

**Seniors Count Neighbors Care
Volunteer Application**

*(Please complete & mail application to
the address listed on the second page)*



Name: _____ Sex: Female/Male DOB: _____
Last First Initial

Residence: _____ Zip
Street City/State

Mailing Address: _____

Best Time to call: _____ Home Phone: _____

Work Phone: _____ E-mail address: _____

Are you or/do you belong to: _____ Veteran _____ AARP _____ Congregation (which one) _____

Volunteer Experience: _____

How did you hear about **Seniors Count**? _____

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"/> Daily Telephone Call | <input type="checkbox"/> Accompany to Religious Services |
| <input type="checkbox"/> Adopt A Seniors | <input type="checkbox"/> Spring/Fall Clean-up |
| | <input type="checkbox"/> Other _____ |

Days/times you are able to volunteer: _____

I prefer to volunteer: _____ any place I am needed

_____ I am willing to visit more than one person? _____ Yes _____ No

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 # _____ Exp. Date _____

AGREEMENT

I understand that I am offering my services as a volunteer and will not seek compensation from **Seniors Count Neighbors Care Volunteer Initiative** or from any persons I am assigned to. I acknowledge and agree that as part of the **Seniors Count Neighbors Care** screening and selection process the agency staff will conduct a check of **criminal record, motor vehicle record**. I, also, understand that in the event **Seniors Count** Program determines that my volunteer service is inappropriate for this Initiative at any time during the process, the Initiative has the right to terminate my participation in **Seniors Count Neighbors Care** and will share the reason(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: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please Mail completed application to:

Seniors Count Neighbors Care
C/O Southern NH Services
Attn: Lyn Collins
1915 Front St., Box 317
Manchester, NH 03102
Tel. (603) 668-8601