



VOLUNTEER APPLICATION

PLEASE PRINT

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

Name: _____ Phone Numbers: _____
First Middle Last Home Cell

Physical Address: _____
Street Apt # City State Zip

Is Your Mailing Address the Same as Above Yes No If not: _____

Date of Birth: ____/____/____ Email: _____@_____

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 : _____
Name Phone Number Relationship to you

CareGivers Volunteer Opportunities (Please check those that interest you)

- Caring Rides:** Drive Clients to Medical Appointments, Grocery Store. Pharmacy Pickups for Clients
- Caring Cupboard Deliveries:** Deliver Monthly Grocery Items to Clients
- Office Support:** Data Entry
- Reassurance Calls:** Provide Weekly "Friendly" Calls to Clients
- Birthday Squad:** Monthly Birthday Calls to Clients
- Caring Cupboard:** Call Clients for Monthly Grocery Orders
- Warehouse Support:** Packing / Sorting / Stocking Food Items

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.

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.

Volunteer Signature:

Parental/Guardian Signature (If under 18)