



VOLUNTEER APPLICATION

Name _____ Date _____

Phone _____ Email _____ DOB _____

Address _____ City _____ Zip _____

Congregation/Organization Affiliations _____

Previous Volunteer Experience _____

Allergies (to pets, smoke, etc.) _____

Do you speak a language other than English? _____ No _____ Yes Please specify _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

MILEAGE REIMBURSEMENT

VICaP offers mileage reimbursement to all volunteers who use their own personal vehicles to provide service to our Neighbors. All local trips (i.e. within your city/town of residence) are reimbursed at \$0.45/mile, and all out-of-town trips are reimbursed at flat rates (see attached rate sheet). Please mark your preference for mileage reimbursement below. You can change your selection at any time by calling the office.

☐ All trips ☐ Out-of-Town only ☐ None

I CAN HELP WITH (please check all that apply)

Transportation _____ Shopping: "For" _____ "With" _____
Can you lift a fold-up wheelchair? _____ No _____ Yes

I CAN COMMIT TO (please check/list all that apply)

I am available: _____ 1x per week _____ 2x per week _____ as needed.

Continued on reverse side.

I am available: _____ (list days of week)
____mornings ____afternoons ____evenings ____ (occasional) weekends

I am willing to serve in neighboring zip codes: ____No ____Yes
____Hereford ____Huachuca City ____Whetstone ____Palominas

I am available to provide transportation to outlying areas: ____No ____Yes
____Tucson ____Naco ____Bisbee ____Benson ____Douglas

Other ways I am willing to help VICaP (office work, speaking, fundraising, etc.): _____

LICENSE, VEHICLE, AND REFERENCES

Driver's License Number: _____ Issuing State: _____

Vehicle Make _____ Model _____ Year _____
Vehicle Color _____

License Plate Number _____

Vehicle Insurance Company _____ Policy # _____

Have you been cited in an automobile personal injury claim within the past year? ____No ____Yes
If yes, please explain: _____

Have you ever been convicted of a felony? ____No ____Yes If yes, when: _____

Please list three persons we may call for references.

1. Name _____ Phone _____
Relationship _____ Years Known _____

2. Name _____ Phone _____
Relationship _____ Years Known _____

3. Name _____ Phone _____
Relationship _____ Years Known _____

I hereby give my consent to VICaP to contact any reference and to conduct a routine check. I also certify that the answers given above are true and correct to the best of my knowledge and belief.

SIGNATURE _____ DATE _____

Sierra Vista Volunteer Interfaith Caregiver Program
Volunteer Agreement
2023

VICaP volunteers are the vital link in providing services to the elderly, disabled and homebound in Sierra Vista and throughout Cochise County. Our volunteers are the face of VICaP to our Neighbors. The mission of VICaP and every VICaP volunteer is to help our registered Neighbors continue to live independently and maintain their quality of life.

To that end as a VICaP volunteer I, _____, will endeavor to:
(Print Name)

- Treat all VICaP Neighbors with courtesy and respect.
- Ensure the VICaP office is aware of the services I am prepared to provide, the times and days I am available, and my current contact information (including e-mail addresses).
- Ensure the VICaP office is fully aware of my personal, vehicle, or other service limitations. In particular, if I am able to handle/lift walkers, fold-up wheelchairs and portable oxygen tanks for Neighbors, or assist with carrying groceries.
- Respond in a timely fashion to any calls from the VICaP office attempting to match a Neighbor's need with an available volunteer.
- Promptly call the Neighbor to confirm pickup, destination and return arrangements. Under normal circumstances this confirmation call should be made at least two days before the appointment. In short notice situations the confirmation call should be made immediately after accepting the assignment.
- Arrive at the Neighbor's home no later than the agreed pickup time. I understand my timeliness affects the Neighbor reaching their appointments on time.
- Greet the Neighbor at their doorway and provide whatever assistance is appropriate to ensure the Neighbor gets into my vehicle safely.
- Transport the Neighbor to the appointment location, safely abiding by all applicable traffic laws.
- Assist the Neighbor, as appropriate, from the vehicle into the appointment location.
- Ensure the Neighbor, the service provider and I understand the approximate pickup time and provide cell phone contact numbers if appropriate. Volunteer "business cards" are available at the VICaP office.
- I understand I have no obligation to support additional requests from the Neighbor, other than those identified at the time the request was made by the Neighbor. If I elect to make additional trips, I will inform the VICaP office staff and will record them in my mileage reports.
- Pick up the Neighbor at the agreed pickup time. Given the uncertain scheduling at many medical facilities I will announce any time limitations I have and contact the VICaP office for a backup transportation provider, if required.
- Return the Neighbor to their home and provide any assistance to ensure they are safely inside their residence.

Continued on reverse side.

- Accept any and all donations provided by Neighbors and deliver all donations to the VICaP office so that a formal thank you letter (receipt) can be sent. Any money offered by a Neighbor to me is a donation to VICaP, not a personal tip. VICaP volunteers are strictly prohibited from accepting personal tips.
- I understand VICaP freely offers mileage reimbursement on a per-mile basis for in-town trips, and at flat rates for all intercity trips. Mileage reimbursement is not a paycheck, but is available to help offset the costs of being a volunteer driver with VICaP.
- Volunteers will notify the VICaP office of any special circumstances they encounter regarding our Neighbors. VICaP volunteers are the eyes and ears of our organization, and we rely on volunteers to keep us updated on a Neighbor's condition or needs for additional services.
- I certify that my driver's license is current, there are no restrictions, and I have not been cited for a serious traffic offense in the last five years.
- I certify that I have appropriate personal automobile insurance that supports the transportation I provide to our Neighbors. (Please be advised that some auto insurance providers may increase your monthly premiums for driving for a "ride-share" program, even though VICaP is not a ride-share.)

I have read and understand this agreement, and will use it as a guide in my volunteer efforts with VICaP.

Printed Name

Signature

Date_____

Volunteer Reimbursement for Out-of-Town ROUND-TRIP VICaP Services

To and From Sierra Vista:

Benson	\$25.00
Bisbee	\$20.00
Double Adobe/McNeal	\$35.00
Douglas	\$35.00
Hereford	\$15.00
Huachuca City	\$10.00
Naco	\$25.00
Palominas	\$20.00
Pearce/Sunsites to Sierra Vista	\$35.00
Tombstone	\$20.00
Tucson	\$50.00
Whetstone	\$15.00
Willcox	\$40.00

Tucson extended (N of Grant Rd., E of

<i>Campbell Ave.) <u>additional</u></i>	<i>\$10.00</i>
From Douglas to Tucson:	\$80.00
From Bisbee to Tucson:	\$65.00
From Bisbee/Double Adobe to Douglas	\$20.00
From Tombstone to Tucson:	\$50.00
From Benson to Tucson:	\$30.00
From Benson to Douglas:	\$35.00
From Willcox to Tucson:	\$60.00
From Willcox to Pearce/Sunsites:	\$25.00
From Willcox to Safford:	\$55.00
From Willcox to Bowie/San Simon:	\$25.00