

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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