



# 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.**