

# VISITING NEIGHBORS, INC.

"Neighbors Helping Neighbors Since 1972"

## VOLUNTEER/ INTERN APPLICATION

-PLEASE PRINT CLEARLY-  
SHORT TERM APPLICATION

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: ( Mr. Mrs. Ms. ) \_\_\_\_\_  
First Last Nickname (if any)

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

Permanent Address: \_\_\_\_\_  
(IF DIFFERENT) Street City State Zip

Phone Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cellular \_\_\_\_\_ Other \_\_\_\_\_

Social Security # \_\_\_\_\_ D.O.B. \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name of Current Employer or School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**For Employed Applicants Only:**

Job Title: \_\_\_\_\_ Number of years at this company: \_\_\_\_\_

Does your company have any Volunteer Support program (recognition, matching gifts, etc.)? Yes  No  Not Sure

**Educational Background:**

Highest level completed: \_\_\_\_\_ School: \_\_\_\_\_

Field of study: \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

Why have you chosen Visiting Neighbors? \_\_\_\_\_

How did you hear about Visiting Neighbors? \_\_\_\_\_

Languages spoken (Other than English): \_\_\_\_\_

Do you have any physical limitations or concerns? No  Yes  explain: \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic violation? No  Yes  explain: \_\_\_\_\_

Please list an emergency contact: \_\_\_\_\_  
Name Relationship Phone #

Address- Street City State Zip

**Would you like to help Visiting Neighbors in the future? (Check all that apply)**

- Friendly Visiting  Shop and Escort Program  Telephone Reassurance  
 Help in Office  Special Projects (Holiday Gift Delivery, Street Fairs, etc.) \_\_\_\_\_

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### **RELEASE AND CONSENT**

*I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless Visiting Neighbors, Inc., its agents, employees, board members, volunteers, commissions or associations from all liability for any and all risk of loss, damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with my participation as a volunteer. I will abide by all guidelines and regulations provided to me by Visiting Neighbors, Inc..*

*While participating as a volunteer for Visiting Neighbors, Inc., I understand that I am not and will not be paid for my services. I agree to maintain the confidentiality of records and information of Visiting Neighbors, Inc., its clients, staff, and other volunteers.*

*Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of New York, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.*

*I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.*

**Volunteer**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature, if under 18**

\_\_\_\_\_ **Date** \_\_\_\_\_