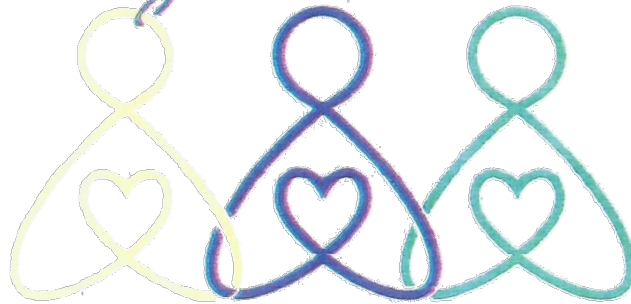


HEART

*to*

HEART

*Ageless Love*



## **Volunteer Application**

207.361.7311

[www.HEARTTOHEARTAGELESSLOVE.org](http://www.HEARTTOHEARTAGELESSLOVE.org)

Updated: July 2021

# Heart to Heart

## Volunteer Application

Thank you for your interest in volunteering at Heart to Heart. We are passionately dedicated to serving Older Adults. Our mission is to advocate, convene, consult, support, collaborate, resolve challenges, facilitate volunteerism, and provide services to People With Age in our communities. We are captured by no preconceptions, notions, strictures or models. We engage transformation, innovation, and experimentation for the sake of contributing to other's lives.

Heart to Heart's vision is to provide loving enrichment for every Older Adult, just as they wish it to be. Our values--love, understanding, devotion, joy, respect, trust, honesty, kindness, and freedom--guide our every step.

**Name**

First Name                      Last Name

**Date of Birth**

(mm/dd/yyyy)

**Address**

Address Line 1:

City:                                      State:                                      Zip Code:

**Preferred Phone:**

Home:                                      Cell:                                      Work:

**Email Address:**

**Emergency Contact:**

First Name                      Last Name                                      Phone                                      Relation

**Which volunteer role(s) are you most interesting in?**

- |   |  |
|---|--|
| <input type="checkbox"/> Special Deliveries<br>(Pick-ups, deliveries and errands) | <input type="checkbox"/> Rides           |
| <input type="checkbox"/> Phone Friend<br>(Companionship calls)                    | <input type="checkbox"/> Shopping Escort |
| <input type="checkbox"/> Technology Support                                       | <input type="checkbox"/> Other _____     |

**When are you generally available to volunteer?**

	<u>8am-Noon</u>	<u>Noon-4pm</u>
<input type="checkbox"/> Sunday	_____	_____
<input type="checkbox"/> Monday	_____	_____
<input type="checkbox"/> Tuesday	_____	_____
<input type="checkbox"/> Wednesday	_____	_____
<input type="checkbox"/> Thursday	_____	_____
<input type="checkbox"/> Friday	_____	_____
<input type="checkbox"/> Saturday	_____	_____

**If Driving for Heart to Heart:**

**a. Do you have a valid driver's license?**

- Yes                       No

**b. Do you have your own insured vehicle to provide services?**

- Yes                       No

**Have you ever been convicted of a felony? If yes, please explain.**

- Yes                       No

**Please provide one reference**

**Please check below to indicate that you understand your responsibilities as a Heart to Heart volunteer.**

\_\_\_\_\_I reviewed the Heart to Heart Volunteer Handbook.

**By signing below, you confirm that the above information is accurate, that you have read the Heart to Heart Volunteer Handbook, and that you understand and agree to all written and verbal information, including the confidentiality provisions and non-discrimination policy.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**