

People Who Care Volunteer Application

Name _____ Today's Date _____

Home Address _____ Orientation Date _____
Street _____

City, St, Zip _____

Phones Home # _____ Cell # _____

What is the closest major intersection and your subdivision if applicable?

Email Address _____

Mailing Address (if different from home address)

Address _____

City, St, Zip _____

Emergency contact Name, relationship and phone number:

Personal Date of Birth _____ Gender (M/F) _____

Allergies: _____ Pets _____ Smoke _____ Languages Spoken _____

Do you smoke? ___Yes ___No (other than English)

Local faith community, if applicable _____

Interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shopping for | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Paperwork |
| <input type="checkbox"/> Shopping with | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i> |
| <input type="checkbox"/> Shopping pick up | <input type="checkbox"/> Grant Writing | <i>Reconciliation, Reading Mail</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Special Events | <i>Help with Medical Forms</i> |
| <input type="checkbox"/> Friendly Phoning | <input type="checkbox"/> Pet to Vet | <input type="checkbox"/> Office Call Center |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings | | |

Household Repairs (minor only) ___Carpentry ___Heating/Cooling ___Change filters ___Grab bars

___Electrical ___Plumbing ___Other _____

Assignment Type (Check your preferences)

- On-call (different Neighbors, one appointment at a time)
 Ongoing (same Neighbor; once a week, every other week or monthly)
 Substitute (for a regular assignment, for a limited time)



Volunteer Service Application (Cont'd)

Name _____

Present Availability (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment? Yes No

Vehicle

Type: Sedan SUV Pickup Van Compact None

Driver's License No. _____ State _____ Expiration Date _____

(We will need photocopies of proof of Auto Insurance and Driver's License)

Travel Parameters

Would you be willing to help with transportation between?

Prescott and Chino Valley? _____ Prescott only _____

Prescott and Prescott Valley? _____ Chino Valley only _____

Chino Valley and Prescott Valley? _____ Prescott Valley only _____

Reference – Co-worker, supervisor (business or volunteer, past or present)

Name _____ Phone _____

Relationship to Volunteer _____

Reference – Personal (excluding family) or professional

Name _____ Phone _____

Relationship to Volunteer _____

How did you hear about People Who Care? _____

Hobbies, Interests, Occupation or Former Occupation

People Who Care Volunteer Application

Name _____ Today's Date _____

Home Address _____ Orientation Date _____

Street _____

City, St, Zip _____

Phones Home # _____ Cell # _____

What is the closest major intersection and your subdivision if applicable?

Email Address _____

Mailing Address (if different from home address)

Address _____

City, St, Zip _____

Emergency contact Name, relationship and phone number:

Personal Date of Birth _____ Gender (M/F) _____

Allergies: _____ Pets _____ Smoke _____ Languages Spoken _____

Do you smoke? ___Yes ___No (other than English)

Local faith community, if applicable _____

Interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shopping for | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Paperwork |
| <input type="checkbox"/> Shopping with | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i> |
| <input type="checkbox"/> Shopping pick up | <input type="checkbox"/> Grant Writing | <i>Reconciliation, Reading Mail</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Special Events | <i>Help with Medical Forms</i> |
| <input type="checkbox"/> Friendly Phoning | <input type="checkbox"/> Pet to Vet | <input type="checkbox"/> Office Call Center |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings | | |

Household Repairs (minor only) ___Carpentry ___Heating/Cooling ___Change filters ___Grab bars

___Electrical ___Plumbing ___Other _____

Assignment Type (Check your preferences)

- On-call (different Neighbors, one appointment at a time)
- Ongoing (same Neighbor; once a week, every other week or monthly)
- Substitute (for a regular assignment, for a limited time)



Volunteer Service Application (Cont'd)

Name _____

Present Availability (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment? Yes No

Vehicle

Type: Sedan SUV Pickup Van Compact None

Driver's License No. _____ State _____ Expiration Date _____

(We will need photocopies of proof of Auto Insurance and Driver's License)

Travel Parameters

Would you be willing to help with transportation between?

Prescott and Chino Valley? _____ Prescott only _____

Prescott and Prescott Valley? _____ Chino Valley only _____

Chino Valley and Prescott Valley? _____ Prescott Valley only _____

Reference – Co-worker, supervisor (business or volunteer, past or present)

Name _____ Phone _____

Relationship to Volunteer _____

Reference – Personal (excluding family) or professional

Name _____ Phone _____

Relationship to Volunteer _____

How did you hear about People Who Care? _____

Hobbies, Interests, Occupation or Former Occupation

People Who Care Volunteer Application

Name _____ Today's Date _____

Home Address _____ Orientation Date _____
Street _____

City, St, Zip _____

Phones Home # _____ Cell # _____

What is the closest major intersection and your subdivision if applicable?

