



Volunteer Application Form

Thank you for your interest in volunteering with LOWLINC! Volunteers are central to our mission to support our members so they can stay safely and independently in their homes for as long as possible. We couldn't accomplish our mission without you!

Please let us know about your volunteer interests and availability by completing this form. Due to the nature of the work done by our volunteers as well as the requirements of our insurance policy, we will need to conduct a background check. In this application, we ask your permission to conduct this screening, which will be done at no cost to you. Once the application process is completed, we will meet with you to provide a brief volunteer orientation. Also, to facilitate communications, all volunteers must have email access. We look forward to welcoming you!

Personal Information - Please print

Last Name _____ First Name _____

Street Address _____ City _____ Zip _____

LOW Section # _____ Email Address _____

Phone (check preferred) Home _____ Cell _____

Date of Birth _____

How long have you lived at the lake? _____

Are you away for any extended period of time (3 to 6 months) during the year?

Yes (Please explain _____) No

Do you have any pet allergies or allergy to smoke?

Yes (Please explain _____) No

Emergency Contact Information

Name _____ Relationship _____

Phone _____ Cell phone _____

Email _____

Name _____

Areas of Volunteer Interest – Please check all that apply

- Phone check-ins
- Friendly visits/reading aloud
- Transportation (You will be asked to provide a copy of your driver’s license and proof of insurance.)
- Outdoor home maintenance (gardening, raking)
- Indoor home maintenance/handyperson
- Computer/technical support PC
- Computer technical support MAC
- Errands (mail pick up, trash compactor)
- Pet care
- LOWLINC Committee Member (fundraising, membership, volunteer, social activities, etc.) (please describe)_____
- Admin and office work for LOWLINC
- Other (please describe)

Preferred Availability

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Please describe any skills, interests or professional experience you might share as a LOWLINC volunteer: _____

What types of other volunteer work have you done or do you do?

Name _____

Personal References (Please provide two references who are not relatives.)

1. Name _____ Phone _____

Email _____

2. Name _____ Phone _____

Email _____

As noted above, all volunteers are required to undergo a background check. This screening is needed to protect our members and is used by most, if not all, aging-in-community villages. There is no charge to you for this screening. All screening results are confidential.

Volunteer Consent

I certify that all information in this application is true and complete. I understand that completion of this application does not obligate LOWLINC to offer me a volunteer opportunity. In processing my application, I understand that background and driving checks (if you will be providing transportation) will be conducted. This screening will include a criminal background check in the files of any federal, state or local justice agency and, for those providing transportation, driving history. I hereby grant permission to any person, agency, firm or corporation to give LOWLINC relevant information that be required to arrive at a decision on the status of this application. I release LOWLINC, its officers, employees, representatives and agents for any and all liability and/or damages incurred in accessing or using such information.

Signed

Date

Print name

Thank you for applying to the LOWLINC volunteer program.

LOWLINC
PO Box 518, Locust Grove, VA 22508
www.lowlinc.org 1-855-569-5462
email: lowlinc.coordinator@gmail.com