



# Volunteer Application

<b>Office Use:</b> <input type="radio"/> Accept <input type="radio"/> Reject
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**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: ██████.

—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, Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_      Have you ever been accused of a felony?    Yes    No

Current Employer: \_\_\_\_\_

Former Occupation: \_\_\_\_\_

Personal Reference name, telephone, relationship: \_\_\_\_\_

**I am interested in volunteering for:**

- |  |  |
|--|--|
| <input type="checkbox"/> Call Center                               | <input type="checkbox"/> Shopping for neighbors  |
| <input type="checkbox"/> Transportation                            | <input type="checkbox"/> Shopping with neighbors |
| <input type="checkbox"/> Interviewing new neighbors                |  |
| <input type="checkbox"/> Guardian Angel Program                    |  |
| <input type="checkbox"/> Respite support                           |  |
| <input type="checkbox"/> Business Help                             |  |
| <input type="checkbox"/> Visiting neighbors                        |  |
| <input type="checkbox"/> Calling Neighbors                         |  |
| <input type="checkbox"/> Light Handy work requests                 |  |
| <input type="checkbox"/> Pet Assistance                            |  |
| <input type="checkbox"/> Patient Scribe                            |  |
| <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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Tel: 928-204-1238  
Fax: 928-203-9503**

### **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.

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Signature of volunteer, phone, date

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Printed Name