

Application for Volunteer Participation in The FriendShip

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

Last: _____ Middle: _____ First: _____

Preferred Name: _____ Birth date: _____

Street Address: _____ Apt #: _____

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

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

Ways YOU would like to assist members of The FriendShip:

Technology Assistance: Phone ____ Thermostat ____ Clocks ____ TV ____ DVD equipment ____

Tablet ____ Computer ____ Look things up for people on the internet ____

Emotional Support: Buddy Phone Call ____ Visiting/Companionship ____ Life Changing Events ____

Appointment Support: Drive and stay with member at appointment ____ Take notes for later reference ____

Household Business Assistance: Bill Processing Assistance ____ Routine Paperwork ____

Minor Household Maintenance: Small jobs, i.e., replace light bulbs or smoke alarm battery ____

Trash Disposal ____ Transport Recycling to Recycle Center ____ Organizing assistance ____

Home Repair: Wait with member for repairman or delivery ____

Assistance in evaluating minor home repair, secure preferred provider ____

Assistance in assessing if major home repair needed or not ____

Errand Running: Mail packages ____ Pick up meds ____ Pick up prepared foods ____

Transporting Members to: Appointments ____ Grocery ____ Sporting or Cultural event ____

Religious Services ____ Luncheon/Dinner ____ Shopping ____

Temporary Basis: Pet Care ____ Dog Walking ____ Water indoor/outdoor potted plants ____

Regular transportation for short term health-related treatment ____

Driver Options:

Escort Style ____ round-trip; driver stays with member

Taxi Style ____ one-way driving as in to airport

Errand Running ____ member does not accompany driver

Assist The FriendShip with: Communications ____ Fundraising ____ Marketing ____ Membership ____

Outreach ____ Answering the phone ____ Volunteer / Member Coordination ____ Record Keeping ____

Plan programs and activities ____ Identify speakers for programs ____ Host activities and events ____

Develop health-related activities/ programs ____ Organize outings to cultural events, seminars, etc. ____

Please add any areas of interest not listed: _____

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.

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

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

Frequency of assistance:

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 _____

Personal and/or Work References:

Name: _____ Phone: _____

Title/Relationship: _____

Name: _____ Phone: _____

Title/ Relationship: _____

Person to Notify in Case of Emergency:

Last: _____ First Name: _____

Relationship: _____

Street Address: _____ Apt. Number: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Note: Volunteers that are accepted for participation with The FriendShip will be asked to authorize a background check; drivers will be asked to provide information relating to a driver's license and auto insurance.

Contact: The FriendShip
2827 Wheat Street
Columbia, South Carolina 29205

Phone: 803-602-6434
E-mail: contact@thefriendship.org
Website: www.thefriendship.org