



Community Care Center of the Northeast  
 2417 Welsh Road, Suite 202 Philadelphia, PA 19114  
 215-335-4416 www.communitycarenepila.org  
 A State-Licensed Non-Profit Homecare Agency



## Common Bond Caregivers

(The Volunteer Division of Community Care Center of the Northeast)

### Volunteer Application

This application will be used to establish your eligibility to volunteer for Common Bond Caregivers. The information you provide helps us to assure you, this organization and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our volunteer program. Please complete this application and return it to the Common Bond office at Community Care. Thank you!

**Please Print**

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

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

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

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (E-Mail) \_\_\_\_\_

I would like to volunteer: Clerical Work \_\_\_\_\_ Tech Volunteer \_\_\_\_\_ Volunteer Driver \_\_\_\_\_

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 If applying to become a **Driver** for **Wheels for Independence**, please fill out this section:

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

Do you have a current and valid state driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Make and Color of Car: \_\_\_\_\_

Are there any restrictions on your driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your license ever been suspended, revoked or refused? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Name of Your Auto Insurance Company: \_\_\_\_\_

All volunteer Drivers must pass a criminal history background check. By signing below, you give Common Bond permission to conduct a criminal history background check. Your signature also authorizes Common Bond Caregivers to obtain, at its sole discretion, your driving record, including all actions that have taken place regarding your license.

**This release continues in effect as long as I continue to serve as a volunteer with Common Bond Caregivers.**

\_\_\_\_\_  
 Signature (All Applicants)

\_\_\_\_\_  
 Date