



Volunteer Application

Name: _____

Address: _____

Male: Female: Date of birth (month/date/year): _____

Email: _____

Phone (home): _____ (cell): _____

Previous volunteer experience:

Special Skills / Interests:

Employment Field(s) past and present:

What do you think about older adult's desires to age in place, live independently and live according to their own values?

Services you can provide: (Feel free to add comments and other items/areas.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Accompany to social event | <input type="checkbox"/> Appointments | <input type="checkbox"/> Care Management |
| <input type="checkbox"/> Carpentry, cabinets, remodels | <input type="checkbox"/> Carpet/upholstery cleaning | <input type="checkbox"/> Community Activities |
| <input type="checkbox"/> Computer Help | <input type="checkbox"/> Counseling/Therapy | <input type="checkbox"/> Daily Check-In Call |
| <input type="checkbox"/> Errands | <input type="checkbox"/> Estate Sales | <input type="checkbox"/> Event and Program Planning |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Friendly Visits | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Grocery Shop | <input type="checkbox"/> Handyman |
| <input type="checkbox"/> Handyman | <input type="checkbox"/> Help at Home | <input type="checkbox"/> Home Visit |
| <input type="checkbox"/> Horticulture | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Informational Meeting |
| <input type="checkbox"/> Legal Aid Services | <input type="checkbox"/> Light home maintenance | <input type="checkbox"/> Medical nail care |
| <input type="checkbox"/> Medication Reminder Phone Call | <input type="checkbox"/> Member Birthday | <input checked="" type="checkbox"/> Office Admin |
| <input type="checkbox"/> Office support | <input type="checkbox"/> Organization Services | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Real Estate/Home Relocation | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Skin Care | <input type="checkbox"/> Social Visits | <input type="checkbox"/> Social/Health Activities Org |
| <input type="checkbox"/> Tile and Stone Work | <input type="checkbox"/> Training New Members/Volunteer | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Wine Tours | <input type="checkbox"/> Yard Care | |

Other – Please Describe: _____

Preferred Contact Method

You may sign up online at any time to provide service. If a service is not filled four days prior to a requested date, we will email volunteers. If a service is not filled two days prior to the requested date, we will call volunteers. Online signup is preferred, and you get the widest selection of opportunities. If services are needed that are not filled by online sign-up, number your preferences for a call to your:

Home: _____ Cell: _____ Work: _____

How did you hear about Boise at Home? _____

Weekly Schedule: Please check when you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8 - 11							
Lunchtime 11 - 2							
Afternoon 2 - 5							
Evening 5 - 8							
Night 8 -Midnight							

On Call: _____

Other: _____

Number of hours you are able to volunteer each month: _____

Personal References

Provide three references, none of whom are relatives. (Please inform your references about Boise at Home and your interest in volunteering.)

Name: _____

Relationship: _____

Phone (home): _____ (cell): _____

Email: _____

Preferred Contact Method: _____

Preferred Contact Time: _____

Name: _____

Relationship: _____

Phone (home): _____ (cell): _____

Email: _____

Preferred Contact Method: _____

Preferred Contact Time: _____

Name: _____

Relationship: _____

Phone (home): _____ (cell): _____

Email: _____

Preferred Contact Method: _____

Preferred Contact Time: _____

Supplement for Drivers

Do you have a current Driver's License: Yes No

Are there any restrictions on your driver's license other than eyeglasses?

Yes No

If yes, explain: _____

Have you ever had your license suspended, revoked, or refused?

Yes No

If yes, explain: _____

Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs?

Yes No

If yes, explain, giving date and jurisdiction (city, count, state):

Do you have liability insurance coverage? Yes No

If yes, Amount of liability coverage \$ _____

POLICIES

Please read the following information carefully.

Confidentiality:

I agree to protect the confidentiality of all information pertaining to any Boise at Home member, non-member or other volunteer or client associated with Boise at Home. I agree upon becoming a volunteer, I will not attend any medical or financial appointments of a member.

Liability Waiver:

I acknowledge that as a volunteer, I am not an employee of Boise at Home and understand that I will not be paid for any work I perform. I consent and agree to assume all responsibility for any and all risks or events of damage or injury that may occur in the course of my volunteer work and that I am volunteering at my own risk. I fully and forever release and discharge Boise at Home, its officers, employees, agents and successors from any loss, cost, damages or other liability which I may incur in the course of my volunteer work.

Conflict of Interest Policy:

I shall not use any information acquired by virtue of my participation in the program for financial, material or professional gain or advantage. I understand that if it is discovered that I have done so, or it appears evident that I have done so or have attempted to do so, this will disqualify me from further consideration for volunteer service or result in my dismissal as a volunteer. I will not accept money, checks or gifts of value from a member.

Representation of the Organization:

Volunteers are important ambassadors for Boise at Home within the community. I understand that as a volunteer I must not act on behalf of or make statements representing the organization unless I have been authorized to do so by the Executive Director or an officer of the Governing Body or Board of Directors. I must not make statements to the press or media without prior authorization, and I am not authorized to sign any agreement involving contractual or financial obligations of Boise at Home.

Agreement:

My signature acknowledges that I have read and agree to the information above and confirm the accuracy of the information provided. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered at a later date.

Signature

Date

Please Print Your Name