine@canetwork.org

Today's Date:

Full Name:	Date of Birth:	[] Male [] Female	
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Address:	City:	State:	ZIP:
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Home Phone:	Cell:	Email:
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Church Membership or Affiliation:	Have you ever been convicted of a [] felony or [] misdemeanor? If Yes, Please Explain:
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Emergency Contact: Name _____ Relationship _____ Phone _____	Program _____ Date Serving _____ Number of Hours Serving _____
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Please read and Initial Each Statement, then Sign Below

____ I verify that the above information is complete and accurate.

____ I will hold all information regarding Cornerstone Assistance Network clients to the utmost confidentiality.

____ By continuing to volunteer for CAN, I acknowledge and expressly agree that any unresolved claim or dispute arising out of any Accident or Occurrence will be resolved exclusively through alternative dispute resolution procedures, or other legal process. The arbitrator shall issue a written decision and award, if any, stating the reasons therefore. The decision and any award shall be final and binding. No contractual relationship is hereby created other than this agreement to arbitrate.

____ Cornerstone Assistance Network staff members have permission to utilize any photographs or videos taken of me for publicity or training purposes.

Signature _____ Date _____

Signature of Guardian if under 18 _____

For Office Use Only		
Assigned to: _____	CAN Connection _____	Constant Contact: _____
Date: _____	Donor Perfect: _____	Sales Force: _____