Email Address _____

Mailing Address (if different from home address)

Address _____

City, St, Zip _____

Emergency contact Name, relationship and phone number:

Personal **Date of Birth** _____ **Gender (M/F)** _____

Allergies: _____ Pets _____ Smoke _____ Languages Spoken _____
Do you smoke? ___Yes ___No (other than English)

Local faith community, if applicable _____

Interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shopping for | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Paperwork |
| <input type="checkbox"/> Shopping with | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i> |
| <input type="checkbox"/> Shopping pick up | <input type="checkbox"/> Grant Writing | <i>Reconciliation, Reading Mail</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Special Events | <i>Help with Medical Forms</i> |
| <input type="checkbox"/> Friendly Phoning | <input type="checkbox"/> Pet to Vet | <input type="checkbox"/> Office Call Center |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings | | |

Household Repairs (minor only) Carpentry Heating/Cooling Change filters Grab bars
 Electrical Plumbing Other _____

Assignment Type (Check your preferences)

- On-call (different Neighbors, one appointment at a time)
 Ongoing (same Neighbor; once a week, every other week or monthly)
 Substitute (for a regular assignment, for a limited time)



Volunteer Service Application (Cont'd)

Name _____

Present Availability (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment? Yes No

Vehicle

Type: Sedan SUV Pickup Van Compact None

Driver's License No. _____ State _____ Expiration Date _____

(We will need photocopies of proof of Auto Insurance and Driver's License)

Travel Parameters

Would you be willing to help with transportation between?

Prescott and Chino Valley? _____ Prescott only _____

Prescott and Prescott Valley? _____ Chino Valley only _____

Chino Valley and Prescott Valley? _____ Prescott Valley only _____

Reference – Co-worker, supervisor (business or volunteer, past or present)

Name _____ Phone _____

Relationship to Volunteer _____

Reference – Personal (excluding family) or professional

Name _____ Phone _____

Relationship to Volunteer _____

How did you hear about People Who Care? _____

Hobbies, Interests, Occupation or Former Occupation

People Who Care Volunteer Application

Name _____ Today's Date _____

Home Address _____ Orientation Date _____
Street _____

City, St, Zip _____

Phones Home # _____ Cell # _____

What is the closest major intersection and your subdivision if applicable?

Email Address _____

Mailing Address (if different from home address)

Address _____

City, St, Zip _____

Emergency contact Name, relationship and phone number:

Personal **Date of Birth** _____ **Gender (M/F)** _____

Allergies: _____ Pets _____ Smoke _____ Languages Spoken _____

Do you smoke? ___Yes ___No (other than English)

Local faith community, if applicable _____

Interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shopping for | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Paperwork |
| <input type="checkbox"/> Shopping with | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i> |
| <input type="checkbox"/> Shopping pick up | <input type="checkbox"/> Grant Writing | <i>Reconciliation, Reading Mail</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Special Events | <i>Help with Medical Forms</i> |
| <input type="checkbox"/> Friendly Phoning | <input type="checkbox"/> Pet to Vet | <input type="checkbox"/> Office Call Center |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings | | |

Household Repairs (minor only) ___Carpentry ___Heating/Cooling ___Change filters ___Grab bars

___Electrical ___Plumbing ___Other _____

Assignment Type (Check your preferences)

- On-call (different Neighbors, one appointment at a time)
 Ongoing (same Neighbor; once a week, every other week or monthly)
 Substitute (for a regular assignment, for a limited time)



Volunteer Service Application (Cont'd)

Name _____

Present Availability (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment? Yes No

Vehicle

Type: Sedan SUV Pickup Van Compact None

Driver's License No. _____ State _____ Expiration Date _____

(We will need photocopies of proof of Auto Insurance and Driver's License)

Travel Parameters

Would you be willing to help with transportation between?

Prescott and Chino Valley? _____ Prescott only _____

Prescott and Prescott Valley? _____ Chino Valley only _____

Chino Valley and Prescott Valley? _____ Prescott Valley only _____

Reference – Co-worker, supervisor (business or volunteer, past or present)

Name _____ Phone _____

Relationship to Volunteer _____

Reference – Personal (excluding family) or professional

Name _____ Phone _____

Relationship to Volunteer _____

How did you hear about People Who Care? _____

Hobbies, Interests, Occupation or Former Occupation

People Who Care Volunteer Application

Name _____ Today's Date _____

Home Address _____ Orientation Date _____
Street _____

City, St, Zip _____

Phones Home # _____ Cell # _____

What is the closest major intersection and your subdivision if applicable?

