



Staying Put in Lower Bucks

80 W. Trenton Avenue ~ Morrisville, Pennsylvania 19067
P: 215-428-0500 ext. 103 ~ F: 215-666-4058

Helping seniors remain at home and actively engaged in their community

Volunteer Registration

(PLEASE PRINT)

Date: _____

How did you hear about us? _____

Name _____ DOB _____

Address _____ City _____ Zip _____

Home phone _____ Work phone _____

Cell Phone _____ Email _____

Tell us about you: interests/hobbies/skills _____

Languages spoken _____

Volunteer Assignment Choices (Please check all that are applicable):

____ phone calls to check on well being

____ minor yard work

____ companion visits

____ provide respite to members

____ shopping/errands

____ assistance with home organization

____ grocery shopping/pick-up and delivery

____ providing transportation

____ helping to plan social events

____ minor household repairs

____ helping to plan fundraising events

____ pharmacy pick-ups and delivery

Some situations may arise that require immediate services ie: A member's doctor wants them to have a test or to return in a few days, a burnt out light bulb or a dead smoke detector battery has to be replaced to prevent a hazard for the member or respite relief for the caregiver of a member that cannot be left alone . Please check below to be contacted to provide last minute services:

____ last minute transportation
to medical appointments

____ last minute minor
handyman services

____ last minute respite
services for members

I am willing to visit in homes with pets? ____ Yes ____ No

I am a smoker? ____ Yes ____ No, I am willing to visit with a smoker? ____ Yes ____ No

Other considerations (distance from home, preferences for age or gender of member, etc. _____



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Additional Information

Driver's License# _____ State _____

Expiration Date _____

Insurance Company Name _____

Policy# _____

Expiration Date _____

Have you ever been convicted for a violation of any laws, traffic or otherwise? ____ Yes ____ No
(please note this does not automatically disqualify you)

Please Explain:

Do you have any physical conditions that may limit your activities? ____ Yes ____ No

Please Explain: _____

In case of an emergency please notify: _____

Telephone# _____ Relationship _____

References: Please list two persons we may contact who are *not family* (I.E. Clergy, Employer, Other Organizations)

Name _____

Address _____ Telephone _____

Relationship _____

Name _____

Address _____ Telephone _____

Relationship _____



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Confidentiality Statement

I understand that I will keep confidential all information concerning anyone that I assist.

Signature of Volunteer

Date

Signature of Staying Put Staff Member

Date

Background Checks and Clearances/Insurance and Driver's Licence

I acknowledge Staying Put in Lower Bucks will be checking my background: criminal, driver, personal references and in certain situations child abuse clearances for the volunteer jobs that I have expressed an interest in.

I also understand that the Ivins Outreach Center will require a copy of your insurance card and driver license.

I understand that I do not have to agree to this background check, but that refusal to do so will exclude me from consideration for volunteer work.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information as they deem appropriate.

Orientation and Yearly Training

For the safety of volunteers and members The Ivins Outreach Center requires that volunteers complete orientation training as well as quarterly trainings. These trainings are designed to not only protect volunteers and members but also provide members with personal development education. I understand that I will need to complete the necessary volunteer orientation, including the Code of Ethics and Code of Conduct Training as well as the Recognizing Elder Abuse and Neglect before I may begin volunteering. As well I understand that I will need to complete quarterly training during the months of January, April, July and October. Quarterly trainings will last no longer than 1 hour.

Signature of Volunteer

Date

Signature of Staying Put Staff Member

Date