



OLD NORTH END
NEIGHBORHOOD



Old North End Neighborhood iVillage Volunteer Application

Please share your information and return the completed form to a staff member or mail it to Innovations in Aging Collaborative at 1625 S. Murray Blvd. Colorado Springs CO 80916. The ONEN iVillage will not share any member information and will remain completely confidential.

Name: _____	Birth Year: _____	Sex: _____
Address: _____ _____		
Phone Number: _____	Email Address: _____	

I will volunteer to provide the following services:

Transportation

- Volunteer Driver
- Accompany on train/bus

Handyman Services

- Snow removal
- Lawn/garden maintenance
- Small repairs
- Air conditioner set up
- Change car battery
- Thermostat, smoke detector
- Change light bulbs
- Window screens on/off
- Picture hanging
- Refrigerator cleaning
- Holiday setup/take down

At Home Assistance

- Simple mending/sewing
- Dog walking
- Pet sitting
- Plant watering
- Gift wrapping

Companionship

- Read books
- Play cards
- Board games
- Tea / coffee visit
- Daily phone check
- Neighborhood walk

Food & Meals

- Prepare or deliver meals
- Grocery shopping

Paper Work

- Bill paying
- Medical insurance form help
- Organize personal papers
- Banking

Technical Support

- Computer e.g. setup
- Printer troubleshooting
- Cell/smart phone
- Email/Social media/internet

Other: _____

Local Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Address: _____

Email: _____

Supplementary Questions

Do you have any allergies (including pet allergies) that would prevent you from entering a member's home?

Yes ___ No ___

Yes, please describe: _____

Do you smoke? Yes ___ No ___ Will you enter a smoker's home/car? Yes ___ No ___

Confidentiality Agreement and Liability Waiver

Please read the following information carefully.

Confidentiality:

I agree to protect the confidentiality of all information pertaining to any ONEN iVillage member, non-member or other volunteer or client associated with ONEN iVillage. Your signature below acknowledges your agreement to adhere to this confidentiality policy.

Liability Waiver:

I acknowledge that as a volunteer, I am not an employee of ONEN iVillage or Innovations in Aging Collaborative and understand that I will not be paid for any work I perform. I consent and agree to assume all responsibility for any and all risks or events of damage or injury that may occur in the course of my volunteer work and that I am volunteering at my own risk.

I fully and forever release and discharge ONEN iVillage, Innovations in Aging Collaborative, its officers, employees, agents and successors from any loss, cost, damages or other liability which I may incur in the course of my volunteer work. Your signature at the end of this application acknowledges your acceptance of this liability waiver.

Contact Method & Availability

We let volunteers sign up online for services as far in advance as they wish. This gives them the widest selection of services. Four days in advance, if a service is not filled we will email requests to a few volunteers. Two days in advance, if volunteers are still needed, we call volunteers. When services are needed that are not filled by online sign-up what is your preference?

Check your preference.			
<input type="checkbox"/>	Willing to be called.	<input type="checkbox"/>	Don't call. Send an email.
<input type="checkbox"/>	Call me if really desperate.	<input type="checkbox"/>	Don't call.

Weekly Schedule (Indicate times you are NOT available):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8-11							
Lunchtime 11-2							
Afternoon 2-5							

Unavailability:

This information can be updated at any time by calling the office at (719) 602-3815 or emailing claire@innovationsinaging.org.

Periods of a week or more because of vacation, visitors, or other commitments.

Start date _____ End date _____

Start date _____ End date _____

Start date _____ End date _____

Supplement for Drivers

Do you have a current Driver's License? (Please attach a copy)

___ Yes ___ No If no, explain: _____

Are there any restrictions on your driver's license other than eye glasses? ___ Yes ___ No If yes, explain: _____

Have you ever had your license suspended, revoked, or refused? ___ Yes ___ No. If yes, explain: _____

Name of your auto insurance company: _____ (Please attach copy of your insurance card or current vehicle registration, showing your insurance company)

In the event of injury/accident, the volunteer's personal auto insurance policy is initially responsible.

Have you ever been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? ___ Yes ___ No If yes, explain, giving date and jurisdiction (city, county, state): _____

Agreement:

My signature acknowledges that that I have read and agree to the information above, and confirm the accuracy of the information provided. I also confirm that the information provided for the background check is accurate and that I give permission for a background check to be made.

Signature

Date

Please print name _____

PLEASE INCLUDE A COPY OF YOUR DRIVERS LICENSE WITH THIS APPLICATION

Check List:	
<input type="checkbox"/>	Volunteer Application Signed (this document)
<input type="checkbox"/>	Driver's License copy attached
<input type="checkbox"/>	Proof of Insurance (registration or other) copy attached (Drivers only)
<input type="checkbox"/>	Volunteer Code of Ethics (signed)

VOLUNTEER AGREEMENT

1. **ACTIVITIES AND SERVICES** ONEN iVillage acts on behalf of its members and the neighborhood to identify activities and services that may benefit members and communities in which members reside.
2. **LIABILITY AND ASSUMPTION OF RISK** ONEN iVillage and Innovations in Aging Collaborative seeks to provide opportunities for volunteers, but does not, however, assume any responsibility or liability, either director or indirect, in connection with, relating to, or arising out of activities and services in which volunteers may participate as a result of membership in the ONEN iVillage, or activities or services provided by a third party that is a provider to ONEN iVillage volunteers. The ONEN iVillage and Innovations in Aging Collaborative are not responsible for damage to volunteer vehicles. The undersigned volunteer hereby assumes all risk for participating in any such services and/or contracting for or receiving any such services.
3. **WAIVER, RELEASE, AND INDEMNIFICATION** I, the undersigned volunteer, hereby fully release and discharge Innovations in Aging Collaborative, ONEN iVillage, its members, officers, directors and employees from any and all claims, demands, causes of action, administrative claims, liability, damages, claims for attorney's fees, costs and disbursements, or demands of any kind whatsoever.

I, the undersigned volunteer, acknowledge that I have carefully read the foregoing WAIVER, RELEASE AND INDEMNIFICATION and understand that it has binding legal effect and is a waiver of claims and a release of liability.

4. **ACCEPTANCE OF VOLUNTEER AGREEMENT** I, the undersigned volunteer, have read this Agreement carefully and hereby agree to the terms of membership stated above. I am pleased to become a volunteer for the ONEN iVillage.

Print Name

Signature

Date

For office use only:

Accepted on behalf of ONEN iVillage/Innovations in Aging Collaborative

Print Name

Signature

Date

Return this form and any other required documents to

Attn: ONEN iVillage

Innovations in Aging Collaborative

1625 S. Murray Blvd., Colorado Springs, CO 80916

www.innovationsinaging.org (719) 602-3815