



Friendly Visitor/Caller Volunteer Application

Please return to: Pat Beeman, Community Outreach Social Worker
Suffield Community Aid
450 South Street, Suffield, CT 06078
(860) 668-1986

I would like to volunteer my service to be a (choose all that apply):

_____ Friendly Visitor _____ Friendly Caller

Please complete form in its entirety:

Name: _____ DOB: _____

Address: _____ Phone #1: _____ Phone #2: _____

Email Address: _____

Length of time you have lived in Suffield: _____

Previous volunteer experience, please describe: _____

Days and Times you are available to volunteer: _____

How did you hear about this program?

Do you have any special interests, skills, talents or hobbies that you would like to share?
(*will be shared with recipient of visit or call)

Why are you interested in working with older adults or adults with disabilities?

Do you have any personal preferences for your Friendly Visitor/Caller? Gender _____ Age _____ Religion _____

Do you have any preferences such as no smoking, no pets, etc.?

Do you have any allergies or medical conditions we should be made aware of?

Do you have any physical limitations that may impact your ability to be a volunteer?

Emergency contact information: (Name) _____ (Phone) _____

List three personal references (not relatives) or provide a volunteer resume with three contacts (Name, Address and Phone Number):

1) _____

2) _____

3) _____

Have you ever been convicted of a driving misdemeanor or a criminal felony? Yes _____ No _____

If I am accepted as a volunteer, I agree to carry out my 6 month commitment to call and/or visit the client (s) with whom I am matched. I agree not to discuss any aspect of the client's situation (i.e. personal, social, medical or financial) with anyone other than SCA.

As a Friendly Visitor, I agree to fulfill my obligation of visiting and/or calling the client and completing all required volunteer activity reports. I understand that my sole responsibility is to provide friendship and socialization to a person who is homebound and/or isolated only within the confines of their own home. I fully understand that if I and my client (friend) mutually agree to do social activities beyond the scope of the SCA program (i.e. go outside of the home), then we do so at our own risk.

If unable to fulfill my commitment to the program for some unforeseen reason, then I will do my best to give ample notice to the Program Coordinator so that they may find another volunteer for the client.

If I am accepted as a volunteer in this program, I agree to attend any necessary training sessions and accept responsibility for carrying out this program. I will also respect the confidentiality of those whom I come into contact.

I realize there is a liability coverage provided by Suffield Community Aid to cover me acting at the direction of and within the scope of my duties for SCA. I further understand that SCA's workers' compensation or medical coverage does not cover me for injuries that I may sustain while performing volunteer activities.

In order for application to be complete, the following documents will need to be provided:

- 1) A local, state and/or federal criminal background check
- 2) Copy of driver's license
- 3) An updated auto insurance card
- 4) A personal reference

Signature: _____ Date: _____

Printed Name: _____

It is the policy of Suffield Community Aid that all volunteers, providing direct services to a resident, agree to a criminal background check. It is our goal to not only protect the interests of SCA, but to protect you as well.

The information you provide is confidential. The information is not shared with the insurance company or any other organization. Because we are able to conduct the background checks electronically, the paperwork never leaves the office and will be shredded after the background check is conducted.

Full Name: _____

Address: _____

DOB: _____

SSN: _____

I authorize SCA to conduct the background check:

Signature: _____

Date: _____

For Office Use Only:

Date Received: _____

_____ Approved _____ Not Approved