Email Address _____

Mailing Address (if different from home address)

Address _____

City, St, Zip _____

Emergency contact Name, relationship and phone number:

Personal **Date of Birth** _____ **Gender (M/F)** _____

Allergies: _____ Pets _____ Smoke _____ Languages Spoken _____

Do you smoke? ___Yes ___No (other than English)

Local faith community, if applicable _____

Interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shopping for | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Paperwork |
| <input type="checkbox"/> Shopping with | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i> |
| <input type="checkbox"/> Shopping pick up | <input type="checkbox"/> Grant Writing | <i>Reconciliation, Reading Mail</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Special Events | <i>Help with Medical Forms</i> |
| <input type="checkbox"/> Friendly Phoning | <input type="checkbox"/> Pet to Vet | <input type="checkbox"/> Office Call Center |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings | | |

Household Repairs (minor only) Carpentry Heating/Cooling Change filters Grab bars

Electrical Plumbing Other _____

Assignment Type (Check your preferences)

- On-call (different Neighbors, one appointment at a time)
 Ongoing (same Neighbor; once a week, every other week or monthly)
 Substitute (for a regular assignment, for a limited time)



Volunteer Service Application (Cont'd)

Name _____

Present Availability (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment? Yes No

Vehicle

Type: Sedan SUV Pickup Van Compact None

Driver's License No. _____ State _____ Expiration Date _____

(We will need photocopies of proof of Auto Insurance and Driver's License)

Travel Parameters

Would you be willing to help with transportation between?

Prescott and Chino Valley? _____ Prescott only _____

Prescott and Prescott Valley? _____ Chino Valley only _____

Chino Valley and Prescott Valley? _____ Prescott Valley only _____

Reference – Co-worker, supervisor (business or volunteer, past or present)

Name _____ Phone _____

Relationship to Volunteer _____

Reference – Personal (excluding family) or professional

Name _____ Phone _____

Relationship to Volunteer _____

How did you hear about People Who Care? _____

Hobbies, Interests, Occupation or Former Occupation

People Who Care Volunteer Application

Name _____ Today's Date _____

Home Address _____ Orientation Date _____
Street _____

City, St, Zip _____

Phones Home # _____ Cell # _____

What is the closest major intersection and your subdivision if applicable?

Email Address _____

Mailing Address (if different from home address)

Address _____

City, St, Zip _____

Emergency contact Name, relationship and phone number:

Personal Date of Birth _____ Gender (M/F) _____

Allergies: _____ Pets _____ Smoke _____ Languages Spoken _____
Do you smoke? ___Yes ___No (other than English)

Local faith community, if applicable _____

Interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shopping for | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Paperwork |
| <input type="checkbox"/> Shopping with | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i> |
| <input type="checkbox"/> Shopping pick up | <input type="checkbox"/> Grant Writing | <i>Reconciliation, Reading Mail</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Special Events | <i>Help with Medical Forms</i> |
| <input type="checkbox"/> Friendly Phoning | <input type="checkbox"/> Pet to Vet | <input type="checkbox"/> Office Call Center |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings | | |

Household Repairs (minor only) ___Carpentry ___Heating/Cooling ___Change filters ___Grab bars
___Electrical ___Plumbing ___Other _____

Assignment Type (Check your preferences)

- On-call (different Neighbors, one appointment at a time)
 Ongoing (same Neighbor; once a week, every other week or monthly)
 Substitute (for a regular assignment, for a limited time)



Volunteer Service Application (Cont'd)

Name _____

Present Availability (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment? Yes No

Vehicle

Type: Sedan SUV Pickup Van Compact None

Driver's License No. _____ State _____ Expiration Date _____

(We will need photocopies of proof of Auto Insurance and Driver's License)

Travel Parameters

Would you be willing to help with transportation between?

Prescott and Chino Valley? _____ Prescott only _____

Prescott and Prescott Valley? _____ Chino Valley only _____

Chino Valley and Prescott Valley? _____ Prescott Valley only _____

Reference – Co-worker, supervisor (business or volunteer, past or present)

Name _____ Phone _____

Relationship to Volunteer _____

Reference – Personal (excluding family) or professional

Name _____ Phone _____

Relationship to Volunteer _____

How did you hear about People Who Care? _____

Hobbies, Interests, Occupation or Former Occupation

People Who Care Volunteer Application

Name _____ Today's Date _____

Home Address _____ Orientation Date _____
Street _____

City, St, Zip _____

Phones Home # _____ Cell # _____

What is the closest major intersection and your subdivision if applicable?

