|  |  |
| --- | --- |
| A drawing of a person  Description automatically generated  |  A CARING PLACE, INC.1870 Armstrong Mill Rd, Lexington kY 40517775-230-2225[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**

.

**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: |   |