



# Community Volunteer Program Enrollment

## Alamo Area Council of Governments Community Volunteer Program Enrollment Form

Please print and complete all sections. Forms with original signatures are required for enrollment

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

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

CVP provides a mileage reimbursement for travel by the volunteers.  
Would you like to donate your mileage reimbursement back to the  
program? Yes \_\_\_ No \_\_\_

Please provide a copy of auto insurance showing active coverage.

Please provide below an emergency contact:

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

The following information will help CVP match you with a volunteer opportunity:

Days/Hours Available: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_  
Mornings \_\_\_ Afternoons \_\_\_

Do you require any special accommodations or have physical or medical considerations that may impact a volunteer assignment? \_\_\_\_\_

Please indicate if CVP may have permission to use your likeness?

[ ] I hereby grant AACOG CVP permission to use my likeness in photograph(s)/video(s) in any and all of its publications or on the world wide web, whether now know or hereafter existing, controlled by AACOG CVP in perpetuity. I will make no monetary or other claim against CVP for the use of these photograph(s)/video(s).

[ ] I do not give permission to use my likeness in photograph(s)/video(s) to AACOG CVP



### Certifications

**By signing below, I acknowledge that I have read and understand the following statements:**

- I hereby state that I am at least 18 years of age or older and offer my services as a volunteer for the Alamo Area Council of Governments Community Volunteer Program. I understand that I am not an employee of the CVP Project, the sponsor, AACOG, the volunteer station or the Federal Government.
- I understand that in my capacity as a CVP volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Texas. I will also keep in effect a valid Texas driver's license.

\_\_\_\_\_  
**CVP Volunteer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**CVP Staff Signature**

\_\_\_\_\_  
**Date**

**Equal Employment Agency** – Alamo Area Council of governments is an equal opportunity Agency. Enrollments is done without regard to race, color, national origin, gender, sexual orientation, religion, age, disability, political affiliation, military service, marital or parental status. CVP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact Alamo Area Council of Governments CVP Program at (210) 362-5212.

Return completed registration to:	AACOG 2700 NE Loop 410 STE 101 San Antonio, TX 78217	For questions contact: Celina Wilt (210)387-8288 cwilt@aacog.com
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