



Volunteer Application

Contact Information

Today's Date: ___/___/___

First Name: _____ Last Name: _____

Address: _____ City _____ Zip _____

Email: _____

Home Phone: _____ Cell: _____ Work: _____

Languages spoken _____

In case of emergency, we have your permission to contact:

Name: _____ Relationship: _____

Phone: _____ Cell: _____ Email: _____

Please check the times and days when you may be able to volunteer. Most commitments are 2 hours or less.

My schedule is flexible and I may be available any of these times

Mornings between 8 – 12

Afternoons between 12 – 5

Evenings between 5 – 8

My preferred days are M, T, W, Th, F, Sa, Su, No preferred days

I would prefer: a **Regular** assignment an **Occasional** assignment

Preferred contact method: by phone by email



Volunteer opportunities with Neighbors Network (check all areas of interest):

- | | |
|--|--|
| <input type="checkbox"/> SOCIAL: includes friendly visits, reading, walking buddy, playing games, phone calls | <input type="checkbox"/> TECH SUPPORT: includes help with phones, computers, tablets, cable TV remotes, email |
| <input type="checkbox"/> DRIVE/RUN ERRANDS: includes doctor visits, grocery shopping, drop off/pick up at hairdresser, gym, physical therapy | <input type="checkbox"/> HOUSEHOLD TASKS: includes both indoor and outdoor, meal prep, mending, organize kitchen, light dusting, organize closet, small repairs, handyman tasks, pet care, tidy patio, pull weeds, rake leaves |
| <input type="checkbox"/> ORGANIZING: includes opening mail, sorting photos, filing, shredding, moving light furniture and boxes | |
- I'd like to add **occasional driving** to my current list. (We will call you to discuss details.)
- I'd like to gather a **small gardening team** from my neighborhood, club, faith community
- I'd like to discuss a **regular assignment** (like a weekly friendly visit or driving trip)

Additional opportunities:

- Help with special events
- Become a NN Committee Member
- Office tasks for NN
- Be a part of Social/Educational programs offered by NN

Special skills/hobbies you could share with members, i.e., knitting, stamp collecting, etc.:

Personal references – TWO required and please, no relatives. We kindly request that you notify your references in advance to inform them about Neighbors Network and your interest in volunteering.

1. Name: _____ Phone: _____

Email: _____

2. Name: _____ Phone: _____

Email: _____

I am physically and mentally able to perform all the volunteer activities I've checked above.



Neighbors Network Volunteer Agreement
(Please read the following information carefully)

I agree to protect the confidentiality of all information pertaining to any Neighbors Network (NN) member, non-member or other volunteer associated with NN. My signature below acknowledges my agreement to adhere to this confidentiality policy.

I understand that NN will review this information and all other information required to complete my application and that my application does not obligate NN to offer me a volunteer assignment. I hereby grant permission to any individual, school representative, company or corporation to give NN any relevant information that may be required to arrive at a decision on the status of this application. I release NN, its officers, employees, agents and representatives from any and all liability and /or damages incurred by me in accessing or using such information.

If accepted as a volunteer for Neighbors Network, I understand that I am an important ambassador for Neighbors Network within the community, and I will not make statements representing the organization unless I have permission to do so. I also understand that I may not sign any agreement involving contractual or financial obligations. I also agree to abide by guidelines for volunteer behavior and language as described in the Neighbors Network Volunteer Handbook.

I understand that a background check may be required, depending on the frequency and type of volunteering I may be performing; if required, I agree to participate in the organization's background check process.

I give my permission to be photographed and videotaped and for these images to be used by Neighbors Network in its marketing materials in print and electronic media at its sole discretion.

Agreement: My signature acknowledges that I have read and agree to the information above and confirmed the accuracy of the information provided.

Signature: _____ Date _____

Print name: _____

Thank you for applying to be a Neighbors Network Volunteer!

Mail completed application to: Neighbors Network, P.O. Box 941417, Maitland, FL 32751

**For more information visit: www.NeighborsNetworkFL.org
Questions? Email: Annette@NeighborsNetworkFL.org or Call: 321-209-2775**