



P.O. Box 594
Lincoln, CA 95648

916-223-2763
<http://www.neighborsindeed.info/>

Volunteer Application and Policies & Procedures Agreement

Please Print:

Date: _____ Last name: _____ First: _____

M F Address: _____ Village# _____

Home / Cell Phone: _____ Email: _____

List volunteer experience: _____

Special Skills: _____

Employment Field(s) Past and Present: _____:

Currently Employed? Yes No

Fluent in language other than English? If so, what: _____

Number of hours you are able to volunteer each month: _____

Have you ever been convicted of any crime including sex-related or child abuse offenses?

Yes No If Yes, please explain: _____

Please Initial:

I have my own _____ transportation _____ valid driver's license _____ vehicle insurance
_____ personal medical insurance

If volunteer involvement includes transporting clients, minimum recommended insurance levels are 50/100/50.
(\$50,000 per person, \$100,000 each accident, \$50,000 property damage)

Please continue on reverse... ↓

Confidentiality and Other Policies and Procedures

A primary concern for NID volunteers must be the confidentiality and privacy of all residents. NID volunteers realize that personal details of the resident must not be discussed with anyone other than those NID members who are acting in a supervisory position and are asked for guidance on handling unusual or difficult situations that may arise in the course of providing a NID service that was requested by the resident.

Details of a service call may be used for training purposes provided an administrator or Coordinator is present and gives his or her approval of the use of these details in the discussion and the name and address of the resident is never given.

As a volunteer you have the responsibility to review and understand all the Policies and Procedures relevant to your program and the general policies of Neighbors InDeed. You also have the responsibility to alert and discuss with your Neighbors InDeed Coordinator any situation that you feel may endanger the health, safety or welfare of a resident you encounter in the course of providing Neighbors InDeed services.

Should you decide to terminate your volunteer activity with Neighbors InDeed, any materials and notes that you may have regarding residents you have been working with are to be returned to Neighbors InDeed.

* * * * *

I understand that by signing this document I agree to abide by all of the policies and procedures of Neighbors InDeed.

Volunteer's Signature

Date

Print Name

For Office Use

NID Orientation Training Date: _____

Program preferences:

HH I&R Disp. ME Comp. Website Comm. Ed/PR

Additional Notes: _____

Retirement Date: _____