



Caregiver Companion

SERVING YOUR NEIGHBORS SINCE 1995

(765) 423-1879 Volunteer Application

Date _____ Name _____

Address _____ Zip _____

Home Phone _____ Cell Phone _____ B'Day ___/___/___

Church (if applicable) _____ E-mail _____

Previous Volunteer Experience _____

Occupation or Area of Study _____

Other information that will help us to make a good match: Education, General
Interests/Hobbies/Skills _____

Languages Spoken _____

Do you object to a smoking environment? Yes _____ No _____

Do you object to an environment with pets? Yes _____ No _____

I'm allergic to _____

Volunteer Assignment Choices: (Please check as many as you are willing to accept)

_____ Visiting	_____ Transportation	_____ Home Repairs
_____ Shopping	_____ Yard Work/Snow Shoveling	_____ Respite Breaks
_____ Telephone Reassurance	_____ Light Housework	_____ Other

Please check all are applicable: I can volunteer:

_____ Mornings (M-F)	_____ Afternoons (M-F)	_____ Evenings (M-F)
_____ Weekends	_____ Once a week	_____ More than once/week
_____ One Time Only	_____ As Needed	_____ w/more than one person



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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM Hours							
PM Hours							

If you are willing to offer transportation services, it is essential that you have insurance and that it is kept current. If you are willing to offer transportation, please fill in the next four lines completely. *Please note that if you are under the age of 25 we do not allow you to transport our neighbors.*

Do you have a valid Indiana Driver's License? Yes No

Indiana License Number: _____

Insurance Company: _____

Type of Vehicle: _____ color/make ___ 2 door ___ 4 door ___ mini van

Can you accommodate a neighbor using a walker? Yes No

Do you have any physical condition that may limit your activities? Yes No

If yes, please describe _____

Who to notify in case of emergency _____

Phone _____ Relationship _____

References: Please list two persons we may call/e-mail who are not family, one of whom may be clergy, teacher, employer or other who knows you well.

1. Name _____ Relationship _____

Phone _____ E-mail _____

2. Name _____ Relationship _____

Phone _____ E-mail _____



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Confidentiality Statement

I know my neighbor may share personal and private information with me during my visits. I promise to keep any information I may receive from my neighbor completely confidential.

Signature _____ Date _____

**PERMISSION RELEASE TO USE PHOTOGRAPHS AND OR
QUOTES FOR ALL FORMS OF CAREGIVER COMAPNION
PUBLICATIONS.**

To Include:

- Social Media
- Publications
- Website
- Marketing

I _____ give my permission to use my
photograph, or any quotes, in the locations included above.

Signature _____ Date _____



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CONFIDENTIAL

Caregiver Companion Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Names(s) and Date Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Driver's License#/State: _____

I hereby allow Caregiver Companion to perform a check of my background, including (please check the following) as appropriate, for the volunteer positions in which I have expressed an interest. :

- Criminal Check
- Driving Record
- Personal References

I do understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer work.

I understand that the information collected during this background check will be limited to that which is appropriate to determine my suitability for the particular types of volunteer work and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contracted for the purpose of this background check to give their full and honest evaluation of the suitability of the described volunteer work and such other information as they deem appropriate.

Signature: _____ Date: _____