

volunteer

Date: _____

to be a neighbor

Volunteer Application

Thank you for your interest in becoming a volunteer with Union County Neighbor to Neighbor (UCN2N). Volunteers are vitally important to the success of UCN2N and both members and volunteers benefit from volunteer work. Please provide the following information, and rest assured that it will be held in confidence within UCN2N.



Personal Information

First Name	Middle Initial	Last Name	
Address			
Address			
City	State	Zip	Email Address
Home Phone	Cell Phone	Best Way to Contact	

Time Preferences

As you think about volunteering for UCN2N, what time would you be comfortable giving? Please indicate your preferences below by circling the times you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
morning	morning	morning	morning	morning	morning	morning
afternoon	afternoon	afternoon	afternoon	afternoon	afternoon	afternoon
evening	evening	evening	evening	evening	evening	evening

- Random assignment 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?

Do you have any physical considerations that would affect the kinds of assignments you are comfortable with? _____



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Can you think of any types of volunteer situations you would rather avoid? _____

Types of Volunteer Opportunities (please check all that you are willing to do)

Transportation (Please note, transportation volunteers must provide a copy of the declarations page of their auto insurance and current, valid driver's license)

- member able to walk independently
- member using a walker or cane independently
- member in a wheelchair who is able to get in and out of the vehicle on their own (driver would need to fold wheelchair and place in vehicle/take out of vehicle and set up again)
- medical transport and advocacy: transport to a medical appointment and accompany member during appointment to help member understand the health care provider's instructions and recommendations

Personal Services

- cook and/or deliver meal
- run errands, pick up groceries
- occasional short-term pet care: examples--short trip, emergency hospitalization
- help after hospital stay
- household chores: examples--light cleaning, laundry, window washing, defrosting/cleaning fridge or freezer, clean out/organize closet, move furniture
- home Maintenance: simple repairs, changing lightbulbs, smoke detector batteries, filling water softener with salt
- companionship: home visits, accompany member while repair person is in home, accompany to social activities
- correspondence: assist with correspondence, phone calls

Yard Work

- shrub pruning, minor tree trimming
- flower bed cleanup, planting
- occasional mowing

Technical Support

- help a member learn to use devices
- help set up/program TV/DVR
- troubleshoot minor computer issue

Organization Support

- data entry, filing, bulk mailings, errands
- organizer: member events or interest groups
- organization Leadership: Board or committee membership

Photo Release

UCN2N occasionally uses pictures to promote its organization. May UCN2N use photographs taken of you while on volunteer duty? Yes No



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Emergency Contact

If you were to experience an emergency while volunteering for UCN2N, whom should we contact?

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

References

Please list the names and contact information of three people (other than relatives) who have known you for at least two years

Name _____ Phone _____ Relation _____

Address _____

City _____ State _____ Zip _____ Email Address _____

Name _____ Phone _____ Relation _____

Address _____

City _____ State _____ Zip _____ Email Address _____

Name _____ Phone _____ Relation _____

Address _____

City _____ State _____ Zip _____ Email Address _____

Community Involvement

What other volunteer commitments do you have?

organization(s) _____

volunteer role(s) _____

other community groups (service clubs, etc.) _____

skills, interests, hobbies _____



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Background Check

All UCN2N volunteers are required to have a reference and background check. This is a new standard in volunteer organizations. May we have permission to conduct a background check/screening? Yes No

Have you ever been convicted of a criminal offence? Yes No

If yes, please explain

Background Check Information

Full Name Maiden Name, or Any Other Names
Birth Date: (mo/day/yr) Last Four Digits of Social Security Number

***If you are volunteering to provide transportation for members, please provide the following:**

1. A copy of your valid Ohio driver's license
2. The declarations page of your latest automobile policy

Volunteer Agreement

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Union County Neighbor to Neighbor that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Union County Neighbor to Neighbor. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Union County Neighbor to Neighbor or my termination as a volunteer.

Signature Date

