

Volunteer Application (Form 1 of 3)
PLEASE PRINT CLEARLY WITH BLACK INK

Section 1: Date: _____
 First Name: _____ Last Name: _____ MI: _____
 Home Phone: _____ Work Phone: _____ Ok to call work? Y / N
 Cell Phone: _____ E-Mail: _____
 Address: _____ Unit/Apt/Building #: _____
 City: _____ County: _____ State: _____ Zip: _____

Section 2:
 Employer: _____ Address: _____
 Unit/Apt/Building #: _____ City: _____ County: _____
 State: _____ Zip: _____

Section 3:
 Driver's License #: _____ (*Must provide a copy of your driver's license*)

Section 4:
 May we give your phone number to other Project Cuddle Volunteers in your area? Y / N

Volunteer Signature: _____ Date: _____

FOR OFFICE USE ONLY

1 2 3 4 5 6 7 8 9 10 11 12 13 14

Date Sent: _____

Additional Material Sent:

Items: _____ Qty _____ Date: _____
 Items: _____ Qty _____ Date: _____
 Items: _____ Qty _____ Date: _____
 Items: _____ Qty _____ Date: _____
 Items: _____ Qty _____ Date: _____



Volunteer Application (Form 2 of 3)

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First Name: _____ Last Name: _____ MI: _____
 Main Phone #: _____ Cell/Secondary Phone #: _____
 Profession: _____ Interests: _____
 Skills: _____

WE ARE A NON-DISCRIMINATING, NON-PROFIT ORGANIZATION

Do you object to interracial placements? : YES / NO

Please select 3-4 areas of interest listed below. Please rate your interest on a scale of 1 – 10; 10 being “most interested in”.

1. _____ Become an Auxiliary Member (even volunteering) to help with event planning, fundraising and Project Cuddle Awareness.
 2. _____ Hotline Phone Operator (Calls are forwarded to your home or cell phone)
 3. _____ On-Site or Virtual Office Work: phone, mailing creation and distribution of care packages, etc at the Costa Mesa, CA office.
 4. _____ If a crisis should occur in your area, you would be available to assist (ie: Transport a Birthmom to a doctor’s appointment or help find a local shelter) We will also need a liability waiver on file. Must provide valid car insurance to cover driver and passenger.
 Major City Near You: _____ State: _____ Miles from that City: _____
 5. _____ Researcher to gather statistics on abandoned infants (via newspapers, coroners, etc where requested)
 6. _____ Solicit corporate donations & Employee Giving Campaigns at your work or your friend’s and families.
 7. _____ Angel Day; adopt a day for someone you love. For a donation of \$50 or more, you can have a customized certificate dedicating a special day and occasion to a special person, signed by the Founder & CEO Debbe Ann Magnusen-“The Baby Saver” with the official Project Cuddle Golden Seal.
 8. _____ Community Awareness (copy and/or distribute Project Cuddle flyers in your local area such as schools, pregnancy centers, churches, synagogues, prisons, etc)
 9. _____ Solicit professional service donations (obstetricians, pediatricians, licensed counselors, attorneys, printers, etc)
 10. _____ Distribute educational material at schools, organizations, churches, prisons, and pregnancy centers in your area.
 11. _____ Locate TV stations or local cable companies that may be willing to air public service announcements in your Community. (Especially after you hear about cases on the news of abandoned babies)
 12. _____ Collect or donate postage stamps, gift cards, baby supplies
 13. _____ Be the coordinating volunteer in your area. What County? _____
 14. _____ Set up virtual Luncheons or Virtual Baby Show with Clubs, Women/Church groups and hospital staff. The Founder can join in on a Zoom meeting and you can share a fantastic episode of Debbe on Oprah prior to her speaking. They may have questions.
- Other areas you can help in: _____

How often can you Volunteer?

Weekly: _____ Twice a month: _____ Monthly: _____ Quarterly: _____
 Events only: _____



Volunteer Application (Form 3 of 3)

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For good consideration and as an inducement for Project Cuddle, to utilize _____
(*Volunteer's Name*) the undersigned Volunteer hereby agrees NOT to directly or indirectly compete with the business of the Charity and its 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 Charity or such other business activity in which the Charity may sustainably engage during the term of involvement.

The Volunteer acknowledges that the Charity shall or may in reliance of this agreement provide Volunteer access to trade secrets, case info. and other confidential data and that the provisions of this agreement are reasonably necessary to protect the Charity and its good will. Volunteer agrees not 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, Crisis Operators, etc.. Information is not to be duplicated or talked about. Said Volunteer understands that this information is used solely for the purpose of helping to save babies from being abandoned and understand that this information placed in the wrong hands could be extremely dangerous.

Volunteer Name (Printed): _____

Volunteer Signature: _____

Date Signed: _____

Please mail all three (3) completed Volunteer Application Forms, plus a copy of your photo ID to the address below

