



VOLUNTEER APPLICATION

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Email Address: _____

May we contact you at work? Yes _____ No _____

Emergency Contact: _____ Relationship to you: _____ Phone # _____

Volunteer Services I am able to provide:

- | | | |
|--------------------------------|--------------------------|-------------------------|
| _____ Local Transportation | _____ Snow Removal | _____ Yard Work |
| _____ Long Distance Transports | _____ Friendly Visits | _____ Basic Home Repair |
| _____ Telephone Reassurance | _____ Laundry | _____ Reading |
| _____ Meal Preparation | _____ Light Housekeeping | _____ Respite |

I prefer to work with: Males _____ Females _____ All _____

I would be available to work the following days and times: _____

Health Limitations (Example: "No lifting over 10 lbs."): _____

References: *Please provide three (3) references who are not related to you.*

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Do you own a vehicle? Car _____ Truck _____ Van _____

Is your vehicle insured? Yes _____ No _____ *If yes, please provide copy of current proof of insurance.*

Driver's License #: _____ Expiration Date: _____ *Please provide copy of Driver's License.*

Have you had any traffic citations in the last five (5) years? Yes _____ No _____

Would you give us permission to run a Motor Vehicle Report? Yes _____ No _____

Will you submit to a background check and fingerprinting? Yes _____ No _____

Have you ever been convicted of a misdemeanor or a felony? Yes _____ No _____

If yes, please state type of offense: _____

PLEASE CONTINUE ON REVERSE SIDE →



INTERLINK VOLUNTEER CAREGIVERS, INC.

Volunteer Agreement

Interlink Volunteer Caregivers, Inc. is dependent upon a climate of mutual caring and trust between volunteers and the clients they serve. As volunteers work with clients, they observe lifestyles, belongings, and family situations; also, personal information may be shared, such as income, medical problems, and age.

In order to maintain the trust shown us by their requests for assistance, we must strive to guard the dignity and privacy of everyone we serve. Personal information about a client should not be shared with anyone.

In order to better serve the clients, an orientation is provided for all new volunteers. Bi-annual workshops/support meetings are also provided for all volunteers in order to share information, provide updates, and maintain open communication between staff and volunteers.

Interlink Volunteer Caregivers, Inc. offers excess liability and auto insurance coverage for all volunteers. Any volunteer who is providing escorted transportation for Interlink Volunteer Caregivers, Inc. **will be required to provide the office with a copy of current proof of vehicle insurance and a copy of their driver's license. (PLEASE ATTACH)**

All information provided to Interlink Volunteer Caregivers, Inc. is strictly confidential.

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- I understand the need for Interlink Volunteer Caregivers services in the communities it serves and that my volunteer assignment is an important commitment. I will make every effort to live up to my responsibility.
 - I understand that I will be required to meet with the Executive Director for a one-on-one orientation prior to any assignments. I will also be required to attend any workshops/support meetings as scheduled, which are no more than bi-annually.
 - I understand the importance of accurate record keeping for the welfare of the client and Interlink Volunteer Caregivers, Inc.
 - I understand the need for confidentiality and agree to safeguard the personal information gathered about and from the client.
 - I understand that while transporting a client, seatbelts are required for both the driver and the passenger(s).
 - I have read and fully understand and agree to the above statements.

Volunteer Signature

Date

Executive Director Signature

Date

INTERLINK VOLUNTEER CAREGIVERS

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