



Volunteer Application

PLEASE PRINT:

Date of Application: _____ How did you hear about us? _____

Name: _____ Phone Number(s): _____
(First) (Middle) (Last) (Home) (Cell)

Address: _____
(#) (Street) (Apt. #) (City) (State) (Zip)

Date of Birth: ____/____/____ Email: _____
(Month) (Day) (Year)

How long have you lived in New Hampshire? _____

Are you a Veteran: Yes / No

Spouse of a Veteran: Yes / No

Primary Language _____

Other Languages _____

Emergency Contact:

(1) _____
(Name) (Phone Number) (Relationship to you)

CareGivers Volunteer Opportunities: (Please check those that interest you)

- | | |
|--|---|
| <input type="checkbox"/> Drive Clients to Medical Appointments | <input type="checkbox"/> Drive Clients to the Grocery Store |
| <input type="checkbox"/> Deliver groceries to homebound seniors | <input type="checkbox"/> Pack groceries bags for deliveries |
| <input type="checkbox"/> Call clients for monthly grocery orders | <input type="checkbox"/> Deliver Birthday Cards to Clients |
| <input type="checkbox"/> Provide Caring Calls to clients | <input type="checkbox"/> Provide Caring Visits to clients |
| <input type="checkbox"/> Warehouse support | <input type="checkbox"/> Office Support |

Do you have any physical or medical limitations that would prohibit some activities?

In signing this Liability Waiver, I agree that I am willingly volunteering with The CareGivers. I agree to work in a safe and responsible manner. I agree to only perform work that I am comfortable doing and that I feel I can accomplish safely. If I am not comfortable with a task I will immediately notify a staff member. I agree that I will wear proper clothing and shoes that I believe will provide protection according to work conditions. _____ (Initials)

Release: I hereby release The Caregivers, any and all sponsoring organizations or partners and property owners from any and all claims that may arise from or result in any expenses or personal injury. _____ (Initials)

Volunteer Signature:

Parental/Guardian Signature: (If under 18)

x _____ x