Email Address _____

Mailing Address (if different from home address)

Address _____

City, St, Zip _____

Emergency contact Name, relationship and phone number:

Personal **Date of Birth** _____ **Gender (M/F)** _____

Allergies: _____ Pets _____ Smoke _____ Languages Spoken _____

Do you smoke? ___Yes ___No (other than English)

Local faith community, if applicable _____

Interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shopping for | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Paperwork |
| <input type="checkbox"/> Shopping with | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i> |
| <input type="checkbox"/> Shopping pick up | <input type="checkbox"/> Grant Writing | <i>Reconciliation, Reading Mail</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Special Events | <i>Help with Medical Forms</i> |
| <input type="checkbox"/> Friendly Phoning | <input type="checkbox"/> Pet to Vet | <input type="checkbox"/> Office Call Center |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings | | |

Household Repairs (minor only) Carpentry Heating/Cooling Change filters Grab bars

Electrical Plumbing Other _____

Assignment Type (Check your preferences)

- On-call (different Neighbors, one appointment at a time)
 Ongoing (same Neighbor; once a week, every other week or monthly)
 Substitute (for a regular assignment, for a limited time)



Volunteer Service Application (Cont'd)

Name _____

Present Availability (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment? __Yes __No

Vehicle

Type: ___ Sedan ___ SUV ___ Pickup ___ Van ___ Compact ___ None

Driver's License No. _____ State _____ Expiration Date _____

(We will need photocopies of proof of Auto Insurance and Driver's License)

Travel Parameters

Would you be willing to help with transportation between?

Prescott and Chino Valley? _____ Prescott only _____

Prescott and Prescott Valley? _____ Chino Valley only _____

Chino Valley and Prescott Valley? _____ Prescott Valley only _____

Reference – Co-worker, supervisor (business or volunteer, past or present)

Name _____ Phone _____

Relationship to Volunteer _____

Reference – Personal (excluding family) or professional

Name _____ Phone _____

Relationship to Volunteer _____

How did you hear about People Who Care? _____

Hobbies, Interests, Occupation or Former Occupation

People Who Care Volunteer Application

Name _____ Today's Date _____

Home Address _____ Orientation Date _____
Street _____

City, St, Zip _____

Phones Home # _____ Cell # _____

What is the closest major intersection and your subdivision if applicable?

Email Address _____

Mailing Address (if different from home address)

Address _____

City, St, Zip _____

Emergency contact Name, relationship and phone number:

Personal Date of Birth _____ Gender (M/F) _____

Allergies: _____ Pets _____ Smoke _____ Languages Spoken _____

Do you smoke? ___Yes ___No (other than English)

Local faith community, if applicable _____

Interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shopping for | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Paperwork |
| <input type="checkbox"/> Shopping with | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i> |
| <input type="checkbox"/> Shopping pick up | <input type="checkbox"/> Grant Writing | <i>Reconciliation, Reading Mail</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Special Events | <i>Help with Medical Forms</i> |
| <input type="checkbox"/> Friendly Phoning | <input type="checkbox"/> Pet to Vet | <input type="checkbox"/> Office Call Center |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings | | |

Household Repairs (minor only) ___Carpentry ___Heating/Cooling ___Change filters ___Grab bars

___Electrical ___Plumbing ___Other _____

Assignment Type (Check your preferences)

- On-call (different Neighbors, one appointment at a time)
 Ongoing (same Neighbor; once a week, every other week or monthly)
 Substitute (for a regular assignment, for a limited time)



Volunteer Service Application (Cont'd)

Name _____

Present Availability (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment? Yes No

Vehicle

Type: Sedan SUV Pickup Van Compact None

Driver's License No. _____ State _____ Expiration Date _____

(We will need photocopies of proof of Auto Insurance and Driver's License)

Travel Parameters

Would you be willing to help with transportation between?

Prescott and Chino Valley? _____ Prescott only _____

Prescott and Prescott Valley? _____ Chino Valley only _____

Chino Valley and Prescott Valley? _____ Prescott Valley only _____

Reference – Co-worker, supervisor (business or volunteer, past or present)

Name _____ Phone _____

Relationship to Volunteer _____

Reference – Personal (excluding family) or professional

Name _____ Phone _____

Relationship to Volunteer _____

How did you hear about People Who Care? _____

Hobbies, Interests, Occupation or Former Occupation

People Who Care Volunteer Application

Name _____ Today's Date _____

Home Address _____ Orientation Date _____

Street _____

City, St, Zip _____

Phones Home # _____ Cell # _____

What is the closest major intersection and your subdivision if applicable?

