|  |  |
| --- | --- |
| A drawing of a person  Description automatically generated | A CARING PLACE, INC.  1870 Armstrong Mill Rd, Lexington kY 40517  775-230-2225  [www.a-caring-place.com](http://www.a-caring-place.com)  info@a-caring-place.com |

# Volunteer Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Available: |  | .: | Desired Hours: |  |

## Highest education level obtained (optional)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School: | | |  | Address (only City/State required): |  |
|  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## References

Please list two references, if you are interested in making home visits

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
|  |  |  |  |
| Years known: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
|  |  |  |  |
| Years known: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |

## Position Interest

**Please let us know how you heard about this volunteer opportunity**

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**Volunteer Opportunity**

(check all that apply)

A Caring Place Welcome Center: Work one morning every month at our center to socialize with participants.

Telephone Comfort Care Program (TCCP): Call one or more participants from your home or office. Then complete the online report or handwritten record, which will be picked up at your regularly scheduled visit with A Caring Place staff.

Home Visitor: Visit TCCP guests at least once each month and complete a home visitor report on a monthly basis.

Transportation Aide: Provide on-call transportation service for participants to A Caring Place Welcome Center, or pick up small items for our guests

Other (please describe e.g. Serve on Board, Marketing, Programming, Document review or preparation, Preparing food, etc.)

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I have read and submitted/attached my volunteer agreement  Yes

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |