



Amherst Neighbors Volunteer Application

We are a community of people helping people. Our programs enrich life, forge connections to new friendships and sustain old ones. We welcome you to join us.

Personal Information - Please print

First Name _____

Last Name _____

Street Address _____

Town _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____

What is the best way to reach you? ☐ home phone ☐ cell phone ☐ email

What pronoun(s) do you use? _____

Are you fluent in another language? ☐ yes ☐ no

If so, which language(s)? _____

Are you okay being around pets? ☐ yes ☐ no

If not, which animals bother you? _____

Do you have allergies that would prevent you from entering a member's home?

☐ yes ☐ no

Do you smoke? ☐ yes ☐ no

Will you enter a smoker's home/car? ☐ yes ☐ no

Do you have any physical restrictions? ☐ yes ☐ no

If yes, please explain: _____

Personal Reference

Please provide contact info of two people (other than relatives) who have known you for at least two years:

Name _____

Relationship _____

Phone _____ Email _____

Name _____

Relationship _____

Phone _____ Email _____

Emergency Contact Information

Please provide information for who to contact in case of an emergency.

Name _____

Relationship _____

Cell phone number _____

Home phone number _____

Volunteer Background Check

Due to the sensitive nature of some of the work, and the high level of service and expectations of our members, all volunteers working with Amherst Neighbors are required to undergo a criminal background check (Criminal Offender Record Information aka CORI). To protect your personal information, we store these forms in a locked cabinet.

To facilitate your CORI check, please provide the following information:

Legal Name (First and Last) _____

DOB (mm/dd/yyyy) ____ / ____ / ____

Last 6 digits of SSN: XXX ____

Availability

Please check off the days and time slots when we can ask you for help. We'll use this to email you requests. You choose the requests that work best for you. You can adjust your schedule at any time and also let us know when you are on vacation.

	8am - 12pm	12pm - 4pm	4pm - 8pm	Anytime
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Comments about availability. Please include known dates when you are not available: _____

Please check the boxes next to your interests and abilities below:

In-Home Services

- ☐ Calls: Friendly Calls
- ☐ Cooked Meals
- ☐ Cooking Assistance
- ☐ Driver: Local
- ☐ Driver: Medical - local ride
- ☐ Email/ Internet Assistance
- ☐ Friendly Visit
- ☐ Gardening or Light Yard Work
- ☐ Mac Help
- ☐ Odd Job/ Small Repairs
- ☐ Organizing or Decluttering
- ☐ Outdoor Chores
- ☐ PC help
- ☐ Pet Care/ Pet Walking
- ☐ Plant care
- ☐ Shopping/ Errands **with** Member
- ☐ Shopping/ Errands **for** Member
- ☐ Snow Shoveling
- ☐ Tablet or Phone Help
- ☐ Trash Takeout/ in
- ☐ Walking Companion
- ☐ Welcome Visit

Neighborhood Visits (about an hour)

- ☐ Providing companionship and conversation
- ☐ Offering respite for a caregiver
- ☐ Reading aloud from mail, newspapers or books

Wellness

- ☐ Phone check-in
- ☐ Medi-pal, taking notes at the doctor's office or clinic

Transportation Local rides and back

- ☐ Rides to medical appointments
- ☐ Rides social events, meetings and book clubs as well as grocery shopping and errands.

FYI: If you are volunteering to transport an Amherst Neighbors member, we require copies of the following documents:

- ☐ Your Driver's License
- ☐ The first page of your automobile insurance
- ☐ Your MA Driving Record

The cost of requesting the MA Driving Record is \$8. The MA Driving Record request can be completed online by selecting the option to request an "Unattested Public Driving Record" at <https://www.mass.gov/how-to/request-a-driving-record>. Make sure to **download the pdf** and print it. Please send a copy of your driver's license, the first page of your automobile insurance, MA driving record and this application and send via mail to Amherst Neighbors, P.O. Box 3428, Amherst, MA 01004.

AMHERST NEIGHBORS Office Support

- ☐ Call Manager -schedule appointments and log service requests in the online system from your home computer
- ☐ Managing Social Media Writing/Editing

- ☐ Preparing mailings
- ☐ Data entry Graphic and Web Design
- ☐ Photography
- ☐ Interpreter for people who do not speak English well

Language(s) _____

Growth and Operations

- ☐ Welcome Calls to new members
- ☐ Welcome Visit Team
- ☐ Fundraising Forming an Interest Group
- ☐ Serving on a Committee
- ☐ Event Planning

Waiver and CORI Authorization

Please carefully read the following information.

Confidentiality Agreement

I agree to abide by the Amherst Neighbors confidentiality policy regarding the privacy rights of all direct and indirect participants with Amherst Neighbors.

_____ (please initial)

Liability Waiver

I hereby release Amherst Neighbors, its agents, employees, contractors, donors and volunteers from any and all damages, costs, expenses, fees and other sums (including without limitation attorney's fees and costs) arising out of my participation in the program, including without limitation any claims for damage to person or property. Without limitation on the foregoing, I covenant and agree to maintain automobile insurance in accordance with Massachusetts law at all times while driving in furtherance of Amherst Neighbors. _____ (please initial)

Photographic Release

From time to time, Amherst Neighbors may use images of our members as well as volunteers for marketing of the organization and/or on our website. May photographs be taken of you while on volunteer duty? Yes _____ (initial)

CORI Check

I understand that the Amherst Neighbors will check my references and/or criminal history record as part of their screening process. _____ (please initial)

To the best of my knowledge the above information is correct. I also understand that certain information about me (i.e. skills and interests) may be discussed with Amherst Neighbors member(s) that I might work with, if applicable.

Signature _____

Date _____

Submitting Your Application

Please mail a hard copy of this completed application (and driver's license, MA driving record and first page of your auto insurance coverage if you want to provide transportation) to:

**Amherst Neighbors
P.O. Box 3428
Amherst, MA 01004**

Once we receive your application, we'll schedule an interview and orientation. Then, we'll be here for you every step of the way as you help your Amherst neighbors.

Thank you for applying to be an Amherst Neighbors volunteer! If you are interested in becoming a member, please complete the registration online at AmherstNeighbors.org or check this box ☐ and we'll send you a member application.