Email Address _____

Mailing Address (if different from home address)

Address _____

City, St, Zip _____

Emergency contact Name, relationship and phone number:

Personal **Date of Birth** _____ **Gender (M/F)** _____

Allergies: _____ Pets _____ Smoke _____ Languages Spoken _____

Do you smoke? ___Yes ___No (other than English)

Local faith community, if applicable _____

Interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shopping for | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Paperwork |
| <input type="checkbox"/> Shopping with | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i> |
| <input type="checkbox"/> Shopping pick up | <input type="checkbox"/> Grant Writing | <i>Reconciliation, Reading Mail</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Special Events | <i>Help with Medical Forms</i> |
| <input type="checkbox"/> Friendly Phoning | <input type="checkbox"/> Pet to Vet | <input type="checkbox"/> Office Call Center |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings | | |

Household Repairs (minor only) Carpentry Heating/Cooling Change filters Grab bars

Electrical Plumbing Other _____

Assignment Type (Check your preferences)

- On-call (different Neighbors, one appointment at a time)
- Ongoing (same Neighbor; once a week, every other week or monthly)
- Substitute (for a regular assignment, for a limited time)



Volunteer Service Application (Cont'd)

Name _____

Present Availability (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment? Yes No

Vehicle

Type: Sedan SUV Pickup Van Compact None

Driver's License No. _____ State _____ Expiration Date _____

(We will need photocopies of proof of Auto Insurance and Driver's License)

Travel Parameters

Would you be willing to help with transportation between?

Prescott and Chino Valley? _____ Prescott only _____

Prescott and Prescott Valley? _____ Chino Valley only _____

Chino Valley and Prescott Valley? _____ Prescott Valley only _____

Reference – Co-worker, supervisor (business or volunteer, past or present)

Name _____ Phone _____

Relationship to Volunteer _____

Reference – Personal (excluding family) or professional

Name _____ Phone _____

Relationship to Volunteer _____

How did you hear about People Who Care? _____

Hobbies, Interests, Occupation or Former Occupation

People Who Care Volunteer Application

Name _____ Today's Date _____

Home Address _____ Orientation Date _____
Street _____

City, St, Zip _____

Phones Home # _____ Cell # _____

What is the closest major intersection and your subdivision if applicable?

Email Address _____

Mailing Address (if different from home address)

Address _____

City, St, Zip _____

Emergency contact Name, relationship and phone number:

Personal **Date of Birth** _____ **Gender (M/F)** _____

Allergies: _____ Pets _____ Smoke _____ Languages Spoken _____

Do you smoke? ___Yes ___No (other than English)

Local faith community, if applicable _____

Interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shopping for | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Paperwork |
| <input type="checkbox"/> Shopping with | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i> |
| <input type="checkbox"/> Shopping pick up | <input type="checkbox"/> Grant Writing | <i>Reconciliation, Reading Mail</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Special Events | <i>Help with Medical Forms</i> |
| <input type="checkbox"/> Friendly Phoning | <input type="checkbox"/> Pet to Vet | <input type="checkbox"/> Office Call Center |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings | | |

Household Repairs (minor only) Carpentry Heating/Cooling Change filters Grab bars

Electrical Plumbing Other _____

Assignment Type (Check your preferences)

- On-call (different Neighbors, one appointment at a time)
 Ongoing (same Neighbor; once a week, every other week or monthly)
 Substitute (for a regular assignment, for a limited time)



Volunteer Service Application (Cont'd)

Name _____

Present Availability (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment? Yes No

Vehicle

Type: Sedan SUV Pickup Van Compact None

Driver's License No. _____ State _____ Expiration Date _____

(We will need photocopies of proof of Auto Insurance and Driver's License)

Travel Parameters

Would you be willing to help with transportation between?

Prescott and Chino Valley? _____ Prescott only _____

Prescott and Prescott Valley? _____ Chino Valley only _____

Chino Valley and Prescott Valley? _____ Prescott Valley only _____

Reference – Co-worker, supervisor (business or volunteer, past or present)

Name _____ Phone _____

Relationship to Volunteer _____

Reference – Personal (excluding family) or professional

Name _____ Phone _____

Relationship to Volunteer _____

How did you hear about People Who Care? _____

Hobbies, Interests, Occupation or Former Occupation

People Who Care Volunteer Application

Name _____ Today's Date _____

Home Address _____ Orientation Date _____
Street _____

City, St, Zip _____

Phones Home # _____ Cell # _____

What is the closest major intersection and your subdivision if applicable?

