

CARING HANDS VOLUNTEER CAREGIVERS PROGRAM
Volunteer Application

Thank you for your interest in volunteering with Caring Hands. We will review your application and may contact you for additional information. Call us directly at 925 952-2999 for information.

Contact Information

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Email Address: _____ Best way to reach you? Cell: ___ Home: ___ Email: ___

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Experience

Previous volunteer experience: _____

Occupation (if retired, previous employer and job assignment and expertise):

Other information that will help find the right volunteer match for you (such as education, hobbies, and interests):

Volunteer Interest and Availability:

Volunteer opportunities with a senior (Please check all that apply)

<input type="checkbox"/>	Friendly visiting	<input type="checkbox"/>	Minor home repairs	Note type of vehicle:
<input type="checkbox"/>	Letter writing / Read mail	<input type="checkbox"/>	Respite	
<input type="checkbox"/>	Light household tasks	<input type="checkbox"/>	Shopping / errands	
<input type="checkbox"/>	Light meal preparation	<input type="checkbox"/>	Transportation	
<input type="checkbox"/>	Light yard work	<input type="checkbox"/>	Office Volunteer (WC Only)	

Primary Volunteer Interest: Weekly Match: _____ **Occasional/Substitute Driver:** _____ **Both:** _____

Days and Times I can volunteer:

<input type="checkbox"/>	Mornings M – F	<input type="checkbox"/>	Afternoons M – F	<input type="checkbox"/>	Evenings M – F
<input type="checkbox"/>	Weekends	<input type="checkbox"/>	Once per week	<input type="checkbox"/>	More than once per week

Cities where you can volunteer: _____ No Preference: _____

I would consider visiting a smoker: Yes ___ No ___ I am a smoker: Yes ___ No ___

Allergic to pets: **Cats:** Yes ___ No ___ **Dogs:** Yes: ___ No: ___ **Other:** _____ I enjoy pets: Yes ___ No ___

Gender of care receiver: No Preference: _____ Male: _____ Female: _____

Comments: _____

How did you hear about Caring Hands? _____

Personal Information

 Marital Status: Married Single/Never Married Separated Divorced Widowed

 Employer (if applicable): _____ Full-Time Part-Time Retired

Congregation/Temple/Mosque Name: _____ Religious affiliation (if applicable): N/A _____

Gender: Male: _____ Female: _____

Bilingual: Yes: _____ Languages spoken _____

RACE: Which of the following categories best describe your race? Check all that apply.

<input type="checkbox"/>	Native American / Alaskan Native	<input type="checkbox"/>	Are you of Hispanic or Latino origin? Yes: _____ No: _____
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	
<input type="checkbox"/>	Caucasian/White	<input type="checkbox"/>	
<input type="checkbox"/>	Asian	<input type="checkbox"/>	
<input type="checkbox"/>	Hawaiian/Pacific Islander	<input type="checkbox"/>	
<input type="checkbox"/>	Other/Bi-racial/Multi-racial	<input type="checkbox"/>	
<input type="checkbox"/>	Decline	<input type="checkbox"/>	

Do you have a valid California Driver's License? Yes: _____ No: _____

Driver's license number: _____ Expiration date: _____

Auto Insurance Company: _____ Policy #: _____ Expiration date: _____

Have you ever been convicted for a violation of any laws, traffic or otherwise? Yes _____ No _____

If yes, please explain: _____

Do you have any physical condition that may limit your activities? Yes: _____ No: _____

If yes, please describe: _____

Emergency Contact Information

Name of an emergency contact: _____

Relationship: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

References:

Please list three people we may mail who are NOT family

Examples: a friend; employer, (current of previous); a teacher, a religious or spiritual leader, etc.

Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby give my consent for the Caring Hands Volunteer Caregivers Program to contact my references, to contact my employers, past and present; and to conduct a routine background screening.

Name (please print)

Date

Signature of Applicant

Please return your completed, signed application to us via one of the following methods:

Email: caring.hands@johnmuirhealth.com

Fax: 925.952.2998

Mail: 2855 Mitchell Drive, Suite 100; Walnut Creek, CA 94598