

Loudoun Volunteer Caregivers
VOLUNTEER APPLICATION FORM

Note: The information being requested below is to help LVC match volunteers and care receivers. It is made available only to LVC staff.

TODAY'S DATE _____

NAME _____ **GENDER:** _____

ADDRESS _____

(Street)

(City)

(State)

(Zip Code)

PHONE _____

(Home)

(Work)

(Cell)

EMAIL _____ **DATE OF BIRTH** ____/____/____

DRIVERS LICENSE NUMBER _____

DO YOU HAVE CHILDREN WHO MIGHT BE VOLUNTEERING WITH YOU? _____

PROFESSION / WORK EXPERIENCE _____

Are you currently employed? YES ____ NO ____ If yes, Part-time ____ Full-time ____

CURRENT EMPLOYER _____

CONGREGATION AFFILIATION (if any) _____

EMERGENCY CONTACT: NAME _____ **RELATION:** _____

ADDRESS _____

PHONE _____

(Home)

(Work)

(Cell)

How did you hear about LVC? _____

THIS SECTION FOR OFFICE USE ONLY

____ Email to interested references
____ Confidentiality Agreement Signature
____ Conflict-of-Interest Signature
____ Liability Waiver
____ Background check
____ Photo Release

____ Orientation Date
____ Reference 1
____ Reference 2
____ Reference 3

____ Email List
____ Badge/ltr
____ Email to staff
____ NV Rides
____ Send Credential
____ Update Tracker

VOLUNTEER EXPERIENCE/RELATED SKILLS

Please describe any volunteer experience you have had, or skills that would be an asset to LVC:

Do you smoke? YES ___ NO ___

Will you volunteer with a care receiver who smokes? YES ___ NO ___

Do you speak a foreign language? YES ___ NO ___; If yes, please specify _____

Verify you have car insurance: YES ___ NO ___

In the last 3-5 years, have you been involved in an auto accident? YES ___ NO ___

IF YES, please explain _____

In the past 3-5 years, have you received any driving citations? YES ___ NO ___

IF YES, please explain _____

Have you ever been convicted of a crime or denied bond? YES ___ NO ___

If yes, please explain: _____

Are you volunteering to fulfill court mandated community service hours?

YES ___ NO ___

If yes, please explain: _____

VOLUNTEER SERVICES: Please indicate the areas you are interested in.

~ ASSISTED TRANSPORTATION PROGRAM

___ Routine Medical Transportation ___ Transportation for Dialysis or Cancer Treatments

~ SUPPORTIVE SERVICES PROGRAM

- | | | |
|------------------|------------------------|---------------------------------------|
| Chore Corps: | ___ Minor Home Repairs | ___ Errands |
| | ___ Light Housekeeping | ___ Loudoun Hunger Relief Delivery |
| | ___ Moving/Packing | ___ Dulles South Food Pantry Delivery |
| | ___ Yard Work | ___ Paperwork |
| Mission Support: | ___ Committee Member | ___ Reassurance Calls |
| | ___ Event Support | ___ Respite Care |
| | ___ Office Support | ___ Shopping for Care Receiver |
| | | ___ Shopping with Care Receiver |
| | | ___ Visiting |

~ MONEY MANAGEMENT PROGRAM (MMP)

___ Representative Payee ___ Bill Payer

Check critical areas you are willing to serve in.

___ Sterling ___ Purcellville ___ Lovettsville ___ South Loudoun (Aldie, South Riding)

PREFERRED VOLUNTEERING SCHEDULE (e.g., once a week, once a month, weekends only, Tuesdays only, etc.) _____

ON-CALL (are you available for one-time or short-term assignments) YES ___ NO ___

REFERENCES: Please list the names and contact information of three non-family references. Each will be sent a reference form to complete and send back to LVC.

*Please alert your references that they can expect an email or call from our office.

1. **NAME** _____ **PHONE** _____
EMAIL _____

2. **NAME** _____ **PHONE** _____
EMAIL _____

3. **NAME** _____ **PHONE** _____
EMAIL _____

I understand that the references listed above will be contacted and that Loudoun Volunteer Caregivers may do a records check on me. I consent to the release of all relevant information concerning my ability and fitness to work as a volunteer. I certify the information given herein is accurate to the best of my knowledge. I understand this information will be held in confidence and not released to any other person or agency.

I agree to keep confidential from outside sources any information pertaining to clients of LVC. If I use my personal automobile in connection with volunteering with LVC, I agree to keep in effect automobile insurance no less than the minimum required by the State of Virginia.

