

# Respite Volunteers of Shiawassee

710 W. King Street Owosso, MI 48867 (989) 725-1127

## Volunteer Application Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

Work Phone: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Sex: \_\_\_\_\_ Veteran: \_\_\_\_\_

Previous caregiver/healthcare experience/internships: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To you, what is the significance of volunteering? \_\_\_\_\_  
\_\_\_\_\_

Languages: \_\_\_\_\_ Fluency: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

How is your overall health? Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Disabilities/Medical Conditions\* \_\_\_\_\_

\*We need this information for reporting purposes only\*

How did you hear about Respite Volunteers? \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Are you interested in sharing information about Respite Services to families in your church? \_\_\_\_\_ Or in your community \_\_\_\_\_

If employed, where? \_\_\_\_\_ Usual work hours: \_\_\_\_\_

Can you receive calls at work? \_\_\_\_\_

Are you a high school/college student? (Circle) What grade level are you now? \_\_\_\_\_

School: \_\_\_\_\_ Major: \_\_\_\_\_

Degree earned: \_\_\_\_\_

Special Certifications: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Other information: \_\_\_\_\_

*Giving a Gift of Time*

www.respitevolunteers.org ~ office@respitevolunteers.org

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<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

In home volunteer preferences: Smoking \_\_\_\_\_ Pets \_\_\_\_\_ Other \_\_\_\_\_

As an active volunteer, I am interested in the following activities (check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Volunteer for patients | <input type="checkbox"/> Phone support         | <input type="checkbox"/> Church liaison           |
| <input type="checkbox"/> Office help            | <input type="checkbox"/> Fundraising           | <input type="checkbox"/> Errands/shopping         |
| <input type="checkbox"/> Distribute pamphlets   | <input type="checkbox"/> Home repairs/handyman | <input type="checkbox"/> Serve on committee/board |

### Volunteers are asked to agree to:

- Abide by the volunteer program policies and procedures of Respite Volunteers of Shiawassee
- Provide current, valid copies of Driver's License and Auto Insurance
- Provide written documentation of all patient/family contacts on the Volunteer Time Sheets, and turn in monthly. You may drop off volunteer Time Sheets to office, or mail in, which ever is easiest for you.
- Attend continuing education programs, like the SHARE meetings, as your schedule permits.

**A photocopy of a valid driver's license and proof of car insurance is required to activate your volunteer insurance (Respite Volunteers will require this information yearly).**

### REFERENCES

Someone unrelated to you who has known you for at least two years.

1. Name _____	2. Name _____
Phone (____) _____ Years Known _____	Phone (____) _____ Years Known _____
Address _____	Address _____
City _____ Zip _____ - _____	City _____ Zip _____ - _____
Association _____	Association _____
3. Name _____	4. Name _____
Phone (____) _____ Years Known _____	Phone (____) _____ Years Known _____
Address _____	Address _____
City _____ Zip _____ - _____	City _____ Zip _____ - _____
Association _____	Association _____

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