

VOLUNTEER APPLICATION

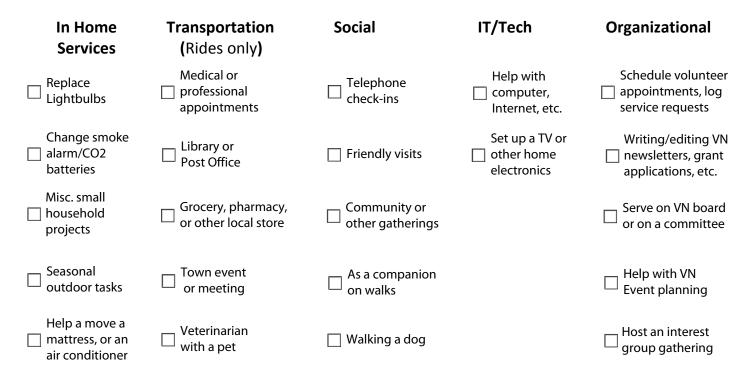
We are pleased that you have expressed interest in becoming a Valley Neighbors Volunteer. Please complete this application and return it to Valley Neighbors. If you have any questions, please let us know.

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 Phor	ne 🗌 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.



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 <u>http://secure.rmv.state.ma.us/DrvRecords/intro.aspx</u> 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 <u>info@valleyneighbors.org</u> 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.

Valley Neighbors is funded in part with generous support from Massachusetts Community Health and Healthy Aging Funds, and Cooley Dickinson Health Care.

www.valleyneighbors.org

email: info@valleyneighbors.org