



Your helping hand forward

Valley Assistance Services
3950 S. Camino del Heroe
Green Valley, AZ 85614
Telephone: 520-625-5966 Fax: 520-625-1261
www.valleyassistanceservices.org

Volunteer Application for Valley Assistance

\*\*\* A background check will be performed on all applicants, per state requirements\*\*\*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by/How did you hear about VAS? \_\_\_\_\_

Please check which services you'd like to volunteer for:

- \_\_\_ Friendly visitor \_\_\_ Handyman/yard work
\_\_\_ Friendly phone calls \_\_\_ Caregiver Support
\_\_\_ Grocery shopping / run errands \_\_\_ Outreach events/fairs
\_\_\_ Transportation: local \_\_\_ Office volunteering/ phones
\_\_\_ Transportation: Tucson \_\_\_ Peer Discussion Group Leader
\_\_\_ Data entry/Reports \_\_\_ Financial Literacy Educator
\_\_\_ Workforce/job assistance \_\_\_ Answering Phone

Other \_\_\_\_\_

Please check if you have any of the following:

Visual/hearing limitation \_\_\_\_\_ Physical Limitation \_\_\_\_\_

Pet Allergy \_\_\_\_\_ Smoke Allergy \_\_\_\_\_ Other Allergies \_\_\_\_\_

Other Limitations/notes: \_\_\_\_\_

Previous/Current Occupation: \_\_\_\_\_

Previous Volunteer Experiences: \_\_\_\_\_

Languages you speak: \_\_\_\_\_

**Times Available:**

		Mon	Tues	Wed	Thurs	Friday	
AM							
PM							

**Times of the year you are not available:** \_\_\_\_\_

**Number of available hours to volunteer each week/ preferences:** \_\_\_\_\_

**Interests, hobbies, special skills:** \_\_\_\_\_

**If volunteering with transportation or errands, I (can) drive:** Local \_\_\_\_\_ or to Tucson  
2 door \_\_\_\_\_ 4 door \_\_\_\_\_ Van/Minivan \_\_\_\_\_ High or low vehicle

*\*\*If signing up to be a driver, please provide a copy of driver's license and insurance.*

**I give permission for the following personal references to be contacted:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

I agree that the Valley Assistance Services Volunteer Program may use my name and/or personal image for publicity purposes. I understand that this publicity could include newspaper articles, television stories, a newsletter, flyers or brochures, a photograph, a live recording of my quotes from a letter by me, or quotes from an interview with me.

I acknowledge that in the course of providing volunteer services, I may have access to confidential information. I understand that this information should remain confidential, and that if I have concerns or questions about a recipient, I will contact my Program Coordinator/Valley Assistance Services.

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

