

**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)*

\_\_\_\_\_  
\_\_\_\_\_

**Maintenance**

- ☐ 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: \_\_\_\_\_

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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?

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What assistive devices do you use in your home or during transport (*walker, cane, wheelchair, hearing aids, etc.*)?

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### 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?

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What other languages do you speak and/or read?

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Tell us about your occupations (past & present) or professional background.

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### 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.)

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What other agencies or services are provided in your home? (i.e., cleaning services, home health care, etc.)

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### Services That Can Be Provided by Volunteers

<b>Transportation</b>	Drive recipient to and from medical or other appointments. Generally by providing 2-3 day notice.
<b>Errands</b>	Pick up medication or other shopping items for the recipient and deliver the items to the recipient's home.
<b>Friendly phone call</b>	Call the recipient 2-3 times a week. Generally 10-15 minute conversation to relieve sense of isolation.
<b>Friendly in-person visit</b>	Visit the recipient in-person in the recipient's home for about an hour, normally on a weekly basis.
<b>Caregiver relief</b>	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.
<b>Events</b>	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.

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

## 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:** \_\_\_\_\_

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**Notes:** *(for office use only)*