



# Volunteer Application

Partners In Care Maryland  
Frederick Site  
5 Willowdale Drive, B1-4  
Frederick, MD 21702  
301-682-7433

## Contact Information

Full Name	
Street Address	
City, ST ZIP Code	
Home Phone	
Other Phone	
E-Mail Address	

## Demographics

Sex:  Male  Female Date of Birth: \_\_\_/\_\_\_/\_\_\_ Marital Status: \_\_\_\_\_

Race:  African-American  Asian  Caucasian  Hispanic  Native American Other: \_\_\_\_\_

Living arrangements:  Alone  With family  With spouse  Other: \_\_\_\_\_

Monthly Income: Less than \_\_\_\$1040 \_\_\_\$1041-2080 \_\_\_\$2081-3123 \_\_\_More than \$3123

How did you hear about Partners In Care? \_\_\_\_\_

## Availability

During which hours are you available for volunteer assignments? Circle all that apply.

- Monday AM PM                      Thursday AM PM                      Sunday AM PM
- Tuesday AM PM                      Friday AM PM                      Any Day\_\_\_ Any Time\_\_\_
- Wednesday AMPM                      Saturday AM PM

## Locations

Tell us in which areas you are willing to serve. Please check all that apply:

- Frederick, Burkittsville, Middletown, Braddock Heights, Myersville
- Thurmont, Emmitsburg, Taneytown
- Walkersville, Woodsboro, New Midway, Libertytown, Ladiesburg
- New Market, Mt Airy, Monrovia, Ijamsville, Unionville
- Brunswick, Buckeystown, Point of Rocks, Jefferson, Knoxville
- Adamstown, Tuscarora
- Other - Outside of County - Baltimore, neighboring counties

### Physical Limitations

Do you currently use the following?  Cane  Walker  Rollator  Wheelchair  Scooter

Can you get in/out of a house by yourself?  Yes  No

Can you get in/out of a car by yourself?  Yes  No

Are you able to cook?  Independently  Needs Assistance

Are you able to do housework?  Independently  Needs Assistance

Are you able to drive or use public transportation?  Independently  Needs Assistance

Are you able to manage your finances?  Independently  Needs Assistance

Are you able to manage medications?  Independently  Needs Assistance

Are you able to do shopping/errands?  Independently  Needs Assistance

Are you able to use your phone to lookup numbers?  Independently  Needs Assistance

### Medical Information

Do you have:  Cancer  Cholesterol  Chronic Pain  COPD  Diabetes  Heart Condition

Hypertension  Mental Health  Renal disease with or without dialysis  Other \_\_\_\_\_

Are you visually impaired?  No  Some Vision loss  Blind

Eye disease/condition \_\_\_\_\_

Are you hearing impaired?  None  Slight impairment  Extensive Impairment

Wear hearing aids  Need hearing aids

Primary Care Physician name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Secondary: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_

Self reported physical health:  Excellent  Good  Fair  Poor

Are you  Alert and orientated  Confused/forgetful  Significant memory loss

How often do you feel lonely?  Hardly or never  Some of the time  Often

How often do you get out of the house?  appts only  1-3x a week  4-6x a week  Everyday

How often do you speak with friends and family?  Not at all  1-3x a week  4-6x a week

Everyday

### Miscellaneous

Do you have an advanced directive?  Yes  No Would you like more information?  Yes  No

Do you have an emergency response system?  Yes  No

Would you like more information?  Yes  No

Do you have a working smoke detector?  Yes  No Would you like information?  Yes  No

### Miscellaneous Con't

Are you receiving services from  Meals on Wheels  SNAP Benefits

Are you receiving home healthcare? N or Y  Nurse  PT  OT  Other \_\_\_\_\_

Do you need any services? N or Y Needed service \_\_\_\_\_

Do you smoke? Y or N

Are you Bilingual?  No  Yes \_\_\_\_\_

### Veteran Information

Military Status:  Active  Retired  Spouse of a Veteran  Branch served and rank \_\_\_\_\_

Are you connected to the VA? \_\_\_\_\_ Why/why not \_\_\_\_\_

Are you interested in attending a Wellness Class for veterans only? Y or N

Would you like to visit Charlotte Hall? Y or N Would you attend a Veterans Social? Y or N

### Emergency Contact

Name	
Relationship	
Street Address	
City ST ZIP Code	
Home Phone	
Other Phone	

### Special Skills and Interests

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### About You

What do we need to know about you in order to make a safe and effective match. (Ex. *I am very social, I don't mind multiple trips, I use a cane, I'm allergic to cats....etc*)

**References (Please provide 2 references NOT related to you)**

<b>Reference #1</b>	
Street Address	
City ST ZIP Code	
Phone	
<b>Reference #2</b>	
Street Address	
City ST ZIP Code	
Phone	

**Membership Agreement and Signature**

Please initial and sign below.

