



**Volunteer Application**

Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
 Address: \_\_\_\_\_ Phone (home): \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone (cell): \_\_\_\_\_  
 Email: \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Annual Availability: Year-Round or Seasonal (circle one)      Dates Available: \_\_\_\_\_ through \_\_\_\_\_

**Daily Availability (check all that apply):**

**Volunteer Opportunities (check all areas of interest):**

Monday	AM___ PM___	___Transportation	___Dinner Delivery
Tuesday	AM___ PM___	___Shopping/Errands	___Respite Care
Wednesday	AM___ PM___	___Minor Repairs	___Reassurance Calling
Thursday	AM___ PM___	___Friendly Visiting	___Van Driver (no special license)
Friday	AM___ PM___	___Business Assistance	___Business Advocacy
Saturday	AM___ PM___	___Office/Clerical Support	___Welfare Visits
Urgent Requests YES___ NO___		___Events/Marketing	___Committee Service
		___Service Coordination	___Other Support

**About You:**

Career Background: \_\_\_\_\_ Volunteer Experience: \_\_\_\_\_  
 Hobbies/Interests: \_\_\_\_\_  
 Military Service: \_\_\_\_\_ Computer Skills: \_\_\_\_\_  
 Language(s) Spoken (other than English): \_\_\_\_\_ Hometown: \_\_\_\_\_

Do you smoke? YES - NO (circle)      Assignment for a smoker? YES - NO (circle)      Vaccinated YES - NO (circle)  
 Do you have pet allergies? YES/CAT - YES/DOG - NO (circle)      Handle Walkers/Wheelchairs YES - NO (circle)  
 Willing to Drive Long Distance YES - NO (circle)      Drive Local Only YES - NO (circle)  
 Type of vehicle you drive: \_\_\_\_\_ (circle) CAR    Small SUV    Large SUV    VAN    TRUCK  
 Comments or Questions: \_\_\_\_\_

**Office Use Only:** OR\_\_\_BC\_\_\_ DL\_\_\_ INS\_\_\_ PH\_\_\_ ID\_\_\_ INT\_\_\_VAN\_\_\_AARP\_\_\_ REC\_\_\_ SCHED\_\_\_



**Agreement/Signature Page**

Name (please print clearly): \_\_\_\_\_

**Volunteer Services Policies**

By signing below, I acknowledge that I have received and agree to abide by the policies and procedures of volunteering with Neighbors Who Care (NWC).

**Confidentiality**

By signing below, I agree to keep confidential all information pertaining to NWC participants. I agree not to remove information from the NWC premises or to divulge any information obtained in my volunteer activities to unauthorized persons.

**Conditions**

By signing below, I acknowledge and agree that all statements made in my application are true and authorization is given to investigate all matters contained in this application. I also accept that Neighbors Who Care, Inc. is under no obligation to accept interested volunteers and that any false statements or misrepresentation may be cause for dismissal at any time.

Please list two people (not related to you) to be contacted for a character reference, if necessary:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Mutual Commitment**

*Neighbors Who Care agrees to* 1) provide adequate information and assistance for you to be able to meet the responsibilities of your service area, 2) respect your skills, dignity, and individual needs, 3) be receptive to any comments from you regarding ways we might mutually better accomplish our respective efforts, and 4) treat you as a vital partner of the NWC team.

*You, as a Volunteer, agree to* 1) perform your duties to the best of your ability, 2) adhere to NWC policies/procedures, including recordkeeping and confidentiality of NWC and client information, 3) provide adequate notice, as possible, if you are unable to fulfill an assignment, and 4) respectfully represent yourself at all times as a member of the NWC team.

**I have read and agree with the information outlined above on this page.**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_