



The helping hand forward for those in need

Valley Assistance Services
1151 S. La Canada Dr. Suite 107
Green Valley, AZ 85614
Telephone: 520-625-5966 Fax: 520-625-1261
www.valleyassistanceservices.org

Volunteer Application

Volunteer Number

Name: Date:

Address: Zip: DOB:

Home Phone: Work/Cell: Email:

Emergency Contact: Phone:

How did you hear about VAS?

Please check which services you'd like to offer:

- Transportation, Light Home Maintenance, Errands: Grocery shopping, Prescriptions, Dog Walking, Friendly Visits, Yard Work, Friendly Phoning, Office Work, Respite Care

Please check if you have any of the following: Visual Limitation Hearing Limitation

Smoker Pet Allergy Smoke Allergy Other Limitations:

Physician: Phone:

Previous/Current Occupation:

Previous Volunteer Experiences:

Languages you speak:

Times Available:

Table with 6 columns (Days) and 3 rows (Time slots: AM, PM, and an empty header row).

Times of the year you are not available:

Interests, hobbies, special skills: _____

If offering transport, I drive:

2 door _____ 4 door _____ Van/Minivan _____ SUV _____

I will transport animals in my vehicle. Yes _____ No _____.

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 the following 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.

Volunteer Signature: _____ **Date:** _____

Interviewer Notes: _____

Summary of Reference Contacts: _____

Signature of Interviewer _____ Date _____