



Volunteer Contact Information

Volunteer Information

Full Name:	
Address:	
Email:	
Contact Phone:	

Availability

Please circle your availability.

- Time of Day: AM / PM
- Days available:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Emergency Contact Information

Full Name:	
Relationship:	
Contact Phone:	

Confidentiality Statement

I agree to maintain strict confidentiality regarding all information obtained during my volunteer work at Casa Esperanza. I will protect residents' and children's privacy and uphold "professional" confidentiality in all statements outside of Casa Esperanza. I understand that volunteering involves inherent risks. I assume full responsibility for any personal injury and release Casa Esperanza from liability for any injury, loss, or damage related to my volunteer service.

Volunteer Signature

Date

Staff Signature

Date

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