

service

Date: _____

provider application

Vetted Provider Referral Service

Union County Neighbor to Neighbor (UCN2N) is a not-for-profit, volunteer-driven community organization created to help Union County residents stay in their own homes with help from volunteers. Neighbor to Neighbor's service area includes all of Union County. Members join for a small monthly fee, and they are matched with volunteers to help with household tasks, transportation, pet services, as well as social, educational and wellness programs. UCN2N also maintains a data base of trusted and vetted Professional Service Providers that our members can access when needs arise outside of the scope of our volunteer base.

Provider Contact Information

Company	Contact Person	Title	
Address			
City	State	Zip	Email Address
Office Phone	Mobile Phone	Preferred Contact Method	
Website	Additional Information		

Company Information

1. Company description
2. Description of services to be provided to UCN2N Members (please provide a rate sheet)
3. What should we know about cancellations, contracts or pricing?
4. Discounts / special offers offered to UCN2N Members
5. Regular business hours



service

provider application

- 6. Do you use subcontractors and / or independent contractors?
- 7. Describe your company's training for employees and how they are monitored
- 8. Are you available for emergency calls? If so, how is this managed?

References

Please provide three professional references familiar with work of provider (we prefer that at least one of these references be in or near Union County)

1. Name _____ Phone _____ Email _____
Address _____

2. Name _____ Phone _____ Email _____
Address _____

3. Name _____ Phone _____ Email _____
Address _____

Working with Union County Neighbor to Neighbor

- 1. How would the logistics of our referrals work? (If we have a member who needs your services, should we call, email or send them to your business?)
- 2. Years in business? _____ Please tell us about your company's work experience
- 3. Describe your experience with or willingness to work closely and sensitively with older adults

Insurance

*A valid Certificate of Insurance is required for vetted UCN2N service providers, Please attach your declarations page.

