|  |  |
| --- | --- |
| Chart  Description automatically generated  |  1870 Armstrong Mill Rd, Lexington kY 40517859 368 2656[www.a-caring-place.com](http://www.a-caring-place.com)info@a-caring-place.comNewsletter subscription: https://mailchi.mp/6dd6e71849ec/a-caring-place |

# Volunteer Application: A Caring Place-YMAA

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |   |  |  | Date: |   |
|  | Last | First | M.I. |  DOB:  | \_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| Address: |   |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |   |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |   | Email |   |
| # Covid Vaccinations Click or tap here to enter text. |  |  Ethnicity: \_Click or tap here to enter text.\_\_\_\_\_\_\_\_ |  | Date Available:Click or tap here to enter text.  |

## Interests, hobbies, special skills or knowledge

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

## References: Required for Home Visits (Criminal background check is also required for $25)

Please list two references

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |   | Relationship: |   |
|  |  |  |  |
| Years known: |   | Phone: |   |
| Address: |   |  |  |
|  |  |  |  |
| Full Name: |   | Relationship: |   |
|  |  |  |  |
| Years known: |   | Phone: |   |
| Address:  |  |  |  |
|  |  |  |  |

 **Please let us know how you heard about this volunteer opportunity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Volunteer Opportunity**

(check all that apply, and add any other area you may be interested, such as marketing, fund raising, web site development, etc.)

[ ]  A Caring Place Virtual Welcome Center: We meet every Weds and Saturday at 10 am for one hour via Zoom. We rotate the person who will present a topic. We break into small groups to discuss. Then return to the large group, where the presenter will facilitate a large group discussion.

[ ]  Telephone Comfort Care Program (TCCP): Call one participants from your home or office. Frequency of call varies from daily to 2 times a week, depending upon the loneliness risk of the participant. Calls last from 15 to 30 minutes.

[ ]  Home Visitor: Visit TCCP guests at least once each month and complete a home visitor report on a monthly basis. A $25 background fee is required (UK background check accepted). Must show validation of COVID-19 Vaccination

[ ]  Reading Program: Be a reading buddy in our Read On! Program. Requires Zoom reading time to a grade school child two times per week for 10-20 minutes. Training required prior to assignment.

[ ]  Driver: As a driver you will be responsible for delivering noon lunches. No services involve contact, however, masks are mandatory when delivering the item to the door. You will be responsible to read an article from CDC on how to prevent exposure and protect yourself and the recipient. The article will be provided when you submit this application.

 [ ]  In the last twelve months, I have not been involved in any automobile accidents in which I was determined to be at fault.

 [ ]  In the last ten years, I have not been convicted of driving while intoxicated or under the influence of drugs.

 [ ]  I understand that as a volunteer driver, my personal auto insurance will be the policy responsible for any accidents or incidents that involve my vehicle, including those that occur while I am serving as a volunteer driver for A Caring Place.

 [ ]  I will provide a current copy of my driver’s license and proof of insurance and will maintain coverage during my time as a volunteer driver.

 Available times are Mon and-Friday from 8:30 to 10:30 a.m. Please state which day you

 would like, and how frequently you desire to drive (ex. Every Mon, 1st and 3rd Mon) in the

 lines below:

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I have read and submitted/attached my volunteer agreement [ ]  Yes

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |   | Date: |   |