SIGNATURE: _____ **DATE:** ____/____/____

704 South King Street, Suite #2
Leesburg, VA 20175
(703) 779-8617 (703) 779-8616 (fax)
www.LVCaregivers.org LVCaregivers@LVCaregivers.org

Loudoun Volunteer Caregivers

704 South King Street, Suite #2

Leesburg, VA 20175

(703) 779-8617 (703) 779-8616 (fax)

www.LVCaregivers.org (email) LVCaregivers@LVCaregivers.org

CONFIDENTIALITY AGREEMENT

I agree to keep confidential all information pertaining to care receivers with whom I may interact with during my volunteer assignments with Loudoun Volunteer Caregivers. This agreement of confidentiality extends to names, addresses, telephone numbers, as well as personal, medical, and/or financial information, in written, verbal, and digital form.

I understand that any information pertaining to the care receivers and to Loudoun Volunteer Caregivers is privileged and is not to be disseminated by me. My failure to abide by this agreement can result in my immediate dismissal from Loudoun Volunteer Caregivers.

NAME _____
(Please print)

SIGNATURE _____ **DATE** _____

Loudoun Volunteer Caregivers

704 South King Street, Suite #2

Leesburg, VA 20175

(703) 779-8617

(703) 779-8616 (fax)

www.LVCaregivers.org

(email) LVCaregivers@LVCaregivers.org

CONFLICT-OF-INTEREST AGREEMENT

In accordance with the spirit of service and assistance Loudoun Volunteer Caregivers provides to the care receivers who request LVC services, all volunteers who apply to become a Loudoun Volunteer Caregiver must sign this conflict of interest agreement.

I _____ (Full name) agree to

1. treat with strict confidentiality any information concerning a care receiver with whom I am working as a Loudoun Volunteer Caregiver, discussing care receiver issues only with the appropriate LVC program staff.
2. never use my knowledge of a care receiver’s personal and financial situation to my own benefit or that of my employer, associates, family, friends, or acquaintances.
3. never require the payment of any money or property, regardless of its nature, in exchange for providing LVC services.
4. never accept loans or gifts of money or property, regardless of its nature, in exchange for providing LVC services.
5. make no loans or gifts of money or property to a care receiver, except personal gifts, the value of which shall not exceed \$100 in any calendar year.
6. make no suggestion or recommendations to any care receiver from which I, my employer, associates, family, friends, or acquaintances may profit or benefit in any way.
7. refrain from giving a care receiver any advice on matters of health care or real property.
8. avoid any activity that would place me in a position of actual conflict of interest or the appearance of a conflict of interest.

I also agree that the requirements and prohibitions of this Conflict of Interest Agreement shall survive the expiration of my service and tenure as a Loudoun Volunteer Caregiver.

ACCEPTED & AGREED TO BY:

NAME _____
(Please print)

SIGNATURE _____ **DATE** _____



Caregivers

704 South King Street, Suite 2

Leesburg, VA 20175

(703) 779-8617

www.LVCaregivers.org

Volunteer Liability Waiver

Please read and initial beside each statement below, and sign your name and date in the spaces provided. Thank you for your volunteer service!

___ I agree to hold harmless Loudoun Volunteer Caregivers, their officers, directors, and agents, including volunteers, from any liability for illness, injury or death arising from or in connection with my participation in LVC activities.

___ I understand that for Chore Corps assignments I am not permitted to do projects related to electrical, plumbing, structural repairs, jobs involving a ladder, or repairs/installation/replacement of a smoke detector.

___ I understand that LVC's supplemental insurance may cover me for accident or injury only after my personal insurance, and is determined on a case by case basis.

___ I agree not to take any photographs of the care receiver I am helping or post anything to the Internet about this assignment unless there is a signed agreement in the file of the Care Receiver at the LVC office.

Name: _____

Signature: _____

Date: _____



**LOUDOUN VOLUNTEER CAREGIVERS
PERSONAL RELEASE
PHOTO / VIDEO**

Grant / Release

I, _____ hereby expressly and irrevocably grant to Loudoun Volunteer Caregivers (LVC) the right to photograph me and to use my image / video and my first name and last initial, city/state of residence in all forms and media including composite or modified representations for all purposes including communications, promotions, advertising, and any commercial purpose in connection with Loudoun Volunteer Caregivers. I waive the right to inspect or approve version of my image (still or video) used for publication or the written copy that may be used in connection with the images, and I waive any right to compensation from or related to the use of my image / video.

I have read and fully understand this Agreement and I am over the age of 18. This agreement expresses the complete understanding of the parties.

Name: _____ Date: _____

Signature: _____