

# Senior Quality Of Life Foundation Inc.

Post Office Box 497, Andover New Jersey 07271

Phone 973-940-9094

## Neighbor to Neighbor - Volunteer Application

### Section I

Name: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

How long at this address?: \_\_\_\_\_

Previous address-if less than two years: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License: (State and number) \_\_\_\_\_

*If you are presently employed, please complete the next section.*

Full-time

Part-time

Name of Company: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Section II

Emergency Contact: Name: \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Physician: Name/Address:

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### Section III

How did you hear about Neighbor to Neighbor?

(Circle the Number that applies)

1	N2N Volunteer	7	Church Related
2	Public Agency	8	Website
3	Volunteer Agency	9	Business/Civic Group
4	Relative/Friend	10	Other
5	Neighbor		
6	Newspaper		

### Section IV

References

Please give one personal and one professional reference. The professional should be an employer, former employer, or person to whom you report in the workplace, a clergyman or a person who knows you professionally (*e.g.* doctor, dentist, therapist, *etc.*) All must be unrelated to you. Please be sure to give complete addresses and email addresses where applicable.

#### Personal

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street State Zip

#### Professional

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street State Zip

## Section V

Have you ever been convicted of a criminal offense (felony or misdemeanor), except for a minor traffic violation? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

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**All information provided to Senior Quality of Life Foundation, Inc. will be held in the strictest confidence.**

I authorize any law enforcement agency, employers, other organizations, or persons indicated above to furnish information as to my character and experience.

I authorize Senior Quality of Life Foundation to conduct a background check on my suitability for service as a volunteer.

I understand and agree that it is critical to the mission of this organization that all employees and volunteers conform to the highest standards of safety and personal conduct.

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

## Section VI

*(Feel free to use the back for more space in answering the next questions.)*

1. Describe any experience you have had working with the elderly.
2. Why do you want to volunteer with the elderly?
3. Please tell us about yourself: hobbies, volunteer experiences, languages you speak, and any information which may help us to know you better.
4. Visiting Preferences (For applicants to the Neighbor to Neighbor Visiting Program)

We try to match volunteers and recipients in the basis of time availability and geographical location. Please name at least three towns (other than your own) in which you would be willing to visit.

Would you visit in a house with a cat? Yes \_\_\_ No \_\_\_ a dog Yes \_\_\_ No \_\_\_

Would you visit a client who smokes? Yes \_\_\_ No \_\_\_

In a house where someone other than the client smokes? Yes \_\_\_ No \_\_\_

Do you have any allergies Yes \_\_\_ No \_\_\_

If yes, please list: \_\_\_\_\_

When we match you with a recipient, we ask you to set up a regular schedule for visits. (These choices are always subject to change).

When would you like to visit?

Days: Weekday \_\_\_\_\_ Saturdays \_\_\_\_\_ Sundays \_\_\_\_\_

Time of Day: Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Evenings \_\_\_\_\_

Name \_\_\_\_\_

## NEIGHBOR TO NEIGHBOR VOLUNTEER RESTRICTIONS

Transportation of Clients      Volunteers will not transport clients, client's family members or client's friends. Since transportation is not included in volunteer responsibilities, the volunteer is personally liable if there is an accident.

Finances      Volunteers will not be involved with clients' personal finances including checkbook balancing check writing, savings information, or delivering or mailing bills. Volunteers will not offer any advice relating to business decisions. These issues must be referred to the Program Director for assistance in finding the appropriate resources.

Medication or Medical Advice      Volunteers will not give advice on medication, medical conditions, or health related issues. These issues must be referred to the Program Director for assistance in finding the appropriate resources.

**I understand the above statements and agree to follow these standards. I assume full responsibility for my actions.**

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_