

Thanks For Asking For Help From Your Civano Neighbors

Name: _____ Date: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email address: _____

Date of Birth _____ Best way to contact: *phone* ☐ *text* ☐ *email* ☐

Do you reside in Civano **year round**? _____

*If not, usual months present: _____

Services You Might Want or Need Now OR In The Future

Transportation

- ☐ To Appointments
- ☐ To Pharmacy
- ☐ To Shopping
- ☐ Pet Transport
- ☐ Pharmacy pickup
- ☐ Shopping errands
- ☐ To an event
- ☐ Other Errands
- ☐ Other: *(specify)*

Social Connection

- ☐ In-person visit
- ☐ Phone call
- ☐ Text messaging
- ☐ Escort to event
- ☐ Play games
- ☐ Read aloud
- ☐ Write/type letters
- ☐ Caregiver relief
- ☐ Other: *(specify)*

Home Help

- ☐ Light housekeeping
- ☐ Meal preparation
- ☐ Light yard work
- ☐ Sewing repairs
- ☐ Laundry
- ☐ Electronics help
- ☐ Minor repairs
- ☐ Dog walking
- ☐ Other: *(specify)*

* More details about services available from volunteers is provided on page 3.

Emergency Contacts

Whom should we contact in the event of an emergency? If possible, provide at least one (1) local contact.

Name: _____ Relationship? _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Other: _____

Name: _____ Relationship? _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Other: _____

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? *One story* ☐ *Two story* ☐

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.)

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.

