

GVSS (Grimes Volunteer Support Services) Client Application

Please tell us how we can assist you by completing the form below:

Last Name _____ First Name _____ Date _____

Address: _____ City _____ Zip _____

Home Phone _____ Email Address _____

Emergency Contact (name) _____ Relationship _____

Emergency Contact Phone _____ Your Birthday _____

How did you hear about Grimes Volunteer Support Services? _____

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| Please check your age bracket <input type="checkbox"/> Under 21 <input type="checkbox"/> 21-40 <input type="checkbox"/> 41-60 <input type="checkbox"/> 61-80 <input type="checkbox"/> 81 & up | Type of service requested <input type="checkbox"/> transportation <input type="checkbox"/> pick up groceries, medications, books <input type="checkbox"/> companionship <input type="checkbox"/> Simple handyman job <input type="checkbox"/> yard work <input type="checkbox"/> snow shoveling <input type="checkbox"/> DME loan |
| Transportation: Do you use any of the following? <input type="checkbox"/> cane <input type="checkbox"/> walker <input type="checkbox"/> wheelchair | Can you get in and out of the car with minimal assistance? <input type="checkbox"/> yes <input type="checkbox"/> no |
| Are you able to get in and out of a pickup or SUV? <input type="checkbox"/> yes <input type="checkbox"/> no | Do you need assistance walking to the door? <input type="checkbox"/> yes <input type="checkbox"/> no |
| Grocery, medication, book pickup: Do you need <input type="checkbox"/> regular trips <input type="checkbox"/> trips as needed | Do you need help putting groceries away? <input type="checkbox"/> yes <input type="checkbox"/> no |
| Companionship: Would you prefer? <input type="checkbox"/> friendly calls <input type="checkbox"/> visits in the home <input type="checkbox"/> both | How Often? <input type="checkbox"/> one hour a week <input type="checkbox"/> two hours a week <input type="checkbox"/> Other -describe |

| | |
|--|--|
| What Handy Service do you need? | |
| Yard Work <input type="checkbox"/> one time service <input type="checkbox"/> regularly scheduled service <input type="checkbox"/> raking <input type="checkbox"/> mowing <input type="checkbox"/> snow removal | Equipment: Do you have? <input type="checkbox"/> mower & gas <input type="checkbox"/> rake <input type="checkbox"/> leaf blower <input type="checkbox"/> lawn bags |
| What are the dimensions of your yard? | Is your yard: <input type="checkbox"/> level <input type="checkbox"/> sloped |
| Is there anything our volunteers should be aware of while they are assisting you? | |

I have been given a copy of the Client Policies and agree to abide by them in order to receive services through GVSS.

I understand that the volunteer will only be there to assist me. Any cost of medical appointments, grocery shopping or supplies for handyman service or yard work will need to be paid by me.

I hereby grant permission to GVSS to take and use pictures and video of me in order to promote their services available in the community.

Signed this _____ day of _____, 201__.

 Applicant

404 SE 2nd Street, Grimes, IA
515-986-5355
info@grimesvss.com
www.grimesvss.com

If you wish, you may mail it to: GVSS, 404 SE 2nd Street, Grimes, IA 50111

Approved: November 19, 2013