Email Address _____

Mailing Address (if different from home address)

Address _____

City, St, Zip _____

Emergency contact Name, relationship and phone number:

Personal **Date of Birth** _____ **Gender (M/F)** _____

Allergies: _____ Pets _____ Smoke _____ Languages Spoken _____

Do you smoke? ___Yes ___No (other than English)

Local faith community, if applicable _____

Interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shopping for | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Paperwork |
| <input type="checkbox"/> Shopping with | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i> |
| <input type="checkbox"/> Shopping pick up | <input type="checkbox"/> Grant Writing | <i>Reconciliation, Reading Mail</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Special Events | <i>Help with Medical Forms</i> |
| <input type="checkbox"/> Friendly Phoning | <input type="checkbox"/> Pet to Vet | <input type="checkbox"/> Office Call Center |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings | | |

Household Repairs (minor only) Carpentry Heating/Cooling Change filters Grab bars

Electrical Plumbing Other _____

Assignment Type (Check your preferences)

- On-call (different Neighbors, one appointment at a time)
 Ongoing (same Neighbor; once a week, every other week or monthly)
 Substitute (for a regular assignment, for a limited time)



Volunteer Service Application (Cont'd)

Name _____

Present Availability (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment? Yes No

Vehicle

Type: Sedan SUV Pickup Van Compact None

Driver's License No. _____ State _____ Expiration Date _____

(We will need photocopies of proof of Auto Insurance and Driver's License)

Travel Parameters

Would you be willing to help with transportation between?

Prescott and Chino Valley? _____ Prescott only _____

Prescott and Prescott Valley? _____ Chino Valley only _____

Chino Valley and Prescott Valley? _____ Prescott Valley only _____

Reference – Co-worker, supervisor (business or volunteer, past or present)

Name _____ Phone _____

Relationship to Volunteer _____

Reference – Personal (excluding family) or professional

Name _____ Phone _____

Relationship to Volunteer _____

How did you hear about People Who Care? _____

Hobbies, Interests, Occupation or Former Occupation

People Who Care Volunteer Application

Name _____ Today's Date _____

Home Address _____ Orientation Date _____
Street _____

City, St, Zip _____

Phones Home # _____ Cell # _____

What is the closest major intersection and your subdivision if applicable?

Email Address _____

Mailing Address (if different from home address)

Address _____

City, St, Zip _____

Emergency contact Name, relationship and phone number:

Personal Date of Birth _____ Gender (M/F) _____

Allergies: _____ Pets _____ Smoke _____ Languages Spoken _____

Do you smoke? ___ Yes ___ No (other than English)

Local faith community, if applicable _____

Interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shopping for | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Paperwork |
| <input type="checkbox"/> Shopping with | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i> |
| <input type="checkbox"/> Shopping pick up | <input type="checkbox"/> Grant Writing | <i>Reconciliation, Reading Mail</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Special Events | <i>Help with Medical Forms</i> |
| <input type="checkbox"/> Friendly Phoning | <input type="checkbox"/> Pet to Vet | <input type="checkbox"/> Office Call Center |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings | | |

Household Repairs (minor only) ___ Carpentry ___ Heating/Cooling ___ Change filters ___ Grab bars

___ Electrical ___ Plumbing ___ Other _____

Assignment Type (Check your preferences)

- On-call (different Neighbors, one appointment at a time)
- Ongoing (same Neighbor; once a week, every other week or monthly)
- Substitute (for a regular assignment, for a limited time)



Volunteer Service Application (Cont'd)

Name _____

Present Availability (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment? Yes No

Vehicle

Type: Sedan SUV Pickup Van Compact None

Driver's License No. _____ State _____ Expiration Date _____

(We will need photocopies of proof of Auto Insurance and Driver's License)

Travel Parameters

Would you be willing to help with transportation between?

Prescott and Chino Valley? _____ Prescott only _____

Prescott and Prescott Valley? _____ Chino Valley only _____

Chino Valley and Prescott Valley? _____ Prescott Valley only _____

Reference – Co-worker, supervisor (business or volunteer, past or present)

Name _____ Phone _____

Relationship to Volunteer _____

Reference – Personal (excluding family) or professional

Name _____ Phone _____

Relationship to Volunteer _____

How did you hear about People Who Care? _____

Hobbies, Interests, Occupation or Former Occupation

People Who Care Volunteer Application

Name _____ Today's Date _____

Home Address _____ Orientation Date _____
Street _____

City, St, Zip _____

Phones Home # _____ Cell # _____

What is the closest major intersection and your subdivision if applicable?

