



**HEARTS AND HANDS HELPING SENIORS**  
**Laurel Area Interfaith Volunteer Caregivers, Inc.**  
**VOLUNTEER APPLICATION**



Our Mission: To enhance the quality of life for persons 60 years and older who reside in the Latrobe, Unity Township, Ligonier, Ligonier Township, Derry, and Derry Township areas by providing companionship and assistance.

**OUR VISION**

Compassionate Hearts



Connecting Hands



Creating Hope

**WHAT IS HEARTS AND HANDS HELPING SENIORS?**

Hearts and Hands Helping Seniors, formerly Laurel Area Faith in Action, is a community outreach program designed to help our aging neighbors maintain their independence, quality of life, and dignity. Our services help to supplement the services offered by other programs and agencies in the area and are NOT intended to replace them. All our services are performed by volunteers and there is never a charge for services received. The program is based on a national model for Volunteer Caregivers across the country, with other similar programs in our region in Pittsburgh, Indiana, Uniontown, and Wheeling.

**HOW CAN SOMEONE SIGN UP FOR THE SERVICES?**

Any person 60 or older who resides in Latrobe, Derry, Derry Township, Ligonier, Ligonier Township, and Unity township can receive services regardless of income level. Simply contact our office at 724-539-4357 and speak with one of our staff. You can also find the application on our website. Simply print it out, complete the information requested, and send it to us.

**WHAT IS THE COST TO RECIPIENTS?**

This is a volunteer program and there is NEVER any payment for Hearts and Hands Helping Seniors Services.

**WHO PROVIDES THE SERVICES?**

All the services are provided from the goodness of volunteers who want to give back to the community. Volunteers can choose what services they want to provide and how much time they can devote. All members of the community are encouraged to help, including working adults and youth. All volunteers must pass a background check. Our volunteers are individuals, families, work teams, company mission teams, high schools, colleges, churches, civic organizations, etc.

**DO YOU OFFER MONETARY ASSISTANCE?**

We do not offer monetary assistance to help with outstanding rent, utilities, food, etc. However, if one of our recipients (age 60 or older) is in need, we will do everything we can to find them the help that they need.

**MUCH TIME DOES IT TAKE?**

As few as 2 hours per week, a Volunteer can change a life. Many volunteers report that they receive far more than they ever give. Become a volunteer and “Be the reason someone smiles today!”

**WHAT EXPERIENCE IS REQUIRED?**

**No experience is required.** A training manual is provided as well as on-demand access to training videos. The office is always eager to help volunteers. There are a few requirements: kindness, compassion, integrity, honesty, empathy, and willingness to make a difference in the life of an aging neighbor.

## WHAT KIND OF WORK IS INVOLVED?

There are many types of work, and you choose what makes you feel comfortable. In addition to our many services available to our recipients, occasionally we also need volunteers to help with special projects that are handled on a case-by-case basis.

## HOW DO I BECOME A VOLUNTEER?

It is quite simple...you are encouraged to complete an application and deliver or mail it to the Faith in Action office. (You can get the application at your church or from our office.) All volunteers are called and will have personal interviews. Volunteers choose preferred services and available times. Training is scheduled and following a background check, an assignment is made.

## WHAT SERVICES ARE PROVIDED?

**Appointment Escort** – Accompanies care recipient at medical appointments for support and assistance.

**Caregiver Relief** – Short-term relief services for full-time caregivers-maximum of 2 hours. No personal care. No dispensing of medications. This is subject to volunteer availability.

**Correspondence Volunteer** – Helps organize paperwork, correspondence, and other communications. No power of attorney or preparation of any legal documents. Referrals to Senior Centers, for tax preparation, and rent/property rebate preparations are offered.

**Errands/Shopping Volunteer** – Runs errands, shops for groceries, medicines, and other supplies. We are not permitted to pick up prescriptions if they contain narcotics. Recipients must prepay by cash, check, and/or debit card.

**Handyperson Volunteer** – Performs occasional minor repairs, basic maintenance, etc.

\*The recipient must own their own home for our handyperson to be able to provide this service. If the recipient rents, they need to contact their landlord for assistance.

**Referral Assistance** – Provides information about and referrals for other services and programs.

**Telephone Reassurance Calls** – Provides regular telephone contact to convey support and concern about the well-being and quality of life of the care recipient. Calls are made monthly.

**Transportation** – Provides transportation for medical appointments, other appointments, and grocery shopping.

\*Please give at least 1-week advance notice for local transportation requests.

\*Please give at least 2 weeks' notice for out of area transport requests (Monroeville, Pittsburgh etc.)

\*For transportation services, you must be able to enter and exit the vehicle with minimal assistance.

\*Some transportation requests may be filled utilizing Veteran's Cab if a volunteer cannot be located.

