SENIOR RIDES AND MORE

"You are the key to your neighbor's independence."

5001 Bellaire Blvd. Room 7 Bellaire, TX 77401 (713) 772-8181 Phone (713) 838-9976 Fax info@vic-sw.org

www.vic-sw.org

NODTHWEET	
NORTHWEST	Date:

VOLUNTEER APPLICATION

NAME:		M	F
ADDRESS:			
CITY/ZIP:			
DATE OF BIRTH:			
HOME PHONE:	CELL PHONE:		
WORK PHONE:	EMAIL:		
EMERGENCY CONTACT:	PHONE:		
RELATIONSHIP TO EMERGENCY CONTACT:			
EMPLOYER:			
DOES YOUR EMPLOYER/COMPANY OFFER MATCH			
CHURCH/CONGREGATION:			
DO YOU AGREE TO VOLUNTEER FOR ONE YEAR?			
DO YOU HAVE ANY PHYSICAL CONDITIONS THAT I	MAY LIMIT YOUR VOLUNTEERING? IF	SO, PLEASE	E EXPLAIN

VOLUNTEER ASSIGNMENT PREFERENCES

()	Transportation such as Errands, Shopping, Religious Escort, Escort to Doctors, Etc.				
()	Helping Hands, such as minor household chores, computer assistance, light home repair, garden and/or yard work				
()	Companionship, such as short friendly home visits and/or telephone reassurance.				
(() VIC internal assistance, such as scheduling of requests by phone or email, office work, copy projects, special mailings and special events.					
DAYS/TIMES AVAILABLE TO VOLUNTEER						
()	As Needed	() Twice a Week	()	Once a Week
()	Mornings M-F	() Afternoons M-F	()	Evenings M-F
()	Weekends	() Other			
D	э у	ou prefer to assist only peo	ple who go to your Church / Synagogue?		() No () Yes
Are you willing to travel to anywhere in our service areas? () No () Yes						
Are you allergic to smoke, dogs, cats, etc.? Please specify:						
			PERSONAL REFERENCES			
Ρl	ead	se list one personal referenc	ce (other than family members) and one p	orof	- -	sional/religious reference:
	ame	·				sionally religious reference.
		ess:				
Pł	non	e:	Phone:			
Re	elat	ionship:	Relationship: _			

HEALTH AND WELLNESS STATEMENT

, confirm that I am in good mental and physical health.
ave no known infectious or chronic conditions that may endanger the elderly, frail and health impaired nom I plan to serve. I agree to notify the SRAM office should I become unable to perform the duties of a
lunteer due to mental or physical health situations in my life. I also understand that all information
ncerning my health and mental status will be considered confidential in nature by Senior Rides and More.
My Primary Physician:
Physician's Telephone Number:
AUTOMOBILE INFORMATION
ACTOMODILE INFORMATION
(This MUST be completed for any volunteer providing transportation)
Driver's License # Expiration Date
surance Carrier:
licy Number:
ent Name:
ent Telephone No.:
ive you ever been convicted of a violation of any traffic laws? () Yes () No
Yes, please explain:
gree that as long as I am a SRAM volunteer, I will have adequate automobile insurance as required by Texas w and will keep my automobile maintained in good condition. I understand the above information given by to VIC-SW will be used for the purpose of a background check.

CAREGIVER'S AGREEMENT

I have completed the caregiver training, understand the mission of SRAM, and agree to abide by these rules:

- 1. Keep all information concerning my care receiver(s) confidential.
- 2. Do not accept any form of compensation, gifts of value, or money from the care receivers for services associated with SRAM.
- 3. Do not use knowledge gained through volunteer services for personal profit, or for friends or family.
- 4. Respect the beliefs of my care receiver(s) we respectfully request you not try to convert any care receiver to another belief system.
- 5. Observe scheduled times of requests.
- 6. Notify the VIC office as soon as possible if I am unable to report for my scheduled time.
- 7. Follow all instructions as issued by the SRAM Director concerning my care receiver.
- 8. Complete the required paperwork on a timely basis.
- 9. Exercise care and be aware of personal safety on all assignments.
- 10. Maintain a pleasing and helpful attitude with all care receivers.
- 11. I understand the importance of continuing education and will strive to attend seminars and other events offered by SRAM when possible.

I affirm that all given information is true, correct and complete, and I hereby apply to the program and agree to abide by all program rules.

Signature:	Date:	
J		