



SENIORS COUNT NEIGHBORS CARE VOLUNTEER REGISTRATION FORM

1915 Front Street, # 317 Manchester, NH 03102

Tel.: (603) 634-1169

E-mail: hlatourette@snhs.org

Name: _____ Sex: F / M DOB: _____
 Last First

Residence: _____
 Street City/State ZIP

Mailing Address: _____
 Street City/State Zip

Best Time to call: _____ Home Phone _____

Cell Phone: _____ E-Mail address: _____

Volunteer Experience: _____

How long have you volunteered? _____

How did you hear about the program? _____

Current/past occupations: _____

Other information that will help us to make a good match, such as general interests, hobbies, or special

Skills: _____

Other Languages spoken: _____

Volunteer Assignment Choices: (Please check those you are willing to accept).

- | | |
|--|---|
| <input type="checkbox"/> Visiting | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Accompany to other activities/appointments |
| <input type="checkbox"/> Respite Care | <input type="checkbox"/> Chores |
| <input type="checkbox"/> Telephone Reassurance | <input type="checkbox"/> Accompany to Religious Services |
| <input type="checkbox"/> Other _____ | |

Days/times you are able to volunteer: _____

I am a smoker ____ Yes ____ No I am willing to visit a smoker ____ Yes No ____

Are you allergic to pets? ____ Yes ____ No

Are there any physical conditions that need to be considered in arranging an assignment for you? If yes, please explain _____

CRIMINAL RECORD STATEMENT: Have you ever been convicted for violation of any laws, traffic or Other _____ Yes _____ No _____ if yes, please explain: _____

VOLUNTEER INSURANCE STATEMENT: For use if volunteer drives a car.

I, _____ understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance.

My policy is with _____ Policy # _____

Driver's License # _____ Expiration Date _____

Please send us a copy of the cover page of your automobile insurance policy.

AGREEMENT

I understand that I am offering my services as a volunteer and will not seek compensation from **Seniors Count** or from the station where I am placed. I acknowledge and agree that as part of the **Seniors Count** Program screening and selection process the agency staff **will conduct a check of criminal record and motor vehicle record**. I also understand that in the event it is determined that my volunteer service is inappropriate, you reserve the right to terminate me and will share the reasons (s) for this decision with me. I have read the above Agreement and agree to the contents. To the best of my knowledge and belief, all statements in the profile application are true and accurate.

Signature: _____ Date _____

PERSON TO NOTIFY IN AN EMERGENCY:

Name: _____ Relationship: _____

Address: _____ Phone: _____

REFERENCES: Volunteers who will be working with vulnerable people in unsupervised settings are asked to provide the names of **3 non-family references**. Examples include home visitors, drivers, corrections volunteers, and mentors to youth. In addition, some organizations may have further screening requirements.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____