



**Increase seniors' access to healthcare, enhance independent living, and reduce isolation  
primarily through transportation and visitation.**

## VOLUNTEER APPLICATION

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

Mr  Mrs  Ms  Miss | Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Are you a Veteran:  No  Yes

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you find out about Caleb Caregivers? \_\_\_\_\_

Are you a smoker:  Yes  No | Are you willing to visit a smoker:  Yes  No

### AVAILABILITY

List days or times that are you are not available: \_\_\_\_\_

Other considerations (distance from home, allergies, etc...) \_\_\_\_\_

Volunteer opportunities (check off all that you are interested in.):

- |                                                                                                |                                                   |
|------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Visiting                                                              | <input type="checkbox"/> Light Housekeeping       |
| <input type="checkbox"/> Telephone Reassurance                                                 | <input type="checkbox"/> Respite Visiting         |
| <input type="checkbox"/> Light Home Chores/Repairs                                             | <input type="checkbox"/> Food Box (CSFP) Delivery |
| <input type="checkbox"/> Yard Work (gardening, etc...)                                         |                                                   |
| <input type="checkbox"/> Transportation (using your car; 48¢ per-mile reimbursement available) |                                                   |

Please describe any physical conditions that may limit your activities: \_\_\_\_\_

### EMERGENCY CONTACTS

Name	Home Phone	Work/Cell Phone	Relationship
	( ) ____-____	( ) ____-____	
	( ) ____-____	( ) ____-____	

### VEHICLE INFORMATION

**PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION**

Driver's license number \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_/\_\_\_\_  N/A

Make of vehicle: \_\_\_\_\_ Color of vehicle: \_\_\_\_\_  N/A

Do you have vehicle insurance?  No  Yes

If yes, do you have at least \$100,000/\$300,000 liability (required)?  No  Yes

Have you ever been convicted for a violation of any laws, traffic or otherwise?  No  Yes

If yes, please list: \_\_\_\_\_

### EXPERIENCE

Previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Occupation (or past occupation): \_\_\_\_\_

\_\_\_\_\_

Basic History (education, interests, hobbies, languages, etc...): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REFERENCES

Please list three references we may call who are not your immediate family or close personal friends (you may include clergy, teachers, an employer, etc...)

1) Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

3) Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

I hereby state that the information given by me, in this application, is true in all respects. I hereby authorize the above individuals listed as personal references to release any personal information that may pertain to my work habits or work performance, and hereby authorize Caleb Interfaith Volunteer Caregivers to perform traffic and criminal background checks.

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

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