



© Neighbors Who Care / a community outreach 501 (c) (3) nonprofit

Offering the comfort of home and the dignity of independence.

Phone 480-895-7133 • Fax 480-895-5508 • 10450 E. Riggs Rd., Suite 113, Sun Lakes AZ 85248

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, read, understand, 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: ____ / ____ / ____