



**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; 50¢ per-mile reimbursement available) | |

Please describe any physical conditions that may limit your activities: _____

EMERGENCY CONTACTS

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

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

VEHICLE INFORMATION

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 (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: ____/____/____