**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_

Phone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Mobile)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is generally the best way to reach you? □by phone □ by email

**Personal References:** Please provide contact info for two people (other than a relative) who has known you for at least two years:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Background Check:** Due to the sensitive nature of some of the work, and the high level of service and expectations of our members, all volunteers working with EN are required to undergo a criminal background check (CORI). Have you ever been convicted of a criminal offense?

No\_\_\_Yes\_\_\_If yes, please explain:

For CORI check: **Please provide a form of ID with your name and Date of Birth**

Legal name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB (mmddyyyy): \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Last 6 digits of SSN xxx \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

**Availability:** Please provide a general description of your availability (and non- availability) to volunteer:

**Interests** Please check the boxes next to your interests & abilities below.

**In-Home Services**

□ Delivery of food/goods, carry in packages

□ Small fixes like changing a bulb to big tasks like flipping a mattress

□ Occasional garden help

□ Organize household items

□ Pet care, dog walking □ Errands

□ Water plants and pick up mail

□ Technical assistance: Set up phone, email, electronic devices, smart speakers; Program TV remotes and thermostats; Organize files

**Neighborly Visits** (about an hour)

□ Provide companionship and conversation

□ Offer respite for a caregiver

□ Read aloud from mail, newspapers or books

**Wellness**

□ Phone check-in

□ Pre/post hospital stay visits

□ Medi-pal: take notes at the doctor

**Transportation**

□ Rides to appointments, social events, meetings and book clubs as well as grocery

shopping and errands.

**EN Administrative Support**

□ Call Manager -schedule appointments and log service requests in the online system from your home computer

□ Managing Social Media

□ Writing/Editing

□ Graphic and Web Design

□ Photography

Would you be willing to interpret for people who do not speak English well?

□ Interpreter, Language(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Growth and Operations**

□ Welcome Calls to new members

□ Neighborhood Circles

□ Event Planning

□ Fundraising

□ Forming an Interest Group

□ Serving on a Committee

□ Strategic Partnerships

□ Government Relations

**If you are not volunteering to drive, skip this section**

\* To provide transport to an Easthampton Neighbors member, we require:

1.) a copy of your Driver’s License

2.) a current copy of your vehicle registration

3.) a copy of your MA Driving Record

The cost of requesting the MA Driving Record is $8. The MA Driving Record request can be completed online by selecting the option to request an "Unattested Public Driving Record" at https://secure.rmv.state.ma.us/DrvRecords/intro.aspx. Make sure to DOWNLOAD the pdf and either print it or email it to us.

Please scan or photocopy your driver’s license, MA vehicle registration insurance, and this application to info@easthamptonneighbors.org or send a hard copy by mail to

Easthampton Neighbors, PO Box 1066 Easthampton, MA 01027.

**Agreements**

From time to time, Easthampton Neighbors may use images of our members as well as volunteers for marketing of the organization and/or on our web site. May photographs be taken of you while on volunteer duty. □Yes \_\_\_\_\_\_\_\_\_(initial)

I understand that the Easthampton Neighbors will check my references and/or criminal history record as part of their screening process. \_\_\_\_\_\_\_\_\_(initial)

To the best of my knowledge the above information is correct. I also understand that certain information about me (i.e. skills and interests) may be discussed with EN member(s) that I might work with, if applicable\_\_\_\_\_\_(initial)

I agree to maintain strict confidentiality in respecting the privacy rights of all direct and indirect participants with Easthampton Neighbors \_\_\_\_\_\_(initial)

I hereby release Easthampton Neighbors 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 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 Massachusetts law at all times while driving in furtherance of Easthampton Neighbors.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

*(Continue only if under 18)*

I give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to serve as a volunteer for Easthampton Neighbors according to all applicable policies set forth in this agreement.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We welcome you as a volunteer and a member of Easthampton Neighbors.**

Not a member? Please complete the application online at www.easthamptoneighbors.org or check this box □ and we’ll send you one.

**Thank you for applying. Please email your application, copy of ID (and Driver’s License, MA Driving Record and MA Vehicle registration if you want to provide rides) to: e****asthamptonneighbors@gmail.com.**

**or send hard copy to Easthampton Neighbors, PO 1066, Easthampton, MA 01027**

**Next, we’ll schedule an interview and orientation—then, we’ll be here for you every step of the way as you help your Easthampton neighbors.**

**Easthampton Neighbors** (EN) is a 501(c)(3) organization.

Easthampton Neighbors PO Box 1066 Easthampton, MA 01027

413-225-1338

www.easthamptonneighbors.org

easthamptonneighbors@gmail.com