

Volunteer Information Packet

Thank you for your interest in volunteering with Cuddle My Kids. My name is Colleen Bucci and I am the Volunteer Director for this wonderful organization. This is your first step to helping the lives of families stricken with cancer by bringing some happiness into their home during a very sad time.

There are several ways to volunteer your time with Cuddle My Kids and it is our goal to assist you in finding the right fit between your desired commitment and experience with the volunteer opportunities we have to offer. On behalf of all of us here at Cuddle My Kids I thank you in advance for your commitment to help us give back to the community in which we live.

Included in this Volunteer Information Packet is the following:

New Volunteer Application

Please fill out and sign this application to help us learn more about you, your contact information and how you would like to volunteer your time.

How can I volunteer with CMK?

This sheet highlights the various ways in which CMK volunteers donate their time and talents. Reviewing this list will help you find a volunteering opportunity that matches your interests and time commitments.

Confidential Volunteer Information Questionnaire:

Cuddle My Kids is a nonprofit who applies for grant money from different foundations and organizations. Some of these applications may require specific information about our staff, volunteers and the families that we serve at CMK in order to make their funding and grant requests. This information is kept confidential; no names are disclosed only percentages.

Please return the signed application and Confidential Questionnaire along with any required clearances to:

Cuddle My Kids
1100 E. Hector Street
Suite 210
Conshohocken, PA 19428

Thank you for your time and interest, should you have any further questions, please feel free to email volunteer@cuddlemykids.org

New Volunteer Application

Date:

I. PERSONAL INFORMATION

Legal Name: _____
Current Address: _____
City: _____ County in which you reside: _____
State: _____ Zip: _____

Contact Numbers:

Home: _____ Work: _____ Cell: _____
Fax: _____
May we contact you at work? YES NO

Email Address: _____

Birth Date: _____

Do you hold a valid Drivers License? YES NO
If yes, which state? _____

Have you ever had your drivers license revoked or suspended? YES NO
If yes, please explain _____

II. VOLUNTEER EXPERIENCE

Do you have any current or past volunteer experience? YES NO
If yes, please list below beginning with your most recent experience:

Volunteer Organization & Address	Position/ Responsibility	Supervisor/ Contact	Phone#	Dates of Service
-------------------------------------	-----------------------------	------------------------	--------	---------------------

What did you like about your previous volunteer
experience? _____

What did you dislike about your previous volunteer
experience? _____

Have you ever been asked to relinquish a volunteer position? _____YES _____NO
If yes, please explain and list the organization from which you were released _____

Cuddle My Kids Volunteer Opportunities

Please check those you might be interested in volunteering your time/talents:

____Home Visits/Program Administrator ____Special Events ____Administrative

____Fundraising ____Community Outreach ____Medical Outreach/Information

(Please see the “Ways to volunteer...” page for an explanation of these services)

III. Complete PA State Police Request for Criminal Background Check

IV. Complete PA Child Abuse Clearance

V. All volunteers will attend a volunteer training.

*Next training is Scheduled for November 5, 2011, 10-2PM.

*All volunteers will meet with the Program Director. Your meeting will be scheduled upon receipt of your application.

THANK YOU FOR YOU INTEREST IN HELPING CUDDLE MY KIDS. We truly value our volunteers. We could not do it without them!

Ways to Volunteer your time and talents with Cuddle My Kids

Cuddle My Kids needs volunteers to help in a variety of ways. Your time and talents are valuable to both our organization and the families it serves. Please review the areas of need and match with your personal interests, talents and time commitments.

Home Visits/Program Administrator

Home Visit volunteers meet directly with the families we serve. Along with another volunteer you will go into the homes and implement the program. Each session is 1 ½ hours in the home, plus travel time. The program runs twice a week for six weeks. This selection is flexible but we ask for at least a one session time commitment (Mondays from 9-11) or once a month on a designated day and time. This allows us to schedule volunteers per their desired time frames when families get registered for the program.

Administrative

Volunteers help coordinate email distribution lists, proofread and edit printed materials, and mailings. Assemble and fill bins with home visit materials and supplies, assemble folders for distribution to doctors, potential donors, and other requests for information. Some of these tasks can be completed in your own home.

Special Events

Assist with the planning of special events. Volunteers are in need to help with pre-event activities as well as working the event.

(ACAC community partner events, Halloween Parade in West Chester, Golf events, etc.)

Volunteers are needed to staff the informational tables at different public events and fundraisers to supply information to the public about our free service to families battling cancer with young children.

Community Outreach

Volunteers are needed to help with the compilation of lists of school counselors, social workers, doctors, nurses, and other medical and healthcare, educational professionals to be used for Educational/Informational mailings.

Assemble informational packets for these particular mailings.

Follow Up once a month with the contacts on these designated lists to see if they have anyone that could utilize our free services and to remind them of our organization and its mission.

Fundraising

Identify potential individuals and corporations, pharmaceutical companies, clubs, organizations that may be interested in supporting CMK financially or in any other way. Identify grants that may be available to CMK

Identify potential persons, organizations or foundations that would be interested in hosting a fundraiser for CMK. (Golf outing, bake sale, trunk show, shopping extravaganza, girls' night out, restaurant, etc.)

Assist in soliciting donations from local businesses for fundraising events (silent auction items, raffle items) and monetary contributions to fulfill CMK fundraising goal for the year and finding sponsors and donors for the events.

CONFIDENTIAL VOLUNTEER INFORMATION QUESTIONNAIRE

Cuddle My Kids periodically applies for grant money from various organizations and foundations. Some grant applications ask us for information (included in the below survey) about our staff, volunteers and the families that we provide services. This information is kept confidential and we do not release any names in these requests, only percentages as they apply to our organization. Thank you in advance for cooperation and for assistance.

Please check those that apply to you as an individual:

Male_____

Female_____

African American_____

Asian American_____

Latino_____

White_____

Other ethnic group_____

Low income_____

Low to Moderate Income_____

Middle Income_____

Upper Income_____

Roman Catholic_____

Jewish_____

Protestant_____

Other Religion_____

No Religion_____

Teen Age 18-19_____

Young Adult age 20-25_____

Adult age 26-64_____

Senior Citizen age 65+_____

Name_____

Date_____

Thank you for your cooperation. This is not mandatory, however for record keeping purposes, if you do not wish to divulge the above information, please sign your name here so we have a record of who has given the data and who has declined.

Name: _____

Signature: _____

Cuddle My Kids Volunteer Waiver

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

I certify that I am offering my services to Cuddle My Kids, Inc. and/or one of its on a volunteer basis. I understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I further understand that I am not eligible for worker's compensation benefits if I am injured or become ill as a result of my volunteer work, and I am not eligible for unemployment compensation. I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work.

I certify that I have received my Child Abuse Clearance (CY 113) and Acts 34 & 151 Criminal Background check (SP4-164). I certify that I have no history of child abuse or a criminal background. I am performing the proposed volunteer work with Cuddle My Kids Inc. for civic, charitable or humanitarian reasons.

.

Signature of volunteer Signature of witness

Date