

Thank You For Volunteering To Help Your Neighbors

Name: _____ Date: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email address: _____

Are you over 18 yrs old? ____ Best way to contact? phone ☐ text ☐ email ☐

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

*If not, usual months present: _____

Services You Are Willing to Provide

***See descriptions of volunteer services on page 3.**

Transportation

- ☐ To Appointments
- ☐ To Pharmacy
- ☐ To an event
- ☐ Shopping w/recipient
- ☐ Pet Transport
- ☐ Pharmacy pickup
- ☐ Shopping errands
- ☐ Other errands
- ☐ Other: (specify) _____

Social Connection

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

Home Help

- ☐ Light housekeeping
- ☐ Providing meals
- ☐ Light yard work
- ☐ Sewing repairs
- ☐ Laundry
- ☐ Electronics help
- ☐ Minor repairs
- ☐ Dog walking
- ☐ Other: (specify) _____

Volunteer's Availability

Please indicate in the chart below the days and approximate time periods you are available to volunteer.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
AM							
PM							

***Might** you be available with just a short (1 hour) notice? (You can always decline, if you are not available.) _____

Volunteer's Restrictions

Do you have any environmental sensitivities (mold, perfume, cigarette smoke, pet allergies, etc.)? Please specify below:

What physical limitations do you have which would affect performing the volunteer services you indicated above?

Volunteer's Skills and Special Interests

Efforts are made to match volunteers and recipients with similar interests and/or backgrounds. What interests and/or skills are you willing to share?

What other languages do you speak and/or read?

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

EMERGENCY CONTACTS for Volunteer

Provide at least one contact we can call in the event of an emergency?

Name: _____ Relationship? _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Other: _____

Name: _____ Relationship? _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Other: _____

Volunteer Job Descriptions Clarified

Transportation	Drive recipient to and from medical or other appointments. Generally provided with 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 at the recipient's home, or other agreed upon location, 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)
Professional Respite Care	This is more extensive than short-term caregiver relief.

Vehicle Information

Will you be using your own vehicle to transport recipients to appointments, stores, events, etc.? _____ If so, provide the following information”

Driver's License # _____ Expiration Date: _____

Vehicle Make: _____ Model: _____ Color: _____

Vehicle license #: _____ Car Insurance Co.: _____

Understanding of Agreement

- *I acknowledge that in the course of providing volunteer services I may have access to confidential information. I understand this information should remain confidential. If I have concerns or questions about a recipient, I will contact the program coordinator. **Please initial:** _____*
- *I understand I will be volunteering my services with the Civano 1 Neighbors Helping Neighbors (NHN) program and am not acting in the capacity as an employee of Pima Council on Aging (PCOA) or Regional Transportation Authority (RTA). I agree to follow all policies and procedures. **Please initial:** _____*
- *I understand that Civano 1 NHN, PCOA, or RTA are NOT liable for any accidents or claims which might occur during my volunteer activity. I agree that my personal automobile or other personal insurance covers me and any recipient I am transporting in my role as volunteer. I will maintain a valid driver's license and arrange to keep in effect auto liability insurance equal to the minimum limits required by Arizona. **Please initial:** _____*
- *The information provided on this volunteer application is true and complete to the best of my knowledge.*

Volunteer Signature: _____ **Date:** _____

Notes: *(for office use only)*
