

NEIGHBORHOOD CONNECTIONS

VOLUNTEER APPLICATION

Name: _____ Date: _____

Mailing Address: _____ Date of Birth: _____

Physical Address: _____ M F

Town: _____ State: _____ Zip: _____

E-mail: _____

Town of Residence: _____

Phone: (day) _____ (night) _____

Previous volunteer experience: _____

What is best time for you to volunteer? Weekdays: _____ AM _____ PM

Weekends: _____ AM _____ PM

How often do you want to volunteer? Once a week More than once a week

Once a month Every two weeks A regular assignment Occasionally

Occupation (Past/Present): _____

How did you hear about us? Friend Newspaper Radio TV Staff

Through a volunteer Through church Internet Other _____

What transportation do you use? Own car Ride with a friend Car Pool Bicycle

Taxi Walk Public Transportation Need a Ride

What skills, hobbies or interests do you have? _____

Emergency Information

In case of emergency, who should be contacted?

Name: _____ Relationship: _____

Phone: (day) _____ (night) _____

Primary Physician: _____ Phone: _____

Do you have any medical condition we should be aware of?

no

yes (explain) _____

Auto Information

Do you have a valid driver's license?

no

yes

State: _____ License #: _____ Expiration date: _____

Year and model of your car:

Year: _____ Model: _____

Auto Insurance Carrier: _____

Have you taken a refresher driver's training class? _____ If yes, when? _____

Are you interested in taking a driver's refresher class such as AARP's 55 Alive? Yes/ NO /

Volunteer signature: _____ Date: _____

Signature of Director: _____ Date: _____

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CONFIDENTIALITY AGREEMENT

“Confidential Information” is any information in any media which is not generally known to the public and cannot be readily obtained by proper means by the general public, and includes, but is not limited to, information relating to (1) mental or physical health of an individual, (2) names and other identifying information about individuals, (3) financial details of an organization or individual, and (4) background or personal information told in confidence.

I, the undersigned, recognize that my position as a volunteer for Neighborhood Connections requires considerable responsibility and trust. I understand that I may be entrusted with sensitive, confidential, restricted and proprietary information in the course of my volunteer work.

I agree not to use or disclose any Confidential Information which is disclosed to me as a result of my serving as a volunteer of Neighborhood Connections except as required to perform any duties. An exception to this occurs when I believe that an individual's life might be in danger. In this case, I would report my concerns to the Director at Neighborhood Connections.

Printed Name _____ Date _____

Signed _____

NEIGHBORHOOD CONNECTIONS VOLUNTEERS

PHOTOGRAPH RELEASE FORM

I authorize Neighborhood Connections, and those acting under its permission and authority, to use, reproduce and publish any photograph of me or of one in which I may be included in whole or in part, in materials which may include, but are not limited to, brochures and newsletters.

I waive my right to approve the finished product or copy or the use to which it may be applied.

I release and discharge Neighborhood Connections and those acting under its permission or authority, for any claims and liability for the use of any picture of me.

I have read the above authorization and release before signing it and am fully familiar with the contents thereof.

Name : _____

Address : _____

Signature : _____

Date : _____