UpValley Village

A Program by Collabria Care

Volunteer Application

I. Personal Information

Last Name: _____First Name: _____

Street Address _____ Zip Code_____

Phone (Home): _____(Cell)_____(Other)_____

Email: _____

What is generally the best way to reach you? ___phone ____e-mail

Are you currently a member of the Village? _____yes _____no ____

If no, how did you hear about us? _____

II. Emergency Contact

Name_____

Relationship_____

Phone number_____

Email_____

III. Employment

Are you currently working? ____yes ____ no

Full time? ____ Part time? _____

Retired_____ Student_____

Current/former occupation & most recent employer _____

UpValley Village

A Program by Collabria Care

III. Education

Highest level of education completed (Circle One):

Still in School (grade) _____ High School/GED ____Some College____

Bachelor's Degree _____ (Major/School)

Graduate Degree _____ (Major/School)

Professional Degree_____ (Major/School)

Do you have any professional certifications or credentials that you would like to share?

_____

_____

_____

IV. Community Involvement

Do you have other volunteer commitments ____yes ____ no
If yes, please tell us about them_____

_____

_____

Are you a member of any community organizations (including religious institutions) that you would like to share with us? ____yes ____no

If yes, please list them below:

_____

_____

V. Skills and Interests

Have you ever worked with seniors? ____ yes ____ no

If yes, please describe:

UpValley Village

A Program by Collabria Care

_____

_____

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

If yes, please explain:

_____

_____

Do you have any allergies (including pet allergies that would prevent you from entering a member's home? ____yes _____no

Do you smoke? ____yes __no Will you enter a smokers' home or car? ___yes ___no

Are there any types of volunteer activities you would prefer to avoid? _____

_____

_____

Often Volunteers have special skills, hobbies or interest (for example: knitting, yoga, woodworking) that they would be willing to share with Villagers. Do you have any such skills or interests? _____yes _____ no

If yes, please describe _____

_____

What volunteer time would you be comfortable giving to the Village? Check all that apply.

a. Ad hoc assignments arranged ahead of time? _____
b. Regular time slot(s) (weekly/bi-weekly/monthly, etc.): _____
c. "On call" if available? _____
d. Weekdays _____ Weeknights _____ Weekends _____

UpValley Village

A Program by Collabria Care

Please circle your volunteer interests:

Advocate

Assist members in preparing plans to age at home
Help after a hospital stay

General/Personal Services Volunteer

Cooking
Meal delivery
Run errands
Occasional pet care
Help with computer/other tech devices
Exercise
Decluttering/organizing

Transportation

Grocery shopping
Rides to and from appointments
Rides to and from personal activities
Driving and/or accompanying to social activities

Home Maintenance

Small repairs
Occasional gardening
Light cleaning
Changing light bulbs
Flipping mattresses

Companionship

Telephone check-ins
Friendly visits
Reading

Arranging Activities

Walking groups
Book groups
Member excursions

Office Volunteer

Data entry
Calendar maintenance
Help with events

UpValley Village

A Program by Collabria Care

From time to time, UpValley Village may use images of our members as well as volunteers for marketing of the organization and/or on our web site. May the Village use photographs taken of you while on volunteer duty? Yes _____No_____

VI. Driving

Please note that errand-running assistance is frequently requested by members. To transport Village members, you must maintain a valid CA driver's license, insurance and sign and agree to the Volunteer Driver Policy. Please complete the following driver's license and insurance information, and provide copies of license and proof of insurance when you meet with our staff.

Do you have a valid CA driver's license? Yes ____No____

License#_____

Auto Insurance Carrier_____

Auto Insurance Policy#_____

Do you have your own vehicle? yes _____no _____

If Yes: Is your vehicle properly maintained and is it equipped with all of the proper safety requirements? e.g., seatbelts, airbags, proper braking, oil changed regularly, etc. yes _____ no _____

What is the make and model? _____

Can you accommodate a wheel chair? yes _____ no _____

VI I. Volunteer Agreement

The UpValley Village wants to insure our members' safety and security at all times. We ask that our volunteers maintain the same high standards and values. In some cases, you will be given specific forms by our staff to complete this process. Please acknowledge your understanding about the following volunteer requirements:

The UpValley Village will require me to take a two-part TB test and an annual flu shot and submit proof for my records. _____ (initial)

I understand that the UpValley village will conduct a criminal background check as part of their screening process, including finger printing. A form will be provided for this purpose. _____ (initial)

UpValley Village

A Program by Collabria Care

If I am driving Village members, I will provide proof of a current driver's license, insurance and agree to a vehicle records check. _____ (initial)

I agree to maintain the privacy and strict confidentiality of any Village member with whom I am working. _____ (initial)

I am 18 or older ____yes _____no

If under age 18, parent or guardian of minor complete below:

I give my consent for _____ to serve as a volunteer in the UpValley Village according to all applicable policies set forth in this agreement.

Signature_____

Relationship_____

To the best of my knowledge the above information is correct. _____ (initial)

I hereby release UpValley Village, Collabria Care and its agents, employees, contractors, donors and volunteers from any and all damages, costs, expenses, fees and other sums (including without limitation attorney's fees and costs) arising out of my participation in the UpValley Village program, including without limitation any claims for damage to person or property. Without limitation on the foregoing, I covenant and agree to maintain automobile insurance in accordance with California law at all times while driving in furtherance of the UpValley Village program. _____ (initial)

Signature_____ Date_____