



VOLUNTEER APPLICATION

(*REQUIRED)

PERSONAL INFORMATION

DATE: _____ *NICKNAME: _____

*FIRST NAME: _____ *MIDDLE INITIAL: _____

*LAST NAME: _____

*ADDRESS: _____

*CITY: _____ *STATE: _____ *ZIP: _____

EMAIL ADDRESS: _____

*PHONE: HOME: _____ CELL: _____ WORK: _____

*Preferred contact method – please check only one: EMAIL _____ HOME PHONE _____ CELL _____

Are you currently a paying member of Cheshire Village @ Home? YES _____ NO _____

*IN CASE OF EMERGENCY, NOTIFY: _____ *PHONE: _____

HOSPITAL PREFERENCE: _____ PHYSICIAN: _____

REFERENCES

Please list 2 references that we may call to verify your suitability to volunteer with us:

*NAME: _____ *PHONE: _____

*NAME: _____ *PHONE: _____

YOUR AVAILABILITY

Please use these codes to mark your availability: **A-** most likely **B-** depends on week **C-** Not available

	Morning 8-11am	Midday 11am-2pm	Afternoon 2-5	Evening 5-8
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

CHECK OR CIRCLE ALL THAT YOU MIGHT WANT TO DO AS A VOLUNTEER:

COMPANIONS/
HOMEMAKERS
Food preparation

Friendly social visit
Help filling out forms or writing
Knitting help

Play games/do puzzles
Read with or for member
Sewing help

**COMPUTER/
TECHNOLOGY**

Advice on technology selection

Computer

repair/troubleshooting

Mac computer help

Mobile phone help

PC computer help

Setup printer or computer

Tutor for computer applications

ERRANDS – member doesn't
go with you

Personal shopping

Pick up newspaper or mail

Post office delivery

Prescription pick up

HEALTH/WELLNESS

Fitness

Wellness phone call

HOME: INSIDE

Change light bulbs

Clean closets/cabinets

Hang pictures/curtains

House chores misc

Move light furniture

Organization/ downsizing

HOME: OUTSIDE

Clean gutters

Minor repairs

HOME: GARDEN & LAWN

Mow lawn

Plant garden / flowers

Raking

Weeding garden

MISC

Willingness to consider job not
listed!

PETS

Feed pet

Walk pet

TRANSPORTATION

Grocery shopping

Medical appointment

Misc ride

Pharmacy

Shopping

Social visit

Worship service

What are you **NOT** willing to do? _____

THIS SECTION ONLY FOR THOSE INTERESTED IN BEING A DRIVER

*Automobile Insurance Co. _____ - *copy of declaration of insurance must be on file*

*Policy # _____ *Exp Date: _____

*Driver's License # _____ *State _____ *Exp. _____ - *copy of license must be on file*

*How far are you willing to drive during one transport? Hours? _____ Miles? _____

By completing this volunteer service provider application, the undersigned agrees to allow

Cheshire Village @ Home to perform background checks to insure high standards of service and performance.

*Signature: _____

*Print Name: _____ *Date: _____

PLEASE MAIL OR BRING TO:

Cheshire Village at Home, Keene Senior Center, 70 Court Street, Keene, NH 03431

BEAS STATE REGISTRY CONSENT FORM
(RSA 161-F:49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to: (***This portion must be filled out in order to be processed.***)

Employer Name: Cheshire Village at Home/Keene Senior Center
Mailing Address: 70 Court Street
City/State/Zip: Keene, NH 03431
Telephone: 603-903-9680
Fax: _____

For Official Use Only

Employee Information

PLEASE PRINT IN CLEAR BLOCK LETTERS

(If content is illegible, it will be stamped "Unable to Process" and returned.)

Last Name: _____ First Name: _____ Middle Initial: _____
Mailing Address: _____ City/State/Zip: _____
Telephone: _____ Gender: Female Male

Also known by the following names (Maiden Name, etc.):

Last Name _____ First Name: _____ Middle Initial: _____
Last Name _____ First Name: _____ Middle Initial: _____

Date of Birth: Month ___ Day ___ Year ___ Social Security #: _____
(Required) (Optional)

Position: _____ Select one: Applying Current Position

employee consultant volunteer vendor other _____

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee Signature _____ Date _____
Witness Signature _____ Date _____

(REQUIRED)

Fax to: (603) 271-6875 or Email BEASStateRegistry@dhhs.state.nh.us

**Or Mail to: BEAS State Registry, Concord District Office, 40 Terrill Park Drive,
Concord, NH 03301-3857**

***This record check pertains only to findings made on or after July 1, 2007 pursuant to RSA 161-F:49.**