



104 Monroe Street ~ Suite 2
Delta, Ohio 43515 419-822-3556

Caring Hearts, Helping Hands

Volunteer Application

PLEASE PRINT

For office use only:
Or Date/Service:
Name Tag Sent:
VID #:

Date: _____

Name: _____ Phone: _____ Cell Phone: _____

Address: _____ City/State: _____ Zip: _____

E-Mail Address: _____ Fax #: _____ Name Called By: _____

Occupation: _____ Employer: _____ Work #: _____

** How did you become interested in Hands of Grace? _____

** How do you feel about serving those in need? _____

Personal Information:

Birth Date: _____

Retired, please circle: YES NO Allergic to pets, please circle: YES NO

Please circle: Male Female Dislike pets, please circle: YES NO

Smoker, please circle: YES NO Had CPR training, please circle: YES NO

Do you have a valid driver's license?, please circle: YES NO

Driver's License Number: _____ State: _____

Have you ever been convicted of a Felony? Please circle: YES NO If yes, please explain: _____

Have you ever been accused or convicted of any sexually related crime? Please circle YES NO
If yes, please explain: _____

Have you ever been convicted of any act of Domestic Violence? Please circle: YES NO
If yes, please explain: _____

Have you ever been convicted of any crime that would prevent you from working with the elderly or disabled?
Please circle: YES NO If yes, please explain: _____

Do you have any physical limitations? Please circle: YES NO If yes, please explain: _____

Church Affiliation: _____

Please check your volunteer time opportunities:

Mornings (M-F): Afternoons (M-F): Evenings (M-F):

Weekends: Once a Week:

Please explain any time limitations: _____

Would you be willing to do spot (short notice) assignments? YES NO

How many miles are you willing to drive? _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

Name:
Address:
Phone:
Work Phone:
Relationship:

All Applicants will be subject to a Public Records Search. Since Hands of Grace Faith in Action volunteers serve at the request of and on behalf of the public interest, and are entrusted by the public, any and all publically recorded misconduct shall be grounds for dismissal.

Please list two references, not relatives, including one of the following: spiritual leader, teacher or employer:

Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:
E-Mail Address:	E-Mail Address:

I affirm that all information given is true and accurate. I give my consent to contact above references.

Signature: _____ Date: _____

CONFIDENTIALITY AGREEMENT

All knowledge that you receive from the Hands of Grace Faith in Action program regarding your care-receivers must be kept in utmost confidence. The individuals you will be working with deserve the respect and dignity of having their personal affairs kept confidential. As you spend time with your care-receivers, a bond of trust develops and many personal feelings and experiences may be discussed. There may be strong feelings toward family members or formal helpers and the volunteer may be the only person available with whom to share these feelings. Maintaining that bond of trust is important in continuing an effective relationship. As a volunteer, you do have the responsibility to alert the Executive Director of any situation that endangers the health, safety or welfare of the care-receivers.

As a volunteer, I will respect the privacy of those individuals in my care, and I will keep all pertinent information confidential, unless doing so might endanger their security.

I give my consent to the release of photographs for promotional purposes via Social Media.

Volunteer Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Please return this application to the Hands of Grace office. Thank you!

**** Notes/Additional Information:**



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Phone: 419-822-3556

Fax: 419-822-3924

www.handsofgrace.org

VOLUNTEER OPPORTUNITIES

Please check all that apply where you desire to serve:

_____ **Transportation:** Includes minimal assistance in and out of the vehicle, transportation to desired location and waiting during appointment. Does not include lifting. Transportation is limited to previously agreed upon destination(s).

_____ **Handicapped Accessible Vehicle Assistant:** Includes assisting driver with riders in HAV to appointments and return or to Adult Day Center and return.

_____ **Hospital Call List:** Includes being added to the list of volunteers for Hands of Grace, the Fulton County Health Center to contact for providing same day transportation for discharged patients to their home or another facility.

_____ **Respite Care:** A brief respite for the caregiver to rest, relax, run errands or have time for themselves while a volunteer stays with their bed-ridden/home-bound loved one. Services may include listening, reading correspondence, preparing meal/snacks and friendship. Maximum of 4 hours once a month.

_____ **Home Repairs:** Repairs include maintenance and small repairs to building and property. Care receivers will pay for and have on hand all necessary supplies needed to complete the work.

_____ **TLC Phone Calls:** Brief telephone calls on a regularly scheduled basis to check on the care receiver's safety and well-being.

_____ **Personal Care:** To be determined on a case-by-case basis. May include hair care and/or sponge bathing.

_____ **Meal Preparation:** Short term preparation of meals at care receiver's home, or preparation at and delivered from volunteer's home to care receiver while recovering from surgery and/or hospital stay.

_____ **Lunch for the Adult Day Center:** Meal preparation for the group at the ADC, this can be done once a month or whenever available. Groups vary in size from 10-20 people.

_____ **Light Housework:** Which may include straightening up the house, vacuuming, cleaning of bath and kitchen area and/or doing laundry or ironing for those who are physically disabled and/or at the discretion of the Executive Director. Maximum 1-4 hours once a month.

_____ **Shopping:** Includes grocery shopping, pharmacy pick ups, and/or other errands. Volunteer can assist by accompanying the care receiver while he/she shops or the volunteer can do the shopping for the care receiver. Care receivers pay for all purchases. If volunteer is to do the shopping, a list, along with payment for the items, will be given to volunteer by the care receiver. Upon return, assistance will be given with putting items away. A receipt of all purchases will be given to care receiver.

_____ **Friendly Visits:** Regular visits to the care receiver's home for the purpose of conversation and companionship.

_____ **Yard Work:** Any outdoor chores to maintain surrounding property. Such as: raking leaves, mowing, weeding and/or snow removal. Yard work is limited to 2 - 3 hours per visit and should not be more frequent than every 2 weeks.

_____ **Personal Paperwork:** Assistance with business and financial matters such as: paying bills, completing medical insurance forms and/or completing applications for assistance of services. No financial advice is given.

_____ **Adult Day Center:** Assist in providing social interaction, stimulation and help with daily activities in a pleasant environment. Located at the Delta United Methodist Church -101 Northwood Dr., open Monday, Wednesday & Friday from 9:00 am to 3:00 pm.

_____ **Office Help:** Assist with miscellaneous office duties such as: filing, computer entry, answering phones, making calls, mailings and other projects as they come up.

_____ **Fundraising Help:** Working or collaborating with the Board, Staff Members and other Volunteers to create/promote fundraising efforts.