

The Caleb Interfaith Volunteer Caregivers Application

Date: _____ Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Date of Birth: _____

Congregation (Church Affiliation) _____ Email: _____

Previous Volunteer Experience? (Yes) (No), If Yes, please list: _____

Occupation or Past Occupation if retired: _____

Other information that will help us make a good match, such as education, general interests, hobbies: _____

Languages Spoken: _____

How did you find out about the Caleb Caregivers? _____

Are you a Veteran? (Yes) (No)

Volunteer assignment choices: (Please check as many as you are willing to accept).

- | | | |
|--|--|--|
| <input type="checkbox"/> Visiting | <input type="checkbox"/> Transportation (your car) | |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Yard work/Snow shoveling | <input type="checkbox"/> Light Housework |
| <input type="checkbox"/> Home Repairs | <input type="checkbox"/> Telephone Reassurance | |
| <input type="checkbox"/> Pet Food Program | <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Commodity Food |
| <input type="checkbox"/> Accompany to Religious Services | | |

If Transporting: Are you interested in reimbursement for mileage of .35 per mile? Please check one:

- Decline all reimbursement
 Accept all reimbursement
 Accept long distance reimbursement only
 Other: _____

Please check all that are applicable. I am available:

- | | | |
|---|---|--|
| <input type="checkbox"/> Weekday Mornings | <input type="checkbox"/> Weekday Afternoons | <input type="checkbox"/> Weekday Evenings |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Once a Week | <input type="checkbox"/> More than once a week |
| <input type="checkbox"/> One Time Only | <input type="checkbox"/> As Needed | <input type="checkbox"/> Other: _____ |

I can visit or help more than one person: (Yes) (No) _____

MAIL FILLED OUT APPLICATION TO:

The Caleb Interfaith Volunteer Caregivers, 38 Kings Square, Suite 9, Whitefield, NH 03598

Phone: 603-837-9179

Fax: 603-837-3332

Email: caleb@ncia.net

I am a smoker (Yes) (No). I am willing to visit a smoker (Yes) (No). _____

Other considerations, such as distance from home : _____

Do you have a valid driver's license (Yes) (No)? License # _____ Exp. _____

Do you own a car (Yes) (No)? Make of car: _____ Color of Car: _____

Insurance Company : _____ Policy Number : _____

Have you ever been convicted for violation of any laws, traffic or otherwise (Yes) (No)?

If Yes, please explain: _____

Do you have any physical condition that may limit your activities (Yes) (No)?

If Yes, please describe: _____

Who to notify in an emergency, please list name and phone numbers:

Name: _____ Home # : _____ Work/Cell # _____

Name: _____ Home # : _____ Work/Cell # _____

References: Please list three persons we may call who are not immediate family or close personal friends, you may include clergy, teachers, or any employer:

1. Name _____

Address: _____

Telephone Number : _____ Relationship: _____

2. Name _____

Address: _____

Telephone Number : _____ Relationship: _____

3. Name _____

Address: _____

Telephone Number : _____ Relationship: _____

I hereby state that the information given by me, in this application is true in all respects. I hereby authorize the above individuals listed as personal references to release any personal information that may pertain to my work habits or work performance, and hereby authorize the Caleb Interfaith Volunteer Caregivers to perform a traffic and criminal check.

Signature of applicant

Date