



## INTERLINK VOLUNTEER CAREGIVERS (IVC)

650 Addison Ave. W., SUITE 201, TWIN FALLS, ID 83301

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### VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### Volunteer Services I am able to provide:

\_\_\_\_\_ Local Transportation \_\_\_\_\_ Long Distance Transportation

\_\_\_\_\_ Grab bar/Handrail Install \_\_\_\_\_ Build Wheelchair ramps \_\_\_\_\_ Basic Home Repair

I would be available to volunteer the following days and times: \_\_\_\_\_

Health Limitations (Example: "No lifting over 10 lbs."): \_\_\_\_\_

References: (Please provide two references who are not related to you)

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1)	_____	_____	_____
2)	_____	_____	_____

Do you own a vehicle? Car \_\_\_\_\_ Truck \_\_\_\_\_ SUV \_\_\_\_\_ Van \_\_\_\_\_

Is your vehicle insured? Yes \_\_\_\_\_ No \_\_\_\_\_ Please provide copy of current proof of insurance.

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Please provide copy of License.

Have you had any traffic citations in the last three (3) years? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you give us permission to run a Motor Vehicle Report? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you submit to a background check and fingerprinting? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state type of offense: \_\_\_\_\_

Why do you want to volunteer for IVC? \_\_\_\_\_

Please continue on reverse side

# INTERLINK VOLUNTEER CAREGIVERS (IVC)

## Volunteer Agreement

**Interlink Volunteer Caregivers (IVC)** is dependent upon a climate of mutual caring and trust between volunteers and the clients they serve. As volunteers work with clients, they observe lifestyles, belongings, and family situations; also, personal information may be shared, such as income, medical problems, and age.

In order to maintain the trust shown us by their requests for assistance, we must strive to guard the dignity and privacy of everyone we serve. Personal information about a client should not be shared with anyone.

In order to better serve the clients, an orientation is provided for all new volunteers. Bi-annual workshops/support meetings are also provided for all volunteers in order to share information, provide updates, and maintain open communication between staff and volunteers.

**IVC** offers excess liability and auto insurance coverage for all volunteers. Any volunteer who is providing escorted transportation for **IVC** **will be required to provide the office with a copy of current proof of vehicle insurance and a copy of their driver's license. (PLEASE ATTACH)**

All information provided to **IVC** is strictly confidential.

- I understand the need for **IVC's** services in the communities it serves and that my volunteer assignment is an important commitment. I will make every effort to live up to my responsibility.
- I understand that I will be required to meet with the Executive Director (ED) or designee for a one-on-one orientation prior to any assignments. I will also be required to attend any workshops/support meetings as scheduled, which are no more than bi-annually.
- I understand I will be required to read and sign acknowledgement of **IVC's** Volunteer Policies & Procedures Manual.
- I understand the importance of accurate record keeping for the welfare of the client and **IVC**.
- I understand the need for confidentiality and agree to safeguard the personal information gathered about and from the client.
- I understand that while transporting a client, seatbelts are required for both the driver and the passenger(s).
- I have read and fully understand and agree to the above statements.

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Volunteer Signature

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Date

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Executive Director Signature

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Date