

ITAV 10591

VOLUNTEER APPLICATION

It Takes A Village 10591 is an all volunteer organization dedicated to helping those aged 55 or older residing in the 10591 zip code area to live independently in their homes.

It Takes A Village

It Takes a Village 10591 (ITAV) is a non-profit 501(c)(3) corporation founded by residents of the 10591 zip code.

Ways to be Involved

Please check those volunteer services with which you would like to help and the times you are available.

__ SERVICE COORDINATOR

As a Service Coordinator you are responsible for helping members schedule services. It is all done by telephone from your home or wherever you prefer.

ITAV operating hours are Monday - Friday 9:00 am - 5:00 pm. As a Service Coordinator you are asked to handle calls for up to 4 hours a week. We will match the time and days that best fit your schedule. Training requires one 60 to 90 minute session. Then you will have the training and support you need until you feel comfortable. You are required to have a computer and internet connection.

__ COMPANIONSHIP

- __ Daily phone check
- __ Read books
- __ Play cards
- __ Tea / coffee visit

__ TRANSPORTATION

- __ Volunteer Driver

__ HELPING HANDS

- __ Odd jobs
- __ Light gardening
- __ Small repairs
- __ Air conditioner set up
- __ Change light bulbs
- __ Window screens on/off
- __ Picture hanging
- __ Holiday setup/take down

__ AT HOME ASSISTANCE

- __ Simple mending/sewing
- __ Pet care
- __ Plant watering
- __ Gift wrapping

__ IN HOME SERVICES

- __ Hair services of licensed provider

__ FOOD & MEALS

- __ Deliver meals
- __ Grocery shopping

__ TECHNICAL SUPPORT

- __ Computer e.g. setup, email
- __ Printer troubleshooting
- __ TV remote & cell phone

__ TEAM MEMBER

- __ Help manage programs
- __ Marketing & communications

__ SPANISH FLUENCY

- __ Speaking with members
- __ Translating communications

Please indicate the times of day you are available to volunteer Monday thru Friday 9am-5pm:

__ Monday __ am __ pm __ Tuesday __ am __ pm __ Wednesday __ am __ pm
__ Thursday __ am __ pm __ Friday __ am __ pm

__ **On Call List:** I cannot commit to a regular schedule. Place me on the *on-call list*.

OVER

Please complete the application on the reverse side.

ITAV 10591 ♦ P.O. Box 8304 ♦ Sleepy Hollow, NY 10591 ♦ 914.222.5116

info@itav10591.org ♦ www.itav10591.org ♦ volunteer@itav10591.org ♦ volunteerdriver@itav10591.org

First Name _____ M.I. _____ Last Name _____
Street _____ City _____ State/zip _____
Telephone _____ Cell _____ Email _____
Emergency
Contact Name _____ Relationship _____ Telephone _____

Reference Checks: Please provide information for two references and sign below to give ITAV permission to contact them.

Reference 1:

First Name _____ M.I. _____ Last Name _____
Street _____ City _____ State/zip _____
Telephone _____ Cell _____ Email _____

Reference 2:

First Name _____ M.I. _____ Last Name _____
Street _____ City _____ State/zip _____
Telephone _____ Cell _____ Email _____

Reference Check: Please sign below to give ITAV permission to conduct a reference check which is required for all volunteers to insure the safety of all. A background check will also be required.

X _____ Date: _____

If you wish to be a Volunteer Driver attach a copy of the following: __ Driver's License __ Vehicle Registration __ Auto Insurance Declarations page

DMV Check: As a safety precaution we require a DMV check for all volunteer drivers. Please sign below to give ITAV permission to conduct a DMV check.

X _____ Date: _____

Certification: I certify that the information provided in this application is true and accurate. I understand that this position is strictly as a volunteer and there is not any financial compensation.

X _____ Date: _____

Volunteer Handbook: I have read the ITAV 10591 Volunteer Handbook, training manuals and guidelines that pertain to the service I wish to offer. I agree to follow the related guidelines and policies as written to the best of my ability.

X _____ Date: _____

Interviewed by:

1. _____ Date: _____

2. _____ Date: _____



(NAME OF BUSINESS)

Personal Information Needed for Background Investigation

The following information will be used to conduct a background investigation. Please ensure the information below is accurate to the best of your knowledge. Please note that your personal information is confidential and will only be used for background investigation purposes.

Confidential Information Used for Background Checking Purposes Only

PRINT FIRST NAME	MIDDLE INITIAL	LAST	SOCIAL SECURITY NUMBER	DATE OF BIRTH
DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	PHONE	EMAIL	
PRESENT ADDRESS		CITY, STATE, ZIP		COUNTY

Please list any previous addresses you have had in the past 7 years:

STREET ADDRESS, CITY, STATE, ZIP	COUNTY	DATES (FROM / TO)
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STREET ADDRESS, CITY, STATE, ZIP	COUNTY	DATES (FROM / TO)

Please list any former names (i.e. maiden or otherwise) you have used in the past 7 years (including years used):

[1] FORMER NAME	DATES (FROM / TO)
[2] FORMER NAME	DATES (FROM / TO)
[3] FORMER NAME	DATES (FROM / TO)
[4] FORMER NAME	DATES (FROM / TO)

Sign Here

Signature: _____

Date: _____