



Volunteer Application

Office Use:

☐ Accept ☐ Reject

Thank you for your interest in volunteering! Please note the following important information as you apply:

—When you complete this form and submit your Social Security Number, Verde Valley Caregivers Coalition (VVCC) shall complete a background check. For your protection, after the check is completed, your number is blacked out, like this: XXXXXXXXXX.

—As a kind reminder, all interactions on behalf of VVCC need to be arranged through the main office. VVCC requests this so that in the unlikely event of an accident, insurance and liability policies can protect you and the neighbor served.

Name: _____ (Please Print) Date of Birth: _____

Address, City, Zip: _____

Home Phone: _____ Cell Phone: _____ Social Security Number: _____

Email: _____ Have you ever been accused of a felony? ☐ Yes ☐ No

Emergency Contact Name: _____ Phone Number: _____

Spouse Name: _____ Current Employer: _____

Former Occupation: _____

Personal Reference name, telephone, relationship: _____

I am interested in volunteering for:

- | | |
|--|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Shopping for neighbors |
| <input type="checkbox"/> Interviewing new neighbors | <input type="checkbox"/> Shopping with neighbors |
| <input type="checkbox"/> Guardian Angel Program | <input type="checkbox"/> Virtual Assistance |
| <input type="checkbox"/> Respite support | <input type="checkbox"/> Social Outings |
| <input type="checkbox"/> Business Help | |
| <input type="checkbox"/> Visiting neighbors | |
| <input type="checkbox"/> Calling Neighbors | |
| <input type="checkbox"/> Light Handy work | |
| <input type="checkbox"/> Pet Assistance | Have you been vaccinated?
Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Patient Scribe | Are you available with short notice?
Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Technology Help (phones, computers, etc.) | |

If Transporting, my vehicle is a:

- ☐ Sports car
☐ Sedan
☐ SUV / Truck

I'm willing to drive to:

- ☐ Rimrock Area
☐ Camp Verde
☐ Clarkdale ☐ Cornville
☐ Cottonwood ☐ Jerome
☐ Sedona ☐ VOC
☐ Flagstaff ☐ Prescott
☐ Phoenix

Days and times that I am available:

How did you hear about us?

I authorize Verde Valley Caregivers Coalition to complete a background check. My commitment is for as long as I am able and/or willing to be a volunteer; I can suspend or resign when I feel the need. I understand that my volunteer work pertains to those neighbors to whom I am assigned; All the information on this form has been completed by the undersigned and is correct as of the date signed.

Signature: _____ Date: _____

299 Van Deren, Suite 2
Sedona, AZ 86336
Tel: 928-204-1238
Fax: 928-203-9503

DRIVER INFORMATION

It is policy that anyone using a vehicle while performing volunteer services have the following information on file:

DRIVER'S LICENSE # AND STATE _____
DATE OF EXPIRATION _____

AUTOMOBILE INSURANCE CARRIER _____
DATE OF EXPIRATION OF COVERAGE _____

Please note:

Unless we hear from you that you have changed insurance carriers and/or that your driver's license is invalid, we will assume that you continue to be licensed and insured.

Signature _____ Date _____



"Creating a caring community for older adults in need."

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Confidentiality Agreement

The Verde Valley Caregivers Coalition strives to protect the confidentiality of its neighbors and volunteers, and VVCC volunteers are responsible for maintaining the confidentiality of all information to which they are exposed while serving as a volunteer; whether this information involves a prospective, current or past neighbor, board member, or staff member, another volunteer, or the overall organization. Breaching confidentiality can be hurtful to the neighbors we serve, to other volunteers and to VVCC staff. The failure to maintain confidentiality may result in the termination of a volunteer's relationship with VVCC.

By signing this agreement, I agree that:

I will not reveal the identity, history, services received or location of any neighbor, except to other authorized VVCC staff members or volunteers;

I will exercise discretion and caution when discussing any matters pertaining to VVCC with other authorized volunteers or staff members, when it is possible that my conversation may be overheard by others;

I will not participate in any discussions about any VVC neighbors while "off duty" and not acting in my capacity as a volunteer; and

I will keep all personal information (location, health and medical, financial), activities, conversations and records relating to VVCC, its neighbors, staff and volunteers, strictly confidential at all times, and use the information only for VVCC services.

I understand that a neighbor's right to confidentiality does not end when I stop my volunteer activity with them, or when they stop receiving services from VVCC.

Signature of volunteer, phone, date

Printed Name