\*We are not able to transport a recipient that is wheelchair bound. If you need transportation and are wheelchair bound, contact Veteran's Cab 724-537-7708 to arrange transportation. We DO NOT cover the cost of wheelchair transportation.

**Technology Mentor**—Provides limited technology help including cell phones, computers, videos, etc.

**Does this sound too good to be true?** We are entering into our 24<sup>th</sup> year of service to our recipients.

**There are some things that we DO NOT do:** Our services are all provided by volunteers. We cannot provide any professional services...NO medical care, NO personal care, NO housekeeping, NO regular lawn maintenance, NO snow removal.

**We DO provide:**

**Compassionate Hearts**



**Connecting Hands**



**Creating Hope**



**Hearts and Hands Helping Seniors  
LAIVC  
VOLUNTEER APPLICATION**



DATE OF APPLICATION \_\_\_\_\_

The LAIVC Hearts and Hands Helping Seniors Program welcomes all individuals to apply who wish to provide volunteer support services to our aging neighbors in our community. No experience is necessary and full training is provided. As a volunteer position, there is no financial compensation. There is no discrimination against any otherwise qualified volunteer based on faith, disability, age, race, color, ethnicity, gender, creed, national origin, or socioeconomic status. You need not complete any information that you feel is private or intrusive; personal information is optional, with the exception of the information needed to obtain the background check.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PREFERRED MEANS OF COMMUNICATION: \_\_\_\_\_

BEST TIME TO REACH YOU \_\_\_\_\_

DO YOU WORK? \_\_\_\_\_ PART-TIME \_\_\_\_\_ FULL-TIME \_\_\_\_\_

MAY WE CALL YOU AT WORK? \_\_\_\_\_

WORK PHONE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SEX \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

EMPLOYER NAME/ADDRESS \_\_\_\_\_

DOES YOUR EMPLOYER ALLOW REALEASE TIME FOR VOLUNTEER SERVICE? \_\_\_\_\_

RELIGIOUS AFFILIATION (optional): \_\_\_\_\_

DO YOU SMOKE? \_\_\_\_\_ ARE YOU WILLING TO HELP A SMOKER? \_\_\_\_\_

ARE YOU WILLING TO VOLUNTEER TO HELP SOMEONE WITH A PET? \_\_\_\_\_

LANGUAGES SPOKEN OTHER THAN ENGLISH \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS? \_\_\_\_\_

IF SO PLEASE LIST \_\_\_\_\_



**REFERENCES**

Please provide the names of 2 people, not related to you, who have known you for at least one year and who can serve as references. Please indicate their relationship to you.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT?**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?**

\_\_\_ YES \_\_\_ NO If yes, please explain \_\_\_\_\_

I understand that I am required to participate in an orientation and training session before becoming an active LAIVC Volunteer. I will not hold Hearts and Hands Helping Seniors, LAIVC responsible for accidents, injury, or illness because of my volunteer work.

I certify that the facts set forth above are true and complete to the best of my knowledge. My signature on this form authorizes LAIVC to contact employers and references listed above.

\_\_\_\_\_  
Volunteer Signature Date \_\_\_\_\_

\_\_\_\_\_  
Please Print Name Clearly

\*\*\*Please return completed volunteer application as well as authorization for background check to the office.

Hearts and Hands Helping Seniors  
LAIVC  
PO Box 854  
Latrobe PA 15650  
724-539-4357  
faithinaction@msn.com  
laurelfia.org



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Laurel Area Interfaith Volunteer Caregivers, Inc.**

**428 Main Street  
PO Box 854  
Latrobe PA 15650  
724-539-4357**



**PERMISSION TO PERFORM BACKGROUND CHECK**

**I hereby give my permission to Laurel Area Faith in Action to perform a check of my background.**

**Including:**

- Criminal Record Past Employment History
- Personal References Other Volunteer Experiences
- Driving History

**I understand that I do not have to agree to this background check, however refusal to do so will exclude me from consideration of some types of volunteer work.**

**I understand that the information collected during this background check will be limited to what is appropriate to determine my eligibility for volunteer work and that all information collected will be kept confidential.**

**I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give to give their full and honest evaluation of my suitability of the described volunteer work and such other information, as deemed appropriate.**

**Previous Addresses**

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**Any other names previously used (such as maiden name, previous surnames, nicknames)**\_\_\_\_\_

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**Social Security**\_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Driver's License #**\_\_\_\_\_ **State**\_\_\_\_\_ **Exp**\_\_\_\_\_

**\*\*Please make sure to include a photocopy of your driver's license with your application. \*\***

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Background checks are paid for by Hearts and Hands Helping Seniors, LAIVC. If you would like to cover the cost of \$19.97, please feel free to make a donation.**