CARING NEIGHBORS
VOLUNTEER APPLICATION
(return form to tvcnservices@gmail.com)

Name (Last, First, Middle) _____

Address _____ Village_____

Email _____

Phone(s) _____   _____
                          Mobile   Home

SERVICES: Please check below all the volunteer services you are willing to provide.

_____ Friendly Home Visits/Phone Buddy

_____ Grocery Shopping and Errands

_____ Meals

_____ Respite Care

_____ Transportation

_____ Other (reading, dog walking, handyman assistance, etc.)

_____

PLEASE NOTE: If you own an automobile, you must provide proof of current automobile insurance (a current auto insurance card or an auto insurance policy). This is required even if you have not volunteered for transportation services. If you plan to use a golf cart for services, you must have golf cart insurance or you will be liable if anything happens.

BACKGROUND CHECK: Caring Neighbors also requires that all volunteers go through a background check. The background check is conducted by Sterling Volunteers, Inc., using information that potential volunteers enter directly into their online application. Sterling Volunteers will then use this information to check state and national criminal history databases, and federal and other agency databases. If you are volunteering to provide transportation, you must also have a motor vehicle check. The approximate cost of the background check is $30 depending on the motor vehicle agency fees. Once you submit this application, you will receive an email with instructions to complete the background check. If you are arrested or receive a traffic ticket at any time after your background check, it is your responsibility to notify your Director.

LIABILITY DISCLAIMER: I hereby acknowledge that my participation in volunteer activities is potentially hazardous, and that I should not participate unless I am medically and physically able to do so. With full knowledge and understanding of the foregoing, I expressly assume any and all risks associated with my voluntary participation. In addition, I, for myself and for anyone who might claim on my behalf, covenant to not sue and hereby WAIVE, RELEASE AND DISCHARGE CARING NEIGHBOR SERVICES, INC., its agencies, officials, sponsors, volunteers and their representatives, successors, agents, employees and assigns from ANY CLAIMS, LIABILITIES, DEBTS, AND CAUSES OF ACTION, whether foreseen or unforeseen, for death, personal injury, property damage or any other injuries which may arise from my travel to, participation in, or return from a volunteer activity.

_____   _____
                          Signature   Date

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