



**Competency & Credentialing Institute  
Willingness-to-Serve Form**

Name: \_\_\_\_\_

Home Address: (include city, state, zip) \_\_\_\_\_

Work Address: (include city, state, zip) \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

**Statement of Understanding**

I \_\_\_\_\_ understand the requirements of the position I seek. I further understand the time commitment and confidentiality requirements to serve as a volunteer with CCI.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After signing the Statement of Understanding below, return this form to the Executive Department, at [executive@cc-institute.org](mailto:executive@cc-institute.org).