

Application for Volunteer Participation in The FriendShip

Preferred Title: Dr. ____ Mr. ____ Mrs. ____ Miss ____ Ms. ____

First: _____ Middle: _____ Last: _____

Preferred Name: _____ Birth date: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

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

Briefly tell us your work and/or volunteer experience: _____

How did you learn about The FriendShip? _____

How long have you lived in South Carolina? _____

PLEASE NOTE: During the application process, applicants will be asked to authorize criminal background and driving record checks; volunteer drivers will be asked to provide copies of their driver's license and auto insurance card.

Ways YOU might like to assist members of The FriendShip

Please check any items below that might interest you. Once approved as a volunteer, you can review opportunities as they are posted and choose what you would like to do. This list is just meant to give us a general idea of your interests.

_____ **Transportation** to appointments, shopping, religious services, etc.

**Transportation options include: escort style (roundtrip/driver stays with member) and taxi style (one-way/drop off). Volunteers can choose opportunities that best fit their preferences.*

_____ **Errand Running** (e.g., mail packages, pick up food/medications)

_____ **Technology Assistance** (e.g., cell phone, tablet, TV)

_____ **Emotional Support** (e.g., social visits)

_____ **Exercise/Walking Partner** (e.g., accompany a member for a walk in the neighborhood or gym)

_____ **Appointment Support** (e.g., accompany member during a medical appointment, take notes)

_____ **Household Business Assistance** (e.g., organize paperwork, fill out routine paperwork)

_____ **Minor Home Maintenance Chores** (e.g., yard work, change light bulbs)

_____ **Home Repair Support** (e.g., wait with member for repairperson, assess home repair needs)

_____ **Other:** _____

Ways YOU might like to assist The FriendShip

In addition to helping our members, there are other volunteer opportunities to support our nonprofit:

Communications _____ Fundraising _____ Outreach _____ Office Assistance _____ Record Keeping _____

Volunteer & Member Recruitment/Coordination/Assessment _____ Plan & Host Programs/Activities _____

Please add any other areas of interest or skills/talents that you might like to share: _____

Volunteering Preferences, References, & Emergency Contact Info

Tobacco Use: Do you or a member of your home use tobacco products? Yes _____ No _____

Tobacco Sensitivities: Are you comfortable serving those who use tobacco products? Yes _____ No _____

Availability: The FriendShip recognizes and understands the need for flexibility.

Once approved as a volunteer, you can review opportunities as they are posted and choose what you would like to do week-by-week. This list is just meant to give us a general idea of your availability.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

Times: Morning: 8am - 12:00pm _____ Afternoon: 1:00pm – 4:00pm _____ Evening: 5:00pm-until _____

Frequency of assistance: (About how often might you like to volunteer? We understand this might change.)

Weekly: Once a week _____ Twice a week _____ More than twice a week _____

Monthly: Once a month _____ Twice a month _____ Three times a month _____ More than 3 times a month _____

Two Professional and/or Personal References (non-family members/significant others only, please):

To facilitate our application process, please let your references know that we will be contacting them.

Reference #1 Name: _____ Title/Relationship: _____

Cell phone: _____ Email: _____

Reference #2 Name: _____ Title/Relationship: _____

Cell phone: _____ Email: _____

Person to Notify in Case of Emergency:

Name: _____ Relationship: _____

Phone: _____ Add'l Phone: _____ E-Mail: _____

Important note on next steps: After reviewing your application, we will contact you to set up an interview. We hope to complete the volunteer application and vetting process within a month. If you have questions, please contact the office at 803-602-6434 or contact@thefriendship.org.