Greater Salem Caregivers

44 Millville St
P O Box 2316
Salem, NH 03079
603-898-2850

Volunteer Application

Date_____

Last Name_____ First Name_____

Address_____

Town/City_____ State_____ Zip_____

Home Phone _____ Cell Phone _____

Email _____ Date of Birth _____

Year of Car_____ Make_____Color_____ Easily Accessible Yes - No

Notes/Limitations: i.e. "have truck with high step"

Auto Insurance Coverage

Company name

Do you have $100,000-$300,00 Liability Coverage? _____ Can you give us a copy of policy? _____
If not, would you like to use the Caregivers car? _____

Time available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	_____	_____	_____		
PM	_____	_____	_____		

Are you willing to drive to Boston area? Yes No.
Are you interested in learning more about serving on the Board of Directors? Yes No.

I am willing to volunteer to assist clients with (please circle all that apply)

Rides to Medical Appts. **Grocery Shopping** **Other Errands** **Visiting**
(Picking up groceries) (Picking up groceries, prescriptions, etc.)

Personal References:

Name	**Town/City**	**Phone**	**Relationship**
Name	**Town/City**	**Phone**	**Relationship**

Any Health Concerns_____

Emergency Contact:

Name_____**Relationship**_____

Phone_____ **Town/City** _____

I understand that, if I use my personal automobile to transport clients as part of my volunteer service for Greater Salem Caregivers, I will keep in effect of Automobile Liability Insurance at least the minimal level.

I agree to allow Greater Salem Caregivers to perform a Criminal Record Check and Drivers' Record Check and will sign the required forms.

I will inform Greater Salem Caregivers of any moving violations or at-fault accidents that occur during my tenure as a volunteer, whether or not they occur while volunteering. This certifies that I completed this application and all information is true and complete to the best of my knowledge.

_____ _____
Signature **Date**

OFFICE USE ONLY

Intake Date: _____ Approved date _____ Volunteer stat sheet_____ Monthly sheet_____

Volunteer file card_____ Volunteer Database_____ File folder_____