

# Respite Volunteers of Shiawassee

710 W. King Street Owosso, MI 48867 (989) 725-1127

## Volunteer Application Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Sex/Gender: \_\_\_\_\_ Veteran?: \_\_\_\_\_

Previous caregiver/healthcare experience/internships: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Family Caregiving Experience: \_\_\_\_\_  
\_\_\_\_\_

To you, what is the significance of volunteering? \_\_\_\_\_  
\_\_\_\_\_

Languages: \_\_\_\_\_ Fluency: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

How is your overall health? Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Disabilities/Medical Conditions\* \_\_\_\_\_

How did you hear about Respite Volunteers? \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Are you interested in sharing information about Respite Services to families in your church? \_\_\_\_\_

Or in your community \_\_\_\_\_

If employed, where? \_\_\_\_\_ Usual work hours: \_\_\_\_\_

Can you receive calls at work? \_\_\_\_\_

Are you a high school/college student? (Circle) What grade level are you now? \_\_\_\_\_

School: \_\_\_\_\_ Major: \_\_\_\_\_

Degree earned: \_\_\_\_\_

Special Certifications: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Your In-home volunteer preferences: Smoking \_\_\_\_\_ Pets \_\_\_\_\_ Other \_\_\_\_\_

Other information: \_\_\_\_\_

*Giving a Gift of Time*

www.respitevolunteers.org ~ office@respitevolunteers.org

# Respite Volunteers of Shiawassee

710 W. King Street Owosso, MI 48867 (989) 725-1127

Please indicate your availability below.

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:

As an active volunteer, I am interested in the following activities (check all that apply):

- ☐ Volunteer for persons ☐ Phone support ☐ Church liaison  
☐ And families  
☐ Office help ☐ Fundraising ☐ Errands/shopping  
☐ Distribute pamphlets ☐ Home repairs/handyman ☐ Serve on committee/board

## Volunteers are asked to agree to:

- Abide by the volunteer program policies and procedures of Respite Volunteers of Shiawassee
- Provide current, valid copies of Driver's License and Auto Insurance
- Provide written documentation of all patient/family contacts on the Volunteer Time Sheets, and turn in monthly. You may drop off volunteer Time Sheets to office, or mail in, which ever is easiest for you.
- Consider participating in continuing education programs
- Keep yourself up-to-date by reading RVS emails and newsletters

**A photocopy of a valid driver's license and proof of car insurance is required to activate your volunteer insurance (Respite Volunteers will require this information yearly).**

## REFERENCES

Someone unrelated to you who has known you for at least two years.

1. Name_____	2. Name_____
Phone (____) _____ Years Known_____	Phone (____) _____ Years
Known_____	
Address_____	Address_____
City_____ Zip_____ - _____	City_____ Zip_____ - _____
Association_____	Association_____
3. Name_____	4. Name_____
Phone (____) _____ Years Known_____	Phone (____) _____ Years
Known_____	
Address_____	Address_____
City_____ Zip_____ - _____	City_____ Zip_____ - _____
Association_____	Association_____

*Giving a Gift of Time*

www.respitevolunteers.org ~ office@respitevolunteers.org