



VOLUNTEER APPLICATION

Love Living at Home (LLH) is not a place on a map—it is a gateway to relationships and resources for older adults who desire to live in the homes and neighborhoods they love. We are a welcoming network of people helping people. Our programs enrich life and forge connections for new friendships.

Volunteers are the backbone of our network. We welcome you to join us.

Personal Information

Today's Date: ___/___/___

Last Name: _____ First Name: _____ DOB: ___/___/___

What do you prefer to be called? _____

Address: _____ City: _____ Zip: _____

Email: _____ Home Phone: _____ Cell: _____

What is generally the best way to reach you? _____

If you are a student, please tell us

Name of school: _____ Field of Study: _____

In case of emergency, we have your permission to contact

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Email: _____



Experience

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

Please tell us about your work experience

Please tell us your skills, interests & hobbies

Volunteer Opportunities at Love Living at Home (check all areas of interest)

- | | | |
|---|--|---|
| <input type="checkbox"/> Phone/Email Check-in | <input type="checkbox"/> Friendly Visits | <input type="checkbox"/> Errands |
| <input type="checkbox"/> Laundry Help | <input type="checkbox"/> Pet Care | <input type="checkbox"/> Light Housekeeping |
| <input type="checkbox"/> Simple Odd Jobs (e.g. Change light bulbs) – Handy person | <input type="checkbox"/> Home Organization | |
| <input type="checkbox"/> Yard Work | <input type="checkbox"/> Gardening | |
| <input type="checkbox"/> Technology Help (basic tech support) | | |
| <input type="checkbox"/> Driver* | | |
| <input type="checkbox"/> Office Help | | |
| <input type="checkbox"/> Other (describe): _____ | | |

Would you like to join an LLH committee? _____

***Volunteers who wish to drive** *must provide a copy of a current driver's license, car registration, and proof of insurance. LLH will obtain DMV driving records for all drivers and will annually verify that vehicle inspections are up-to-date.*



Personal references (2 required. Please, no relatives). We kindly request you notify your references in advance to inform them about Love Living at Home and your interest in volunteering.

1. Name: _____ Phone: (_____) _____

Email: _____

2. Name: _____ Phone: (_____) _____

Email: _____

I understand that the completion of this application does not obligate Love Living at Home to offer me a volunteer position. To the best of my knowledge, the information that I have provided is correct. In processing my volunteer application, sexual offender background and DMV (if you will be driving) checks will be conducted. My listed references will be contacted.

Signature

Date

Thank you for applying to the Love Living at Home volunteer program! Volunteers are extremely important to us. Please send your application to our mailing address below.



Gateway Center • 401 E. State Street, Suite 304 • Ithaca, New York 14850
Mailing Address: 757 Warren Road #4836 • Ithaca, New York 14852
(607) 319-0162 • Website: www.lovelivingathome.org • E-mail: office@lovelivingathome.org