\_\_\_\_\_ I give Partners In Care/Retired Senior Volunteer Program (RSVP) permission to use my name and/or photograph in its publicity and publications.

\_\_\_\_\_ I have received and read the Volunteer Handbook and have agreed to the duties listed in the volunteer description (given at orientation).

By submitting this application, I \_\_\_\_\_ affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I am applying for membership and I agree to abide by all the policies and procedures of the Partners In Care Exchange program. I understand that the information contained herein is kept strictly confidential.

I understand that Partners in Care is a coordinating agency only. The staff and volunteers will refer people who state they are able to perform requested services. Partners in Care cannot guarantee the performance of anyone who is referred, nor be responsible for any injury to persons or damage to property experienced while involved in the program. The applicant hereby agrees to hold Partners in Care, as well as its employees and/or agents harmless from any and all claims or liabilities for any work performed hereunder.

Signature		PIC Staff:
Date		

**Transportation Volunteers**

I agree that I will use my personal automobile rendering volunteer services. I will arrange to keep in effect adequate and legal automobile liability insurance covering bodily injury and property damage so long as I use my personal automobile as part of participation in the Partners In Care program. I understand that service providers must furnish proof of a current operator's license and evidence of motor vehicle liability coverage required by the State of Maryland in the form of an insurance identification card or the front page of a current insurance policy. These documents will be photocopied and will be placed in confidential files of the Partners in Care Program.

I understand the automobile liability is not the responsibility of the Partners in Care program.

Name (printed)	
Signature	
Date	

**Type of Vehicle:**

- Compact Car
- Van/Small SUV
- Full Car/Sedan
- Large SUV/Truck

<p><b><i>Tax Credit or Reimbursement:</i></b> <b><i>(Choose one)</i></b> <input type="checkbox"/> <b><i>Mileage Tax Credit</i></b>  <input type="checkbox"/> <b><i>Gas Reimbursement</i></b></p>
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## Volunteer Opportunities Checklist

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Please check all you are interested in:**

### Transportation:

I will transport members in my car     Volunteer Aid for Mobility Bus

### Repairs With Care:

Boutique donation pickup (small items/bags)     Carpentry  
 Electrical, Small     Masonry repairs  
 Painting – necessary with a repair     Plumbing, small jobs  
 Technology hook-up and assistance     Trash removal/dump run  
 Connect America PERS installation – training provided     Yardwork

### Help The Program:

Connect America Admin     Database entry     Event Planning  
 Grant research/writing     Receptionist     Social Media  
 Photography for events     Fundraising/Marketing  
 Transportation Ride Matching     Transportation Intake/Data Entry  
 Translation: \_\_\_\_\_     Entertainment : \_\_\_\_\_  
 Projects – calling members, email, mail and database entry  
 Program Advocacy (speaking to Civic groups and health fairs)

### Boutique (AACO and Frederick)

Cash register/POS system/baggers     Research of donations     Steaming clothes  
 maintain eBay, Facebook Marketplace     Process donations     Stock shelves  
 Test electronics and small appliances     Staging     Pricing donations





**Member Care:**

- De-clutter/downsize       Phone buddy       Friendly visitor  
 Reading/writing       Respite       Intakes/Interviews  
 Errands/shopping (without member)       Crafter  
 Peer Advocacy help with advanced directives, social services, senior living

Please circle one

- Warm Houses Participate/Assist with group  
 Learning Social/Wellness Class Participate/Assist with group

**Veterans Helping Veterans:**

- Veterans Committee       Friendly Visits       Social Events  
 Veterans Driving Veterans       Veterans Interviewing Veterans

**Professional Skills and Tasks:**

- CPA/Accounting       Teacher       Taxes  
 Case Management/Social Work       Notary       Non-Profit  
 Customer Service       Community Partnerships       Legal

