



Volunteer Application

Office Use: <input type="radio"/> Accept <input type="radio"/> Reject

Thank you for your interest in volunteering! Please note the following important information as you apply:

—When you complete this form and submit your Social Security Number, Verde Valley Caregivers Coalition (VVCC) shall complete a background check. For your protection, after the check is completed, your number is blacked out, like this: XXXXXXXXXX.

—As a kind reminder, all interactions on behalf of VVCC need to be arranged through the main office. VVCC requests this so that in the unlikely event of an accident, insurance and liability policies can protect you and the neighbor served.

Name: _____ (Please Print) Date of Birth: _____

Address, City, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Social Security Number: _____ Have you ever been accused of a felony? Yes No

Current Employer: _____

Former Occupation: _____

Personal Reference name, telephone, relationship: _____

I am interested in volunteering for:

- Call Center Shopping for neighbors
- Thrift Store Shopping with neighbors
- Transportation
- Interviewing new neighbors
- Guardian Angel Program
- Respite support
- Business Help
- Visiting neighbors
- Calling Neighbors
- Light Handy work requests
- Pet Assistance
- Patient Scribe

If Transporting, my vehicle is a:

- Sports car
 - Sedan
 - SUV / Truck
- I'm willing to drive to:**
- Rimrock Area
 - Camp Verde
 - Clarkdale Cornville
 - Cottonwood
 - Sedona VOC
 - Flagstaff Prescott
 - Phoenix

Days and times that I am available:

I authorize Verde Valley Caregivers Coalition to complete a background check. My commitment is for as long as I am able and/or willing to be a volunteer; I can suspend or resign when I feel the need. I understand that my volunteer work pertains to those neighbors to whom I am assigned; All the information on this form has been completed by the undersigned and is correct as of the date signed.

Signature: _____ **Date:** _____