

Assistance Request Page 1

Thanks For Asking For Help From Your Civano Neighbors

Name:	Date:		
Address:			
Cell Phone:	Phone: Home Phone:		
Email address:			
Date of Birth	Best way to contact: ph	one \square text \square email \square	
Do you reside in Civan	o year round ?	_	
*If not, usual months p	resent:		
Services You	Might Want or Need Now	OR In The Future	
<u>Transportation</u>	Social Connection	Home Help	
☐ To Appointments	□ In-person visit	☐Light housekeeping	
☐To Pharmacy	☐Phone call	☐ Meal preparation	
□ To Shopping	☐ Text messaging	☐Light yard work	
☐Pet Transport	☐ Escort to event	☐ Sewing repairs	
☐Pharmacy pickup	☐Play games	□Laundry	
☐ Shopping errands	☐Read aloud	☐ Electronics help	
☐To an event	☐ Write/type letters	☐ Minor repairs	
☐ Other Errands	☐ Caregiver relief	□ Dog walking (short term)	
☐ Other: (specify)	☐ Other: <i>(specify)</i>	☐ Other: (specify)	
* More details about serv	vices available from volunteer	rs is provided on page 4.	
	Emergency Contacts		
Whom should we con	tact in the event of an em	nergency? If possible,	
provide at least one (1)	local contact.		
Name:	e: Relationship?		
Cell Phone:	ne: Home Phone:		
	Phone: Other:		

	Relationship?		
	hone: Home Phone:		
Work Phone:	Other:	Other:	



Assistance RequestPage 2

Recipient Restrictions or Special Needs

What environmental sensitivities (mold, perfume, cigarette smoke, pet allergies, etc) do you have?		
What assistive devices do you use in your home or during transport (walker cane, wheelchair, hearing aids, etc.)?		
Recipient Special Interests & Unique Skills		
Efforts are made to match volunteers and recipients with similar interests and/or backgrounds. What special interests and/or hobbies do you have?		
What other languages do you speak and/or read?		
Tell us about your occupations (past & present) or professional background		
Additional Information about you and/or your home Is there a smoker in the home?		
Do you live in a one or two story home? <i>One story</i> \square <i>Two story</i> \square Describe the pets you have in your home. (i.e., type, number, etc.)		
What other agencies or services are provided in your home? (i.e., cleaning services, home health care, etc.)		



Assistance Request Page 3

WAIVER OF LIABILITY

ALL RECIPIENTS MUST SIGN A WAIVER OF LIABILITY PRIOR TO ASSISTANCE PROVIDED.

In consideration of Civano 1 Neighbors Helping Neighbors providing services at no cost and solely for my benefit, I hereby release the program and the assigned volunteer fully and without reservation from any and all claims whatsoever of culpability, responsibility, fault and liability for any inadvertent and/or accidental occurrence which may result in personal injury or property damage or other effect during all times of volunteer services.

Furthermore, I do herewith unequivocally waive and deny for myself and my assigns any and all rights to pursue any action against Civano 1 Neighbors Helping Neighbors and or volunteers assigned to me, for any action or inaction executed by them in good faith.

I also understand that Civano 1 Neighbors Helping Neighbors is a volunteer organization using community volunteers and might not be able to furnish services when requested. I assume full responsibility to obtain back-up services in case such an event should occur.

It is also my responsibility to notify Civano 1 Neighbors Helping Neighbors of any status change that would cancel my eligibility for services.

The information provided on this Request for Assistance application is true and complete to the best of my knowledge.

Recipient's Signature:	Date:
************	***************
Notes: (for office use only)	

Keep this page (Page 4) for your future reference.

Services That Can Be Provided by Volunteers

Transportation	Drive recipient to and from medical or other appointments. Generally by providing 2-3 day notice.
Errands	Pick up medication or other shopping items for the recipient and deliver the items to the recipient's home.
Friendly phone call	Call the recipient 2-3 times a week. Generally 10-15 minute conversation to relieve sense of isolation.
Friendly in- person visit	Visit the recipient in-person in the recipient's home for about an hour, normally on a weekly basis.
Caregiver relief	Provide respite relief to allow the primary caregiver some time off. Can be intermittent or a regular commitment of approximately 2-3 hours. Volunteer would be present in the home in order to call 911 if an emergency occurred.
Events	This might involve escorting the recipient to a community event for the purpose of community connection. It could also involve drop off and pick up later after an event such as concert or church attendance.

Volunteers are NOT Allowed to Provide The Following Services

* Volunteers are not certified or trained to provide this particular level of assistance. Prohibiting volunteers from providing these services will help minimize risk and liability to the individuals involved as well as the program.

Administering medication	Assisting with bathing
Giving financial advice	Giving legal advice
Lifting or transferring recipient	Heavy Lifting (i.e., moving furniture/ appliances, etc.)
Professional Respite Care	This is more extensive than short-term caregiver relief.