



Volunteer Information

Thank you for taking the time to answer our questions. Volunteers are extremely important to the success of Neighborhood Network and both members and volunteers can reap huge benefits from volunteer work. We would appreciate you giving us the following information and want to assure you that we will keep it confidential within the Network.

Personal Information

Last Name _____ First Name _____

What do you prefer to be called? _____

Street Address _____ Zip Code _____

Phone (Home) _____ (Other) _____

Email _____ (Fax) _____

What is generally the best way to reach you? _____

Employment

Are you currently working? _____ Full or part time? _____

Occupation _____

Employer _____

Employment Dates _____

Please list the two most recent jobs you have held (excluding present position):

1. Employer _____

Position _____

2. Employer _____

Position _____

Education

Highest level of education completed (Circle One)

High School

Some College

Bachelor's Degree

Graduate Degree

Professional Degree

Do you have any professional certifications or credentials that you would like to share? _____

Community Involvement

What other volunteer commitments do you have?

Organization (s)

Volunteer role (s)

To what other community groups do you belong (Rotary, other service clubs, etc.)

Skills,
Interests

Hobbies,
Activities

Time Preferences

Thinking about volunteering for the Network, what time would you be comfortable giving? Would you prefer:

Ad hoc assignments arranged ahead of time? _____

A regular weekly time slot: an hour or two, a half day, a day? _____

A regular monthly time slot: an hour or two, a half day, a day? _____

“On call” for anything that comes up, if available? _____

Have you any physical considerations that would affect the kinds of assignments you are comfortable with?

Can you think of any kinds of situations that you would rather avoid?

How did you hear about Neighborhood Network?

Have you ever worked with seniors? If so, please describe

Volunteer Opportunities

Please check areas of interest

Advocate Volunteer

- () Assist members in preparing a plan for aging in place (Specific Skill Requirements)
- () Board of Directors/Advisory Board work

General/Personal Services Volunteer

- () Personal assistance-cook or deliver meals, run errands, occasional pet care, computer help, exercise
- () Transportation-grocery shopping, rides to and from appointments, accompanying to social activities
- () Home maintenance-small repairs, occasional gardening, cleaning, changing light bulbs, flipping mattresses
- () Companionship-daily phone check, home visits, reading, etc.
- () Organizer-walking or book groups, member excursions

Office/Admin Volunteer

- () Data entry, filing, answering phones, calendars, bulk mailings, nearby errands, etc.

Transition To Home

Help after a hospital stay, pick up prescriptions (Specific Skill Requirements)

- () Other

Driving

Please note that as a Personal Services Volunteer, errand-running assistance is frequently requested by members. To transport Neighborhood Network members, you must maintain a valid Maine Driver's license, insurance and sign and agree to the Volunteer Driver Policy. If you are applying to become a Personal Services Volunteer or volunteer driver, please complete the following driver's license and insurance information:

Do you have a valid Maine Driver's license? Yes ___ No ___

License# _____

Auto Insurance Carrier _____

Auto Insurance Policy# _____

Do you have your own vehicle? Yes ___ No ___

If Yes, is your vehicle properly maintained and is it equipped with all of the proper safety requirements? e.g. seatbelts, airbags, proper braking, oil changed regularly, etc. Yes ___ No ___

Are you willing to drive someone else's vehicle? Yes ___ No ___

From time to time, Neighborhood Network uses images of our members as well as volunteers for marketing of the organization. To accomplish this, the Network creates internal documents to be used as outreach materials, and sends press releases and photographs to the media (newspapers, radio, television and the internet). May the Neighborhood Network use photographs taken of you while on volunteer duty? Yes ___ No ___

References

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 _____

Address _____

City _____

Zip Code _____

Email _____ Phone Number _____

2. Name _____

Relationship _____

Address _____

City _____

Zip Code _____

Email _____ Phone Number _____

Volunteer Screening

If you are interested in doing things that involve being alone with those you are working with in their homes or cars, the Neighborhood Network is required to conduct a reference and background check on you. May we have permission to conduct a background check/screening?

Yes _____ No _____

Refusing the screening will effect what kinds of opportunities, if any, in which you can participate.

Date of birth _____ Social Security Number _____

Other names used (including maiden name) _____

Addresses for the Past seven Years (including street, city, state zip code)

Have you ever been convicted of a criminal offense? Yes _____ No _____

If yes, please explain

Emergency Contact

If you were to experience an emergency while volunteering for the Network, with whom should we contact?

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Volunteer Agreement

I understand that the Neighborhood Network will check my references and/or criminal history record as part of their screening process. To the best of my knowledge the above information is correct. I also understand that certain information about me will be discussed with the member(s) whom I may work.

I agree to maintain strict confidentiality in respecting the privacy rights of all direct and indirect participants with the Neighborhood Network.

Signature _____

Date _____