



**10688 Old St. Augustine Rd
 Jacksonville, FL 32257
 (904) 391-6600**

CARING CONNECTIONS
Telephone Reassurance Program
Volunteer Application

Name:		Date:	
Address:		Apartment #:	
City, State, Zip:			
Phone (Day):		Phone (Evening):	
Date of Birth:		Email address:	
Primary Language:	Other Language Fluency:	Are You a Veteran? Yes No	
Interests or Hobbies: _____ _____ _____			
Availability: Sun____ Mon____ Tues____ Wed____ Thu____ Fri____ Sat____ AM____ PM____			
How did you hear about this volunteer opportunity?			
Volunteer/Employment History			
Dates	Volunteer Agency/Employer (Name & Phone Number)	Major Duties	Reason for Leaving
From: To:			
From: To:			
From: To:			
Does your employer provide matching funds for your volunteer time? Yes _____ No _____			

References

Please provide the names of two persons, not related to you, whom you have known for a least one year.

Name:	Relationship to Applicant:	# Yrs. Acquainted:
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Email Address:

Daytime Phone:

Name:	Relationship to Applicant:	#Yrs. Acquainted:
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Email Address:

Daytime Phone:

Emergency Contact

Name:	Phone:
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Address:

Relationship to Applicant:

Statistical Purposes Only:

I identify my gender as: _____	Race	1. American Indian ___ 2. Asian /Pacific Islander ___ 3. Hispanic ___ 4. Black, Not of Hispanic Origin ___ 5. White ___	Disability (specify): _____
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Volunteer Agreement

1. All volunteers agree to volunteer for a minimum of one year.
2. Each volunteer must maintain a firm commitment to professional conduct:
Participant files and case information must be held in strict confidence.
Notification is necessary when absent from volunteer duties.
Volunteers must provide at least two weeks advanced notice before ending their volunteer position.
3. Each volunteer is required to attend a *Caring Connections* volunteer orientation and training.
4. Volunteers are not permitted to accept money and/or gifts from participants nor are they allowed to visit the participants Only official contact, calling the participant, will be allowed.

I hereby give ElderSource the right to investigate my past volunteer and employment activities. I release from all liability all persons, companies, and corporations who supply such information. I hold harmless and indemnify ElderSource against any liability that may result from such an investigation.

I will submit to undergoing a background screening as part of the application process for *Caring Connections*.

I understand and agree to the above mentioned conditions.

Signature:	Date:
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