



NEIGHBORS WHO CARE

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

Helping Seniors Remain Independent

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	____ Welfare Visits
Friday	AM__ PM__	____ Business Assistance	____ Van Driver (No special License)
Saturday	AM__ PM__	____ Business Advocacy	____ Van Driver Assistant
Urgent Requests: YES ____ NO ____		____ Office/Clerical Support	____ Tech Support
About You:		____ Events/Marketing	____ Other Support

Career Background: _____ Volunteer Experience: _____

Hobbies/Interests: _____

Military Service: _____ Computer Skills: _____

Language(s) Spoken (other than English): _____ Hometown: _____

Do you smoke? YES – NO (circle) Are you ok being assigned to a smoker? YES – NO (circle)

Do you have pet allergies? YES/CAT - YES/DOG - NO (circle) Willing to Drive Long Distance YES - NO (circle)

Handle Walkers YES – NO Lightweight Wheelchairs YES - NO (circle)

Type of vehicle you drive: _____ (circle) CAR - SUV Small, SUV Med, SUV Large - VAN -TRUCK

Comments or Questions: _____

Office Use Only: OR ____ BC ____ DL ____ INS ____ PH ____ ID ____ INT ____ VAN ____ AARP ____ DD ____ OC ____ VI ____

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.

Photo & Media Release

By signing below, I grant Neighbors Who Care permission to take photographs, video recordings, or digital media of me during my volunteer activities. I authorize the organization to use, publish, and display these images in organizational publications, marketing materials, social media, and online platforms without expectation of compensation

Conditions & At-Will Agreement

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. Any false statements or misrepresentations may be cause for immediate dismissal at any time.

I understand and agree that Neighbors Who Care, Inc. is under no obligation to accept interested volunteers or process any application. Furthermore, I understand that volunteer service with Neighbors Who Care is at-will. Either I or Neighbors Who Care may terminate the volunteer relationship at any time, for any reason or no reason at all, without prior notice, penalty, or a formal contract.

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

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

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: ____ / ____ / ____