

SENIOR RIDES AND MORE

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

5001 Bellaire Blvd. Room 7
Bellaire, TX 77401
(713) 772-8181

info@SeniorRidesandMore.org

www.SeniorRidesandMore.org

SOUTHWEST

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 MATCHING GRANTS?: _____

CHURCH/CONGREGATION: _____

DO YOU AGREE TO VOLUNTEER FOR ONE YEAR? _____

DO YOU HAVE ANY PHYSICAL CONDITIONS THAT MAY LIMIT YOUR VOLUNTEERING? IF SO, PLEASE 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 _____

Do you prefer to assist only people 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

Please list one personal reference (other than family members) and one professional/religious reference:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

HEALTH AND WELLNESS STATEMENT

I, _____, confirm that I am in good mental and physical health. I have no known infectious or chronic conditions that may endanger the elderly, frail and health impaired whom I plan to serve. I agree to notify the Senior Rides office should I become unable to perform the duties of a volunteer due to mental or physical health situations in my life. I also understand that all information concerning my health and mental status will be considered confidential in nature by Senior Rides and More.

AUTOMOBILE INFORMATION

(This MUST be completed for any volunteer providing transportation)

TX Driver's License # _____ Expiration Date _____

Insurance Carrier: _____

Policy Number: _____

Agent Name: _____

Agent Telephone No.: _____

Have you ever been convicted of a violation of any traffic laws? () Yes () No

If Yes, please explain: _____

I agree that as long as I am a Senior Rides volunteer, I will have adequate automobile insurance as required by Texas law and will keep my automobile maintained in good condition. I understand the above information given by me to VIC-SW will be used for the purpose of a background check.

VOLUNTEER AGREEMENT

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

1. Keep all information concerning my care receiver(s) confidential.
2. Do not offer the care receiver financial advice.
3. Do not offer medical advice; instead, instruct the care receiver to call their physician or call the Senior Rides office if you have any concerns about the health of the care receiver.
4. Do not accept any form of compensation, gifts of value, or money from the care receivers for services associated with Senior Rides.
5. Do not use knowledge gained through volunteer services for personal profit, or for friends or family.
6. Respect the beliefs of the care receiver(s) – we respectfully request you not try to convert any care receiver to another belief system.
7. Observe scheduled times of requests, and call the care receiver the evening before a scheduled ride.
8. Notify the Senior Rides office as soon as possible if I am unable to report for my scheduled time.
9. Follow all instructions as issued by the Senior Rides Director concerning my care receiver.
10. Keep records of mileage driven and time volunteered, and submit this information to the Senior Rides office at the end of each month.
11. Exercise care and be aware of personal safety on all assignments.
12. Maintain a pleasing and helpful attitude with all care receivers.

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: _____