



MEMBER
Neighbors Care Alliance

A partnership with Pima Council on Aging

Volunteer Application for Neighbors Care Program (Part 1)

WELCOME !

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Veteran?: _____

Email address: _____ Referred by: _____

Please check services you'd like to offer:

- Transportation
- Monthly Senior Social
- Grocery shopping, run errands
- Weekly phone calls
- Friendly visitor/share interest or reading aloud
- Other _____
- Produce Delivery Program
- Safe Home Program/Minor house repairs
- Yard work
- Letter writing, filling out forms

Do you require special accommodations to perform any of the functions listed above?
If so, please list: _____

You will be assisting clients in their homes. Do you have any environmental sensitivities?
(For example: mold, perfume, cigarette smoke, pet allergies)
If so, please list: _____

Some clients are environmentally sensitive. Do you smoke? ___ Use scented products? ___

Efforts are made to match volunteers and clients with similar interests &/or backgrounds.

Hobbies and other interests: _____

Previous volunteer experience: _____

Previous Occupation/s: _____

Language/s spoken: _____

Times you are available:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
AM							
PM							

Times of the year when you are **not** available: _____



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Emergency Contact

Name: _____ Relationship _____ Phone: _____

I give permission for the following **personal references** to be contacted:

Name: _____ Phone: _____

Relationship: _____ Years known: _____

Name: _____ Phone: _____

Relationship: _____ Years known: _____

I acknowledge that in the course of providing volunteer services, I may have access to **confidential information**. I understand this information should remain confidential, and if I have concerns or questions about a recipient, I will contact my Program Coordinator. ____ (Initial)

Publicity Release

I agree that Pima Council on Aging and/or the Neighbors Care Program may use the following for publicity purposes (please initial each). I understand that this publicity could include newspaper articles, television stories, a newsletter, flyers or brochures.

- | | |
|---|---|
| <input type="checkbox"/> A photograph of me | <input type="checkbox"/> A live video recording of me |
| <input type="checkbox"/> Quotes from a letter/email by me | <input type="checkbox"/> Quotes from an interview with me |

Volunteer Transportation Service only: Designation of Beneficiary for Accidental Death Insurance

Name:	Relationship:
Address:	Phone:

The information provided on this volunteer application is true and complete to the best of my knowledge.

Volunteer Signature: _____ **Date** _____

Interviewer notes: _____

References contact notes: _____

Interviewer Signature: _____ **Date** _____



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Neighbors Care Volunteer Application – Driver form (Part 2)

Name: _____ Date: _____

Mailing Address: _____

Phone: _____ Cell: _____ Email: _____

My car is insured by: _____ Policy # _____

Driver's license number: _____ State Issued: _____ Expiration Date: _____

I understand I will be volunteering my services with the _____ (Neighbors Care Program) and as such, am not acting in the capacity as an employee of Pima Council on Aging (PCOA), or RTA. I agree to follow all policies and procedures. ____ (Initial)

I understand that _____ (Neighbors Care Program), PCOA or RTA are NOT liable for any accidents or claims which might occur during my volunteer activity. I agree that my personal automobile, or other personal insurance, covers me and any recipient I am transporting in my role as volunteer. I will maintain a valid driver's license and arrange to keep in effect auto liability insurance equal to the minimum limits required by Arizona. ____ (Initial)

(Attach copy of driver's license and insurance coverage card.)

I understand seat belts MUST be worn by drivers and all passengers at all times. ____ (Initial)

I understand that I may be eligible for reimbursement for mileage expenses through PCOA and the Volunteer Transit Service (VTS) of the Regional Transportation Authority (RTA), and that employees of _____ (Neighbors Care Program) and the RTA are not eligible for mileage reimbursement through the RTA VTS. ____ (Initial)

I understand that I am not to use my cell phone during any time I am driving with a recipient, EXCEPT in case of emergency. ____ (Initial)

My vehicle: (Please check all applicable)

___2 door ___4 door ___Van/minivan/SUV ___Pick-up Truck ___Sports Car ___Space for Wheelchair

Driving Record

I have have not been cited for any moving violations within the past 3 years.

I have have not been cited for driving while intoxicated or for reckless driving within the past 3 years.

Interviewer notes:

 _____ Initial _____