



VOLUNTEER APPLICATION

We are pleased that you have expressed interest in becoming a Valley Neighbors Volunteer. Please complete this application and return it to Valley Neighbors. If you have any questions, please let us know.

First Name: _____ Last Name: _____

Residential Address: _____ Town: _____ Zip: _____

Mailing Address: _____ Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

What is the best way to reach you? Home Phone Cell Phone Email

Personal References: Please provide two references other than relatives who have known you for at least two years. We will be contacting them, so please let them know.

Name _____

Relationship _____

Phone Number _____ Email _____

Name _____

Relationship _____

Phone Number _____ Email _____

Please identify times when you are generally available. You will decide what requests you are able to take. This section only provides us with general availability information and can be updated later.

Monday	_____	to	_____	or	_____	to	_____
Tuesday	_____	to	_____	or	_____	to	_____
Wednesday	_____	to	_____	or	_____	to	_____
Thursday	_____	to	_____	or	_____	to	_____
Friday	_____	to	_____	or	_____	to	_____
Saturday	_____	to	_____	or	_____	to	_____
Sunday	_____	to	_____	or	_____	to	_____

Please check items of interest for volunteering.

In Home Services	Transportation (Rides only)	Social	IT/Tech	Organizational
<input type="checkbox"/> Replace Lightbulbs	<input type="checkbox"/> Medical or professional appointments	<input type="checkbox"/> Telephone check-ins	<input type="checkbox"/> Help with computer, Internet, etc.	<input type="checkbox"/> Schedule volunteer appointments, log service requests
<input type="checkbox"/> Change smoke alarm/CO2 batteries	<input type="checkbox"/> Library or Post Office	<input type="checkbox"/> Friendly visits	<input type="checkbox"/> Set up a TV or other home electronics	<input type="checkbox"/> Writing/editing VN newsletters, grant applications, etc.
<input type="checkbox"/> Misc. small household projects	<input type="checkbox"/> Grocery, pharmacy, or other local store	<input type="checkbox"/> Community or other gatherings		<input type="checkbox"/> Serve on VN board or on a committee
<input type="checkbox"/> Seasonal outdoor tasks	<input type="checkbox"/> Town event or meeting	<input type="checkbox"/> As a companion on walks		<input type="checkbox"/> Help with VN Event planning
<input type="checkbox"/> Help a move a mattress, or an air conditioner	<input type="checkbox"/> Veterinarian with a pet	<input type="checkbox"/> Walking a dog		<input type="checkbox"/> Host an interest group gathering

Do you have any physical limitations or allergies that might affect your ability to volunteer in some situations? For example: entering a home with pets.

ALL APPLICANTS MUST:

- 1) Please complete application and send a copy to Valley Neighbors.
- 2) Please complete CORI Authorization form
- 3) Please provide a copy of driver's license, Mass ID card or government issued photo identification to verify pertinent data.

FOR DRIVERS ONLY - All drivers must be at least 21 years of age and must provide the following documents:

- 1) Please provide a copy of your valid Driver's License (please scan or photocopy)
- 2) Please provide a copy of the first page of your driving insurance coverage (we will be reviewing insurance coverage)
- 3) A copy of your Mass Driving Record. The cost of requesting a MA Driver's Record is \$8.00. Valley neighbors will reimburse you for this cost.

The Mass Driving Record can be completed on line by selecting the option to request an "Unattested Public Driving Record" at <http://secure.rmv.state.ma.us/DrvRecords/intro.aspx> Make sure to download and save the pdf and either email or mail it to us.

Please review the following statements and sign below

- I agree to maintain strict confidentiality in respecting the privacy rights of all direct and indirect participants with Valley Neighbors as noted in the Volunteer Manual.
- I hereby release Valley Neighbors, its agents, employees, contractors, donors and volunteers from any and all damages, costs, expenses, fees and other sums (including without limitation attorney's fees and costs) arising out of my participation in the program, including without limitation any claims for damage to person or property.
- **For Driver's Only** : I agree to maintain automobile insurance in accordance with Massachusetts law at all times while driving in furtherance of Valley Neighbors (please initial _____)

Signature _____ Date _____

Parent/Guardian Consent, complete if under age 18:

I give my consent for _____

Printed Name _____ Relationship _____

Thank you for applying. We welcome you as a volunteer of Valley Neighbors. Please complete your application, sign and send to Valley Neighbors, PO Box 281, Whately, MA 01093. Should you have any questions, please email info@valleyneighbors.org or call 413-453-9057.

Once we have received and reviewed the above information, we will be contacting you to schedule an interview and notify you about our next scheduled orientation.

Valley Neighbors (VN) is a 501(c)(3) non-profit community organization.

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www.valleyneighbors.org

email: info@valleyneighbors.org

phone: 413-453-9057