



INTERLINK VOLUNTEER CAREGIVERS (IVC)

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

E-MAIL: interlinkidaho@gmail.com (208) 733-6333 WEBSITE: ivcidaho.org

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

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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.

Volunteer Signature

Date

Executive Director Signature

Date