



"Neighbors Helping Neighbors Since 1972"

-PLEASE PRINT OR TYPE CLEARLY-

Name: (Mr. Mrs. Ms.) _____
First Last Nickname (if any)

Address: _____
Street City State Zip

Permanent Address: _____
(IF DIFFERENT) Street City State Zip

Phone Numbers: Day _____ Evening _____ Cellular _____ Other _____

Social Security # _____ Date of Birth _____ E-Mail Address: _____

Please check all that apply:

Employment: Full-Time Part-Time Retired Student Other (explain) _____

Name of Current Employer or School: _____

Address: _____ Phone #: _____

For Employed Applicants Only:
 Job Title: _____ Number of years at this company: _____
 Does your company have any Volunteer Support program (recognition, matching gifts, etc.)? Yes No Not Sure

Educational Background:

Highest level completed: _____ School: _____

Field of study: _____

VOLUNTEER EXPERIENCE:

Please List Current and Previous Experience

| Volunteer Agency | Location | Work Description | Active Dates |
|------------------|----------|------------------|--------------|
| | | | |
| | | | |
| | | | |

Why have you chosen Visiting Neighbors? _____

How did you hear about Visiting Neighbors? _____

Describe Yourself:

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|--|
| |
| |
| |

List hobbies, skills, interests or special training:

| |
|--|
| |
| |

Languages spoken (Other than English): _____

PLEASE LIST TWO REFERENCES (No family members. Please provide each with a copy of the attached reference form.)

1. _____ | _____ | _____
Name Relationship Phone #

_____ | _____ | _____ | _____
Address- Street City State Zip

2. _____ | _____ | _____
Name Relationship Phone #

_____ | _____ | _____ | _____
Address- Street City State Zip

PLEASE LIST AN EMERGENCY CONTACT

1. _____ | _____ | _____
Name Relationship Phone #

_____ | _____ | _____ | _____
Address- Street City State Zip

How would you like to help? (Check all that apply)

- Friendly Visiting Shop and Escort Program Telephone Reassurance
 Help in Office Special Projects (Holiday Gift Delivery, Street Fairs, etc.) _____

Your Special Skills and Talents:

- Art, Graphic Design Photography Writing Music: _____
 Fund Raising Marketing/ PR Computer Skills Other: _____
 Recreation/ Crafts: _____

Are you affiliated with any other organizations that may want to connect with Visiting Neighbors?

No Yes, If so which: _____

When are you available? Please indicate hours.

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|--------|--------|---------|-----------|----------|--------|----------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

VOLUNTEER DISCLAIMER

Criminal History

Existence of a criminal conviction may or may not, depending on the circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

| | |
|---|--|
| Have you ever been convicted of any criminal offense by either a civilian or military court, other than minor traffic violations? If yes, please state the date, type of criminal offense, and any other relevant information: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently on probation or parole for any convictions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to any of the questions above, please provide the following information:

Date: _____ Place: _____
 Charge: _____
 Action Taken: _____
 Court, Probation, or Parole Officer: _____
 Phone: (____) _____ Fax: (____) _____
 Address: _____

You may attach any additional information or explanation on a separate sheet.

Personal History

| | |
|---|--|
| Do you have any conditions, medical or otherwise, that may prevent you from performing your duties as a volunteer for <i>Visiting Neighbors, Inc.</i> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any physical limitations or concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you presently taking any medications/substances, prescribed or otherwise, that may prevent you from your performance as a volunteer for <i>Visiting Neighbors, Inc.</i> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any adverse history regarding financial integrity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a drinking or drug problem that would interfere with your ability to perform the service for which you have applied? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a history of mental or emotional instability for which you have not obtained treatment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a history of general behavioral or conduct issues? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other matters which are important to your performance as a volunteer (list below) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to any of the questions above, please explain:

You may attach any additional information or explanation on a separate sheet.

NON-DISCRIMINATION POLICY

Visiting Neighbors is committed to equal opportunity. We do not discriminate based on an individual's race, color, national origin, ancestry, genetics, citizenship status, religion, disability, marital status, veteran status, sexual orientation, age, sex, or any other classification protected by law. This policy governs all aspects of engagement with Visiting Neighbors.

Please acknowledge that you have read and agree to each of the following by initialing the space to the left of each statement.

1. _____ I understand that I am expected to be a friend to clients.
2. _____ I understand that I am not expected nor permitted to dispense legal advice, assist in preparation of legal documents, or witness any legal matters.
3. _____ I understand that I am not expected nor permitted to dispense medical advice, be present during medical examinations, or assist with medication or medical devices.
4. _____ I understand that I am not expected nor permitted to dispense financial advice, deposit or withdraw funds from clients' accounts, or serve as a signatory on any bank or investment accounts.
5. _____ I understand that I am not expected nor permitted to perform household chores.
6. _____ I understand that I am not expected nor permitted to retain a key to the client's home.
7. _____ I understand that I am not expected nor permitted to assist in legal, medical, or financial matters, even if that is my profession or I am licensed in that area.
8. _____ I understand that I am not expected nor permitted to accept gifts in the form of cash, family heirlooms, or anything of significant value.

Certification: This application must be signed by the applicant. By signing this application, you are stating that all of the information provided is true to the best of your knowledge and that you understand that reference forms will be required from the references listed above and confidentiality will be maintained.

Signature _____ **Date** _____

Printed Name _____

RELEASE AND CONSENT

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless Visiting Neighbors, Inc., its agents, employees, board members, volunteers, commissions or associations from all liability for any and all risk of loss, damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with my participation as a volunteer. I will abide by all guidelines and regulations provided to me by Visiting Neighbors, Inc..

While participating as a volunteer for Visiting Neighbors, Inc., I understand that I am not and will not be paid for my services. I agree to maintain the confidentiality of records and information of Visiting Neighbors, Inc., its clients, staff, and other volunteers.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of New York, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Volunteer Signature _____ **Date** _____

Parent/Guardian Signature, if under 18 _____ **Date** _____

NOTE: FOR OFFICE USE ONLY

CLIENT MATCH _____