

ShareCare Volunteer Application

Date: _____

| | | |
|---|----------------|------|
| Name: | Date of Birth: | Age: |
| Address: | | |
| City: | State: | Zip: |
| Home Phone: | Cell Phone: | |
| Email: | | |
| Driver License #: | | |
| Languages spoken (in addition to English): | | |
| Occupation: | | |
| <input type="checkbox"/> Full-time resident | | |
| <input type="checkbox"/> Seasonal (approximate leave: _____ approximate return: _____) | | |

Volunteer Opportunities (Please ✓ all that you wish to do)

- _____ Provide rides to medical or health related appointments (SC respectfully retires its drivers at age 80)
- _____ Provide rides to non-medical appointments*
- _____ Provide rides on weekends/evenings*
- _____ Run errands (pick up groceries, get the mail or prescriptions, deliver equipment)
- _____ Friendly Visitor: Provide companionship through visits or phone calls
- _____ Handy Work: Perform small maintenance tasks and household repairs
- _____ Gardener: Plant flowers and other light yard work
- _____ Meals: Provide occasional meals to seniors who are unwell or recently home from the hospital
- _____ Basic Respite Care: Provide relief for the primary care partner of a senior with limitations
- _____ Provide care for a senior's pets in an emergency
- _____ Spring/Fall Cleanup: Help seniors get their yards ready for changes of season
- _____ Computer/technology: Provide minor assistance
- _____ Assist with fundraising events
- _____ Assist with and help organize senior gatherings and educational workshops
- _____ Sub for Office Manager and help with mailings, projects, e.g.
- _____ Email or make phone calls to seniors
- _____ Serve on the ShareCare Board of Directors or a committee
- _____ Additional ideas: _____

Emergency Contact: _____ **Phone:** _____

Reference: _____ **Phone:** _____

List hobbies and special skills: _____

List memberships in clubs and organizations: _____

Volunteer Agreement

I volunteer my services and understand that I am not an employee of ShareCare. I agree to respect rights to privacy and regard all information learned and received in the performance of my volunteer work as confidential.

I hereby grant ShareCare permission to check with appropriate authorities (courts, police, department of motor vehicles) regarding background and history. Any information obtained will be strictly confidential.

I agree to inform ShareCare of any change in the status of my Driver License or my health that would alter my driving qualifications or my suitability as a ShareCare volunteer.

I understand that if I use my personal automobile in my volunteer services for ShareCare, I will maintain a valid driver license and keep in effect automobile liability insurance equal to the minimum limits required by law.

I understand that if I use my personal automobile in my volunteer services for Sharecare, I will not be compensated for mileage or gas, but will be provided miles driven upon request for use on my personal income taxes.

____ I **do not** give ShareCare permission to utilize my photo in publications.

Volunteer Signature

Date

Please return form to:

ShareCare of Leelanau, Inc.
7401 E Duck Lake Rd. #600
Lake Leelanau, MI 49653-8701

For Questions:
Michelle Goetz, Volunteer Coordinator
231-256-0222