



Indiana County CareNet

29 North Eighth Street
Indiana, Pennsylvania 15701
(724) 465-2865
Care_Net@verizon.net

VOLUNTEER APPLICATION

NAME _____ MAIL _____

ADDRESS _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ BIRTHDAY _____
(OPTIONAL)

PREVIOUS VOLUNTEER EXPERIENCE _____

OCCUPATION (past occupation if retired) _____

OTHER INFORMATION THAT WILL HELP US MAKE A GOOD MATCH, SUCH AS
education, general interests / hobbies / skills: _____

LANGUAGES SPOKEN: _____

VOLUNTEER ASSIGNMENT CHOICES: (Please check as many as you are willing to accept.)

_____ VISITING _____ TRANSPORTATION (YOUR CAR) _____ ESCORT
_____ SHOPPING _____ YARD WORK / SNOW SHOVELING
_____ HOME REPAIR _____ RESPITE CARE

INTERESTS: (Please check all that apply.)

_____ GARDENING _____ PLAYING MUSIC (Please note instrument/voice) _____
_____ SEWING, CROCHETING, KNITTING _____ CRAFTS _____ CAR REPAIR
_____ THEATER _____ BIBLE READING _____ OTHER _____
_____ READING _____ PLAYING CARDS
_____ PLAYING GAMES _____ COOKING (for recreation) _____
_____ STAMP COLLECTING _____ COIN COLLECTING
_____ OTHER: _____

PLEASE CHECK ALL THAT ARE APPLICABLE:

I CAN VOLUNTEER: ___ MORNINGS (M-F) _____ AFTERNOONS (M-F)
_____ EVENINGS (M-F) _____ WEEKENDS
_____ ONCE A WEEK _____ MORE THAN ONCE A WEEK _____ ONE TIME ONLY

I COULD VISIT/HELP MORE THAN ONE PERSON: YES _____ NO _____

OTHER CONSIDERATIONS: (such as distance from home): _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES _____ NO _____
IF YES, CAN YOU PROVIDE PROOF OF INSURANCE? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY LAWS, TRAFFIC, OR OTHERWISE? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE ACT 33 CLEARANCE? YES _____ NO _____

DO YOU HAVE ACT 34 CLEARANCE? YES _____ NO _____

WOULD YOU BE WILLING TO OBTAIN THESE CLEARANCES AT A COST OF \$10.00 EACH? YES _____ NO _____

PLEASE LIST ANY ACTIVITIES THAT REQUIRE PHYSICAL EXERTION IN WHICH YOU PREFER NOT TO ENGAGE: _____

PERSON TO NOTIFY IN AN EMERGENCY: _____

TELEPHONE: _____

references

PLEASE LIST TWO PERSONS WE MAY CALL WHO ARE NOT FAMILY, ONE OF WHOM MAY BE YOUR CLERGY, TEACHER, EMPLOYER, OR RELATIONSHIP OTHER THAN PERSONAL FRIEND.

1. NAME _____

ADDRESS _____

TELEPHONE _____

RELATIONSHIP _____

2. NAME _____

ADDRESS _____

TELEPHONE _____

RELATIONSHIP _____

(OPTIONAL) RELIGIOUS AFFILIATION: _____

CONGREGATION, PARISH, SYNAGOGUE: _____

I VERIFY THAT EVERYTHING IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____ (APPLICANT'S SIGNATURE)

(revised 11/97,7/01,7/03)

Mission Statement

Indiana County CareNet calls together, trains, and mobilizes volunteers from religious congregations and the wider community to provide compassionate care and practical service to the elderly, people with disabilities, and people who are at risk of losing their independence.

