



# Project CUDDLE

safe and legal alternatives to baby abandonment

**Project Cuddle**  
2973 Harbor Blvd #326  
Costa Mesa, CA 92626  
714.432.9681 office  
[www.projectcuddle.org](http://www.projectcuddle.org)

## NATIONAL VOLUNTEER APPLICATION (Form 1 of 3)

PLEASE PRINT CLEARLY

Date: \_\_\_\_\_

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ OK to call work? \_\_\_\_\_

Cellular Phone: (\_\_\_\_) \_\_\_\_\_ e-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

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

2. Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit # \_\_\_\_\_

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

3. Drivers License # \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Please provide a copy of your Drivers License and Social Security card)

4. May we give your phone number to other Project Cuddle Volunteers in your area? (Please Circle One) Yes / No

5. Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this application you are releasing Project Cuddle from any and all liability and agree to a basic background check. The above information is for our files only and will be kept confidential.

**THANK YOU FOR INTEREST IN HELPING PROJECT CUDDLE PREVENT BABY ABANDONMENT**

### FOR OFFICE USE ONLY

1 2 3 4 5 6 7 8 9 10 11 12 13

Date Sent: \_\_\_\_\_

Additional material sent:

Item(s) \_\_\_\_\_ Qty \_\_\_\_\_ Date \_\_\_\_\_ Item(s) \_\_\_\_\_ Qty \_\_\_\_\_ Date \_\_\_\_\_

Item(s) \_\_\_\_\_ Qty \_\_\_\_\_ Date \_\_\_\_\_ Item(s) \_\_\_\_\_ Qty \_\_\_\_\_ Date \_\_\_\_\_



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## NATIONWIDE VOLUNTEER OPPORTUNITIES (Form 2 of 3)

PLEASE PRINT CLEARLY

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

Profession & other interests or skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WE ARE A NON-DISCRIMINATING, NON-PROFIT ORGANIZATION -

Do you object to interracial placements? (Please Circle One) Yes / No

**Check any of the volunteer areas listed below that may be of interest to you. Please rate your interest on a scale of 1-10, with 10 being "most interested in".**

- \_\_\_\_\_ 1. If a crisis should occur in your area, you would be available to assist (i.e., transport a birth mother to a doctor's appointment or help find a local shelter.) We will also need a liability waiver on file. Major city near you \_\_\_\_\_ Miles from that city \_\_\_\_\_.
- \_\_\_\_\_ 2. Researcher to gather statistics on abandoned infants (via newspapers, coroners, etc. in your area).
- \_\_\_\_\_ 3 Solicit corporate donations and employee contribution programs in your area.
- \_\_\_\_\_ 4. Angel Day; adopt a day for someone you love.
- \_\_\_\_\_ 5. Community Awareness (copy and/or distribute Project Cuddle flyers in your local area such as schools, pregnancy centers, churches, prisons, etc.).
- \_\_\_\_\_ 6. Solicit professional service donations (obstetricians, pediatricians, licensed counselors, attorneys, printers, etc.)
- \_\_\_\_\_ 7. Distribute educational material at schools, organizations, churches, prisons, and pregnancy centers in your area.
- \_\_\_\_\_ 8. Locate TV stations or local cable companies that may be willing to air public service announcements in your community.
- \_\_\_\_\_ 9. Collect donated calling cards or donate postage stamps.
- \_\_\_\_\_ 10. Be the State coordinator in your area \_\_\_\_\_.
- \_\_\_\_\_ 11. Meet with schools in your area regarding a presentation of the Project Cuddle video.

Other areas you could help in are: \_\_\_\_\_  
\_\_\_\_\_

**Please mail all three (3) completed Volunteer Application forms to:  
PROJECT CUDDLE #326  
2973 HARBOR BLVD.  
COSTA MESA, CA 92626**



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## NON-COMPETE / CONFIDENTIALITY AGREEMENT (Form 3 of 3)

For good consideration and as an inducement for Project Cuddle, to utilize \_\_\_\_\_ the undersigned  
(Volunteer's Name)  
Volunteer hereby agrees NOT to directly or indirectly compete with the business of the Company and it's successors and assigns during the period of involvement and for a period of five (5) years following discontinuation of involvement and notwithstanding the cause or reason of discontinuation.

The term "not compete" as used herein shall mean that the Volunteer shall not own, manage, operate, consult to or be involved in a business substantially similar to or competitive with the present business of the Company or such other business activity in which the Company may substantially engage during the term of involvement.

The Volunteer acknowledges that the Company shall or may in reliance of this agreement provide Volunteer access to trade secrets, customer and other confidential data and that the provisions of this agreement are reasonably necessary to protect the Company and it's good will. Volunteer agrees to retain said information on his/her own behalf or disclose same to any third party. This agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

The below signed Volunteer also agrees to keep any and all information completely confidential. Said Volunteer will not share any type of information whatsoever, whether written or spoken with anyone other than Project Cuddle employees. Information is not to be duplicated and/or talked about. Said Volunteer understands that this information is used solely for the purpose of helping to save babies from being abandoned and understands that this information placed in the wrong hands could be extremely dangerous.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Project Cuddle, Inc.  
Company

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
Volunteer Signature

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