



Cayman Islands Crisis Centre
P.O. Box 10454 Grand Cayman KY1-1004 CAYMAN ISLANDS
Office: (345) 949-0366 Fax: (345) 949-0124
Estella's Place Coordinator Direct Line: 914 2725
Email: volunteer@cicc.ky Website: www.cicc.ky
There is NO Excuse for Domestic Abuse

CICC VOLUNTEER APPLICATION FORM

Dear Applicant, we thank you for your willingness to support our cause!
You are a few short steps away from joining our CICC family.
Please complete this application form and together with a few additional documents (see page 4)
email it back to us at volunteer@cicc.ky

**Please note that the Volunteer Applicant must be 24 years of age or older to be eligible
for the CICC Volunteer Programme.**

**“Nothing liberates our greatness like the desire to help, the desire to serve.”
Marianne Williamson**

Applicant's Contact Information

Name _____

Physical Address _____

Mobile Phone _____

Work Phone _____

Email Address _____

Occupation/Company _____

How did you hear about us _____

Please tell us why you want to be a Volunteer in our organisation?

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Summarize your previous volunteer experience.

Tell us in which areas you are interested in volunteering (select all that apply):

- **Occasionally staffing our Shelter and answering Crisis Calls** (training provided) _____
- **Assisting Fundraising Committee (FC) with events** (organising, registrations, soliciting raffle prizes, volunteering during events, etc.). FC organises 3-5 fundraising events annually _____
- **Assisting with CICC activities** (Shop for Shelter, Shop for TAYA, information booths, etc.) _____
- **Donations** - helping at the **warehouse**: collecting, organising, distributing donations _____
- **Grocery shopping** (weekly or bi/weekly according to the schedule) _____
- **TAYA Lounge** after-school programme for at-risk youth (weekly commitment) _____
- **Assisting using your own talents/profession** (for example supporting our clients by delivering budget training sessions, workshops on healthy nutrition, parenting skills, yoga, cooking, art, coaching, music, etc.) If yes, please specify your area of expertise: _____

When are you available for volunteer assignments (please choose all that applies)?

Weekdays: mornings _____ afternoons _____ evenings _____ nights _____

Weekends: mornings _____ afternoons _____ evenings _____ nights _____

Minimum volunteer commitment is for 1 year.

What is the anticipated length of your commitment? _____

Person we can contact in case of emergency:

Name _____

Physical Address _____

Mobile Phone _____

Work Phone _____

Email Address _____

CICC Inclusion and Equality Policy

All our services are open to all regardless of their race, colour, national origin, disability, different values, religion, economic background, culture, or traditions. We see it as our responsibility to promote equality and diversity. We have a zero-tolerance policy for any signs of racism, bullying, discrimination, harassment, or any other acts of intolerance. We are committed to providing a safe environment for our clients, employees, and visitors free of harassment, discrimination, and threats.

Any Volunteer who acts intolerant will be expelled from our Volunteer Programme.

Please provide 2 references that we can contact.

These references must have known you for **over 1 year** and cannot be a member of your family.

REFERENCE 1

Name _____

Email Address _____

Mobile Phone _____

Relationship to you _____

REFERENCE 2

Name _____

Email Address _____

Mobile Phone _____

Relationship to you _____

To join our Volunteer Programme, please email to volunteer@cicc.ky the completed CICC Volunteer Application, which consists of:

- *CICC Volunteer Application Form*
- *CICC Confidentiality Agreement*
- *CICC Release Liability Form*
- *Police Clearance (no older than 6 months)*

Agreement and Signature

By submitting this application, I confirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Applicant's Name (printed) _____

Applicant's Signature _____

Date _____

We can't wait for you to join us and help us to make the Cayman Islands a safe and wonderful home that we all deserve to have!

THERE IS NO EXCUSE FOR DOMESTIC ABUSE.

