



Volunteer Application

Office Use: <input type="radio"/> Accept <input type="radio"/> 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: _____

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	Have you been vaccinated?
<input type="checkbox"/> Guardian Angel Program	Yes No
<input type="checkbox"/> Respite support	Are you available with short notice?
<input type="checkbox"/> Business Help	Yes No
<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: _____