

## **REQUIREMENTS FOR BECOMING A BELLINGHAM AT HOME VOLUNTEER**

1. Fill out an application.
2. Complete the screening process:
  - °Provide 2 personal references (not family).
  - °Participate in a 20-30 minute interview with the Volunteer Task Force
  - °Provide information for a criminal background check.  
(The cost of the background check, \$17 is to be paid by the volunteer.)
  - °Provide a copy of your driving record (from WA State DMV).  
(The cost of the driving record check, \$13, is paid by the volunteer directly to Washington St. DMV )
  - °For drivers:
    - Have your own car.
    - Have a valid driver's license.
    - Have a clean driving record.
    - Have valid auto insurance.
    - Be 25 years of age or older.
  - °Sign the Volunteer Code of Ethics and Volunteer Agreement.
3. Attend an orientation and training session.

# Bellingham At Home

A Program of the Whatcom Council on Aging

## Volunteer Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

What do you prefer to be called? \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth \_\_\_\_\_

What is generally the best way to reach you? \_\_\_phone \_\_\_e-mail

Emergency contact information: \_\_\_\_\_

Are you currently working? \_\_\_No \_\_\_Yes \_\_\_Full time? \_\_\_Part time?

\*\*\*Do you have any physical considerations that would affect the kinds of assignments you are comfortable with? \_\_\_no \_\_\_yes (please explain)

\_\_\_\_\_

\*\*\*Do you have any allergies (including pet allergies that would prevent you from entering a member's home? \_\_\_yes \_\_\_no

\*\*\*Do you smoke? \_\_\_yes \_\_\_no Will you enter a smokers' home or car? \_\_\_yes \_\_\_no

Are there any types of volunteer activities you would prefer to avoid?

\_\_\_\_\_

Are you a member of any community organizations that you would like to share with us?  
\_\_\_yes \_\_\_no \_\_\_\_\_

Are you fluent in another language? \_\_\_yes \_\_\_no Language? \_\_\_\_\_

Often Volunteers have a special skill or interest (ex. yoga or current events) that they would be willing to share with Villagers in a larger setting. Do you have any such skills or interests?

\_\_\_no \_\_\_yes (please list) \_\_\_\_\_

\_\_\_\_\_

What volunteer time would you be comfortable giving to Bellingham At Home \_\_\_\_\_ hours/week, indicate the days you would generally be available.

Monday \_\_\_am \_\_\_pm      Wednesday \_\_\_am \_\_\_pm      Friday \_\_\_am \_\_\_pm  
Tuesday \_\_\_am \_\_\_pm      Thursday \_\_\_am \_\_\_pm      Weekends \_\_\_ On call \_\_\_

Are you away for any extended period of time of the year \_\_\_\_\_

Please check your interest areas:

\_\_\_ **Task Force Volunteer**

- |                         |  |
|-------------------------|--|
| ___ Membership          | ___ Social Educational                       |
| ___ Volunteer           | ___ Operations                               |
| ___ Finance/Fundraising | ___ Outreach                                 |
| ___ Publicity           | ___ Service Providers and Strategic Partners |

\_\_\_ **Office Volunteer** (i.e. data entry, answering phones, etc)

\_\_\_ **Service Volunteer**

- \_\_\_ General/Personal Services (i.e. running errands, occasional pet care)
- \_\_\_ Transportation
- \_\_\_ Home Maintenance (i.e. small repairs, changing light bulbs, etc.)
- \_\_\_ Companionship (i.e. daily/periodic phone checks, friendly visits)
- \_\_\_ Computer Help

From time to time, Bellingham At Home may use images of our members as well as volunteers for marketing of the organization and/or on our web site. May Bellingham At Home use photographs taken of you while on volunteer duty? Yes \_\_\_\_\_ No \_\_\_\_\_

***This information will not be used for any other purpose.***

Please list the names and complete contact info of two people (other than relatives) who have known you for at least two years:

1. Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone number \_\_\_\_\_ Email \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone number \_\_\_\_\_ Email \_\_\_\_\_

***Application Agreement:***

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Return to: Bellingham At Home, Bellingham Senior Activity Center  
315 Halleck St., Bellingham, WA 98225