Email Address _____

Mailing Address (if different from home address)

Address _____

City, St, Zip _____

Emergency contact Name, relationship and phone number:

Personal **Date of Birth** _____ **Gender (M/F)** _____

Allergies: _____ Pets _____ Smoke _____ Languages Spoken _____

Do you smoke? ___Yes ___No (other than English)

Local faith community, if applicable _____

Interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shopping for | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Paperwork |
| <input type="checkbox"/> Shopping with | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i> |
| <input type="checkbox"/> Shopping pick up | <input type="checkbox"/> Grant Writing | <i>Reconciliation, Reading Mail</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Special Events | <i>Help with Medical Forms</i> |
| <input type="checkbox"/> Friendly Phoning | <input type="checkbox"/> Pet to Vet | <input type="checkbox"/> Office Call Center |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings | | |

Household Repairs (minor only) Carpentry Heating/Cooling Change filters Grab bars

Electrical Plumbing Other _____

Assignment Type (Check your preferences)

- On-call (different Neighbors, one appointment at a time)
 Ongoing (same Neighbor; once a week, every other week or monthly)
 Substitute (for a regular assignment, for a limited time)



Volunteer Service Application (Cont'd)

Name _____

Present Availability (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment? Yes No

Vehicle

Type: Sedan SUV Pickup Van Compact None

Driver's License No. _____ State _____ Expiration Date _____

(We will need photocopies of proof of Auto Insurance and Driver's License)

Travel Parameters

Would you be willing to help with transportation between?

Prescott and Chino Valley? _____ Prescott only _____

Prescott and Prescott Valley? _____ Chino Valley only _____

Chino Valley and Prescott Valley? _____ Prescott Valley only _____

Reference – Co-worker, supervisor (business or volunteer, past or present)

Name _____ Phone _____

Relationship to Volunteer _____

Reference – Personal (excluding family) or professional

Name _____ Phone _____

Relationship to Volunteer _____

How did you hear about People Who Care? _____

Hobbies, Interests, Occupation or Former Occupation

People Who Care Volunteer Application

Name _____ Today's Date _____

Home Address _____ Orientation Date _____
Street _____

City, St, Zip _____

Phones Home # _____ Cell # _____

What is the closest major intersection and your subdivision if applicable?

Email Address _____

Mailing Address (if different from home address)

Address _____

City, St, Zip _____

Emergency contact Name, relationship and phone number:

Personal Date of Birth _____ Gender (M/F) _____

Allergies: _____ Pets _____ Smoke _____ Languages Spoken _____
Do you smoke? ___Yes ___No (other than English)

Local faith community, if applicable _____

Interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shopping for | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Paperwork |
| <input type="checkbox"/> Shopping with | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i> |
| <input type="checkbox"/> Shopping pick up | <input type="checkbox"/> Grant Writing | <i>Reconciliation, Reading Mail</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Special Events | <i>Help with Medical Forms</i> |
| <input type="checkbox"/> Friendly Phoning | <input type="checkbox"/> Pet to Vet | <input type="checkbox"/> Office Call Center |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings | | |

Household Repairs (minor only) ___Carpentry ___Heating/Cooling ___Change filters ___Grab bars
___Electrical ___Plumbing ___Other _____

Assignment Type (Check your preferences)

- On-call (different Neighbors, one appointment at a time)
 Ongoing (same Neighbor; once a week, every other week or monthly)
 Substitute (for a regular assignment, for a limited time)



Volunteer Service Application (Cont'd)

Name _____

Present Availability (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment? Yes No

Vehicle

Type: Sedan SUV Pickup Van Compact None

Driver's License No. _____ State _____ Expiration Date _____

(We will need photocopies of proof of Auto Insurance and Driver's License)

Travel Parameters

Would you be willing to help with transportation between?

Prescott and Chino Valley? _____ Prescott only _____

Prescott and Prescott Valley? _____ Chino Valley only _____

Chino Valley and Prescott Valley? _____ Prescott Valley only _____

Reference – Co-worker, supervisor (business or volunteer, past or present)

Name _____ Phone _____

Relationship to Volunteer _____

Reference – Personal (excluding family) or professional

Name _____ Phone _____

Relationship to Volunteer _____

How did you hear about People Who Care? _____

Hobbies, Interests, Occupation or Former Occupation

People Who Care Volunteer Application

Name _____ Today's Date _____

Home Address _____ Orientation Date _____

Street _____

City, St, Zip _____

Phones Home # _____ Cell # _____

What is the closest major intersection and your subdivision if applicable?

