



VOLUNTEER APPLICATION

Name _____ Date _____

Phone _____ Email _____ DOB _____

Address _____ City _____ Zip _____

Congregation/Organization _____

Occupation _____ Hobbies _____

Previous Volunteer Experience _____

Allergies (to pets, smoke, etc.) _____

Do you speak a language other than English _____ no _____ yes Please specify _____

I WILL VOLUNTEER TO DO (please check)

Shopping for _____ with _____

Friendly Visiting _____

Handyperson _____

Respite Sitting _____

Friendly Phoning _____

Business Help _____

Transportation _____

Easy access vehicle ___yes___no

Vehicle make/model/color/year _____

I can handle a wheelchair ___yes___no

MY COMMITMENT

1. I am available _____ 1 X per week _____ 2 X per week _____ as needed.

2. I am available _____ (days) _____ mornings _____ afternoons
_____ evenings _____ weekends

3. I am willing to serve in neighboring zip codes _____yes _____no
_____ Hereford _____ Huachuca City _____ Whetstone _____ Palominas
(please see reverse side)

4. I am available to provide transportation to outlying areas _____yes _____no

_____ Tucson _____ Naco _____ Bisbee _____ Rio Rico _____ Benson _____ Douglas _____

5. Other ways I might help VICaP (office work, speaking, fundraising), _____

BACKGROUND INFORMATION AND REFERENCES

Do you have a valid Arizona Driver's License? _____ yes _____ no
If not, from what state is your license issued? _____

License number _____ License Plate Number _____

Do you have current automobile insurance? _____ yes _____ no
Insurance Company _____ Policy # _____

Have you been cited in an automobile personal injury claim within the past year? _____ yes _____ no
If yes, please explain _____

Have you ever been convicted of a felony? _____ yes _____ no
If yes, when _____

In case of an emergency whom should be notify? Name _____
Phone# _____ Relationship _____

Please list three persons we may call for references.

- 1. Name _____ Phone _____
- 2. Name _____ Phone _____
- 3. Name _____ Phone _____

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

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

To that end as a VICaP volunteer I will endeavor to:

- 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 if appropriate.
- Ensure the VICaP office is fully aware of my personal, vehicle or other service limitations. In particular, if I am prepared to handle walkers, collapsible wheel chairs and canes.
- 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 not later than the agreed pickup time.
- Greet the Neighbor at their doorway and provide whatever assistance is appropriate to ensure the Neighbor gets into the volunteers vehicle safely.
- Transport the Neighbor to the appointment location safely abiding with all applicable traffic laws. 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 the monthly report as add-ons.
- 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.
- 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.
- Accept any and all donations with thanks and deliver such donations to the office so that a formal VICaP thank you letter can be sent. Any money offered by a Neighbor to me is a donation to VICaP, not a personal tip. However, If I request mileage reimbursement, for local or out-of-town transportation, I will so indicate on my monthly report form.
- Volunteers will notify the VICaP office of any special circumstances they encounter regarding our Neighbors.
- I certify that my drivers 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.

I have read this agreement and will be guided by it in my volunteer efforts on behalf of VICaP.

Volunteer Name

Volunteer Signature

Date: _____