

VerdeCares Inc.

VOLUNTEER APPLICATION

Date: _____

18934 E. Avenida Del Ray, Suite 106, Rio Verde, AZ 85263
www.verdecares.org
480-471-8944

In recruiting volunteers, VerdeCares does not discriminate on the basis of race, color, religion, marital status, national origin, citizenship, physical disability, mental disability, medical condition, sex, ancestry, age, veteran status, political affiliation, or any other characteristic protected by applicable state or federal civil rights laws.

(Please print)

Full Legal Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone - Home: _____ **Cell:** _____

Email: _____ **DOB:** _____

Driver License #: _____ **Driver License State:** _____ **Expiration Date:** _____

Do you have auto liability insurance? Yes No **Do you have reliable transportation?** Yes No

Insurance Expiration Date: _____ **In the last ten years, has your driver's license been suspended or revoked?** Yes No

Emergency contact name: _____ **Phone:** _____ **Relationship:** _____

Background Check:

Volunteering with VerdeCares is contingent upon successful and clear background check(s) through Reliable Background Screening as required by VerdeCares.

How did you hear about VerdeCares ? _____

Other names (maiden name, AKAs): _____

Skills / Hobbies / Other experience and interests:

- | | | | |
|---------------------------|-------------------------|------------------------|--------------------------|
| 1 Newsletter/publications | 2 Data Entry | 3 Microsoft Office | 4 Graphic Design |
| 5 Writing/Journalism | 6 Marketing | 7 Other Languages | 8 Board Games |
| 9 Grant Writing | 10 Entertainment/Acting | 11 General Office Work | 12 Card Playing/Bridge |
| 13 Fundraising | 14 Music/Performing | 15 Armed Forces | 16 Exercise/Therapy/Yoga |
| 17 Event Planning | 18 Public Speaking | 19 Arts & Crafts | 20 Travel |
| 21 DR/RN/CNA/Rehab | 22 Hunting/Fishing | 23 Shooting/Archery | 24 Tennis/Pickleball |
| 25 Golf/Putting | 26 Woodworking | 27 CPA/Accounting | 28 Legal/Attorney |
| 29 Culinary/Cooking | 30 Sewing/ Quilting | 31 Reading Books | 32 Ranching/Horses |
| 33 Gardening | | | |

Other Skills: _____

Prior work & volunteer experience: _____

Volunteering Services

Volunteers have the best success when they perform tasks with which they have a real liking.

One-on-One Volunteering

1 Transportation

2 Medical Appointment

3 Shopping With Neighbor

4 Shopping For Neighbor

5 Beauty / Barber

6 Respite Care

7 Friendly Visiting

8 Friendly Phoning

9 Sharing Group Respite

10 Handy Person

Example: Change light bulbs, change batteries, TV / cable problems, sliding door off track, etc.

11 Neighbor Business Help

Example: Get / sort mail, bill paying, correspondence, eMail / Internet, etc.

General Volunteering

12 Mobile Meals

13 Souper Soul Delivery

14 Prep/Deliver Extra Meal

15 Errands

Example: Mail pick up, Brochure/flyer refill, deliver medical equipment

16 Company Office Services

Example: Phoning, mailing, filing, etc.

17 Special Events/Activities

Example: Pancake Breakfast

18 Bake Treats

Special Volunteering

19 Putting/Lunch Group

20 Computer Support

23 Young@Hearts Group

21 Care Management

24 Cancer Sharing Group

22 Med Equip Educ/Install

25 Loss of Child Group

Availability

Are you available year-round: Yes No If No, when are you away: _____

Weekdays you ARE available: M T W Th F Check all that apply

Time of day you prefer to volunteer AM PM

How often are you willing to volunteer: 1xWeek 2xWeek Other frequency: _____

Are you allergic to: Pets ___ Smoke ___ Other allergies: _____

Do you smoke: Yes No

Volunteer Certification and Agreement

By signing below, I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I also understand that Arizona Law requires drivers to carry auto insurance coverage and a valid driver's license. I will not provide any transportation to a neighbor if I do not have current and valid coverage. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to VerdeCares or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in immediate dismissal from volunteering.

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report may be made in connection with your application for volunteer service. The report may include information about your general reputation, personal characteristics, criminal background, driving record history, social security number or search for residence.

Furthermore, I understand that I will be a volunteer and will not be entitled to or receive any compensation, including but not limited to, wages, benefits, from VerdeCares Inc., its Neighbor clients, and/or Neighbor client's family for any of the services that I provide.

I have read and understood the above notice and agree to conform to the VerdeCares, Inc. Confidentiality Agreement.

Volunteer Signature: _____ Date: _____

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Confidentiality Agreement

All individuals serving in any volunteer position with VerdeCares, Inc. are to respect the confidentiality rights of those receiving services through this organization.

No volunteer is to disclose confidential information on any Neighbor client to any person who is not either an employed VerdeCares Inc. staff person or a person specifically approved by the Neighbor client.

Volunteers are not to discuss confidential information concerning the Neighbor client in circumstances where an unauthorized person may overhear the conversation. Volunteers are encouraged to use first names only when discussing situations involving the Neighbor client.

Confidential information on a Neighbor client includes the assessment / referral form and all information contained on it, and supplemental records used to update a care receiver's services, and any computer records maintained on the Neighbor client. This also includes any information received verbally from the Neighbor client and any information on the Neighbor client's financial, family, medical or social situations. Any documents and information relating to a Neighbor client must be carefully safeguarded and released only to authorized persons.

When it is appropriate to share information with or to refer to another agency or service provider, an official current release of information is required before a volunteer can contact the agency or service provider.

Signature of Volunteer

Date

Printed Name of Volunteer