Email Address _____

Mailing Address (if different from home address)

Address _____

City, St, Zip _____

Emergency contact Name, relationship and phone number:

Personal Date of Birth _____ Gender (M/F) _____

Allergies: _____ Pets _____ Smoke _____ Languages Spoken _____

Do you smoke? ___Yes ___No (other than English)

Local faith community, if applicable _____

Interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shopping for | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Paperwork |
| <input type="checkbox"/> Shopping with | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i> |
| <input type="checkbox"/> Shopping pick up | <input type="checkbox"/> Grant Writing | <i>Reconciliation, Reading Mail</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Special Events | <i>Help with Medical Forms</i> |
| <input type="checkbox"/> Friendly Phoning | <input type="checkbox"/> Pet to Vet | <input type="checkbox"/> Office Call Center |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings | | |

Household Repairs (minor only) ___Carpentry ___Heating/Cooling ___Change filters ___Grab bars

___Electrical ___Plumbing ___Other _____

Assignment Type (Check your preferences)

- On-call (different Neighbors, one appointment at a time)
- Ongoing (same Neighbor; once a week, every other week or monthly)
- Substitute (for a regular assignment, for a limited time)



Volunteer Service Application (Cont'd)

Name _____

Present Availability (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment? Yes No

Vehicle

Type: Sedan SUV Pickup Van Compact None

Driver's License No. _____ State _____ Expiration Date _____

(We will need photocopies of proof of Auto Insurance and Driver's License)

Travel Parameters

Would you be willing to help with transportation between?

Prescott and Chino Valley? _____ Prescott only _____

Prescott and Prescott Valley? _____ Chino Valley only _____

Chino Valley and Prescott Valley? _____ Prescott Valley only _____

Reference – Co-worker, supervisor (business or volunteer, past or present)

Name _____ Phone _____

Relationship to Volunteer _____

Reference – Personal (excluding family) or professional

Name _____ Phone _____

Relationship to Volunteer _____

How did you hear about People Who Care? _____

Hobbies, Interests, Occupation or Former Occupation

People Who Care Volunteer Application

Name _____ Today's Date _____

Home Address _____ Orientation Date _____
Street _____

City, St, Zip _____

Phones Home # _____ Cell # _____

What is the closest major intersection and your subdivision if applicable?

Email Address _____

Mailing Address (if different from home address)

Address _____

City, St, Zip _____

Emergency contact Name, relationship and phone number:

Personal Date of Birth _____ Gender (M/F) _____

Allergies: _____ Pets _____ Smoke _____ Languages Spoken _____

Do you smoke? ___Yes ___No (other than English)

Local faith community, if applicable _____

Interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Shopping for | <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Paperwork |
| <input type="checkbox"/> Shopping with | <input type="checkbox"/> Home Safety Visits | <i>Personal Checking/Account</i> |
| <input type="checkbox"/> Shopping pick up | <input type="checkbox"/> Grant Writing | <i>Reconciliation, Reading Mail</i> |
| <input type="checkbox"/> Caregiver Relief | <input type="checkbox"/> Special Events | <i>Help with Medical Forms</i> |
| <input type="checkbox"/> Friendly Phoning | <input type="checkbox"/> Pet to Vet | <input type="checkbox"/> Office Call Center |
| <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Technology Assist. Program |
| <input type="checkbox"/> Mailings | | |

Household Repairs (minor only) ___Carpentry ___Heating/Cooling ___Change filters ___Grab bars

___Electrical ___Plumbing ___Other _____

Assignment Type (Check your preferences)

- On-call (different Neighbors, one appointment at a time)
 Ongoing (same Neighbor; once a week, every other week or monthly)
 Substitute (for a regular assignment, for a limited time)



Volunteer Service Application (Cont'd)

Name _____

Present Availability (*Circle all the days and times you may be available to help*)

Mon	am	Tues	am	Wed	am	Thu	am	Fri	am	Sat	Sun
	pm		pm		pm		pm		pm		

Times of the year that you know you will be unavailable, e.g. Oct 1 – Apr 1; 1st 2 weeks in Nov, etc.

Would it be okay for us to call you to see if you could help more than once during the week, e.g. provide transportation in addition to your regular assignment? Yes No

Vehicle

Type: Sedan SUV Pickup Van Compact None

Driver's License No. _____ State _____ Expiration Date _____

(We will need photocopies of proof of Auto Insurance and Driver's License)

Travel Parameters

Would you be willing to help with transportation between?

Prescott and Chino Valley? _____ Prescott only _____

Prescott and Prescott Valley? _____ Chino Valley only _____

Chino Valley and Prescott Valley? _____ Prescott Valley only _____

Reference – Co-worker, supervisor (business or volunteer, past or present)

Name _____ Phone _____

Relationship to Volunteer _____

Reference – Personal (excluding family) or professional

Name _____ Phone _____

Relationship to Volunteer _____

How did you hear about People Who Care? _____

Hobbies, Interests, Occupation or Former Occupation
