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## NEIGHBOR-TO-NEIGHBOR VOLUNTEER APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State ZIP

TELEPHONE (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

(Work): \_\_\_\_\_ May we call you at work? \_\_\_\_\_

E-MAIL(S): \_\_\_\_\_

CURRENT EMPLOYMENT STATUS: \_\_\_\_\_

WORK EXPERIENCE: \_\_\_\_\_

VOLUNTEER EXPERIENCE (Past or present): \_\_\_\_\_

### AREAS OF INTEREST:

Under the Neighbor-to-Neighbor program, volunteers provide assistance to older homeowners in three primary ways:

1. Offering car rides to the doctor, pharmacy or the like
2. Performing light chores like yard work, fix-up and seasonal cleaning
3. Being a "friendly visitor" who makes occasional visits and checks in regularly by phone

**WHICH OF THESE SERVICES ARE YOU WILLING TO PROVIDE?** Describe any special skills or training you have that are relevant in this regard.

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APPROXIMATE TIME AVAILABLE FOR VOLUNTEERING: \_\_\_\_\_ Hours per week

AVAILABILITY	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

WHEN COULD YOU START? \_\_\_\_\_

HOW MUCH SCHEDULING NOTICE DO YOU NEED? \_\_\_\_\_

WOULD YOUR INVOLVEMENT BE OPEN-ENDED OR LIMITED IN TIME? \_\_\_\_\_

IF LIMITED, PLEASE EXPLAIN \_\_\_\_\_

MEDICAL RESTRICTIONS, ALLERGIES OR REQUIREMENTS THAT MAY AFFECT YOUR  
VOLUNTEER ACTIVITY: \_\_\_\_\_

YOUR HEALTH INSURANCE COMPANY: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

REFERENCES (Other than family members):

1. \_\_\_\_\_  
Name Phone Relationship
2. \_\_\_\_\_  
Name Phone Relationship

Have you resided in Pennsylvania for the last two years? \_\_\_\_\_

**For people who may be driving Journey's Way clients:**

Do you have a valid driver's license in good standing? \_\_\_\_ License # \_\_\_\_\_

Do you carry automobile liability insurance? \_\_\_\_\_

Auto Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Have you ever had a DUI arrest? \_\_\_\_\_ Have you had any moving violations in the  
last three years? \_\_\_\_ If yes for either, please describe \_\_\_\_\_

\_\_\_\_\_

**The information I am providing is accurate  
and complete, to the best of my knowledge.**

\_\_\_\_\_  
Signature

**NOTE: To meet requirements of  
Pennsylvania Older Adult  
Protective Services, Criminal  
History and driving record  
checks are conducted for all  
Neighbor-to-Neighbor  
volunteers as needed.**

