



## Volunteer Application

We are grateful for your interest in volunteering with Cambridge Neighbors, formerly Cambridge at Home. Please tell us a little more about yourself.

I can volunteer in  Arlington  Belmont  Cambridge  Somerville  Watertown

### General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### About You

Employed?  No  Yes:  Full-time  Part-time  Seeking employment  Student

Current employer/educational institution: \_\_\_\_\_

Other current volunteering: \_\_\_\_\_

Past volunteer experience: \_\_\_\_\_

Special skills or training: \_\_\_\_\_

### How would you like to help?

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Driver                    | <input type="checkbox"/> Home Repair/Maintenance | <input type="checkbox"/> Organizing             | <input type="checkbox"/> Development      |
| <input type="checkbox"/> Driver & Escort           | <input type="checkbox"/> Gardening               | <input type="checkbox"/> Bill Paying            | <input type="checkbox"/> Writing/Editing  |
| <input type="checkbox"/> Non-Driver Escort         | <input type="checkbox"/> Snow Shoveling          | <input type="checkbox"/> Companionship          | <input type="checkbox"/> Photography      |
| <input type="checkbox"/> Shop & Drop off Groceries | <input type="checkbox"/> Computer Assistance     | <input type="checkbox"/> Event Helper           | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Meal Prep & Delivery      | <input type="checkbox"/> Errands                 | <input type="checkbox"/> Membership Recruitment |   |

### Availability (please check)

	S	M	T	W	T	F	S
Morning (8a-12p)							
Afternoon (12p-5p)							
Evening (5p-9p)							

## References

Please list two references who are not related to you, at least one of which is a professional contact. If you are applying to be a driver, list someone who has ridden in your car.

1. Name: \_\_\_\_\_ Title/Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title/Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Volunteer & Confidentiality Agreement

By submitting this application, I affirm that the facts set forth in it are true and complete. As a Cambridge at Home volunteer, I will agree to the following: 1) I will offer my time without monetary compensation; 2) I agree to conform to all of Cambridge at Home policies, rules and procedures; 3) I understand that if I am accepted as a volunteer any false statements, omissions, or other misrepresentations I have made on this application may result in my dismissal; 4) I authorize Cambridge at Home to contact my references; and 5) I agree to indemnify Cambridge at Home against and hold it harmless from all liability, loss and expense arising out of any act, neglect or fault on my part. Finally, as a Cambridge at Home volunteer, I understand it is imperative to protect the confidentiality of all information pertaining to any Cambridge at Home member, non-member or other volunteer associated with Cambridge at Home, including any unauthorized possession, use, copying, reading or disclosure of applicable records, ledgers or files.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Registry of Motor Vehicle (RMV) Check Agreement (DRIVERS ONLY)

I give Cambridge at Home my permission to perform a Registry of Motor Vehicle (RMV) check. We check RMV records only if you have applied to be a volunteer driver. **Please include a copy of your driver's license and insurance coverage page with this application.**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Volunteer Application Checklist

- Complete application
- CORI Acknowledgment Form
- Copy of driver's license

## If you are applying to be a volunteer driver, please include:

- Signed copy of the Volunteer Driver Statement of Understanding
- Copy of your insurance coverage page