

**Assistance For Independent Living (AIL) Volunteer Program  
Volunteer Application**

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

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First Nickname

Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Major Cross Streets: \_\_\_\_\_ Neighborhood or  
Mobile Home Park: \_\_\_\_\_

Phones:  
HOME \_\_\_\_\_ WORK \_\_\_\_\_  
CELL/PAGER \_\_\_\_\_ EMAIL \_\_\_\_\_

Birth date: \_\_\_\_\_ Do you reside in Arizona year round? Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status: S \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_ M \_\_\_\_\_ Religious Community/Church \_\_\_\_\_

Ethnicity: White / Hispanic / Black-Non-Hispanic / Asian-Pacific Island / AM Indian-Alaska

**Your employment or non-employment status helps us to better utilize your time.**

Are you employed? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Employer \_\_\_\_\_

Are you? Retired \_\_\_\_\_ Student \_\_\_\_\_ Temporarily unemployed \_\_\_\_\_ At Home Mom/Dad \_\_\_\_\_

If retired, what do you consider your major occupation? \_\_\_\_\_

HOBBIES/SPECIAL INTERESTS: \_\_\_\_\_

Please list three local references you have known for at least a year. **These should be personal references.**  
(No relatives)

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

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

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

**I WILL VOLUNTEER TO DO** (please check all that apply)

- |                                   |                                 |
|-----------------------------------|---------------------------------|
| (1) AIL OFFICE _____              | (2) TRANSPORTATION _____        |
| (3) SHOPPING FOR _____ WITH _____ | (5) LITTLE THINGS _____         |
| (6) VISUAL ASSISTANCE _____       | (7) TELEPHONE REASSURANCE _____ |
| (8) FRIENDLY VISITING _____       | (9) MISC. _____                 |

I am able to volunteer \_\_\_\_\_ Hours per week \_\_\_\_\_ hours per month

**PREFERRED/AVAILABLE TIME FOR VOLUNTEERING:**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							
EVEN.							

I will drive: \_\_\_\_\_ anywhere in the valley (25 miles or more)  
\_\_\_\_\_ Within 10 miles of my home  
\_\_\_\_\_ Within 5 miles of my home  
\_\_\_\_\_ occasionally on a one-time emergency basis

Are you willing to transport a client to a medical appointment more than once a week? Yes\_\_\_ No\_\_\_

Are you willing to work with blind or deaf clients? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you speak any languages other than English? \_\_\_\_\_

**PLEASE COMPLETE ONLY IF VOLUNTEERING TO PROVIDE TRANSPORTATION**

Size of Vehicle: Small \_\_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ 2-door \_\_\_\_ 4-door\_\_\_\_ SUV\_\_\_\_

Type of seats in vehicle: Bench \_\_\_\_ Bucket \_\_\_\_

Drivers License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ Insurance Co \_\_\_\_\_

Liability Insurance equal to minimum limits of Arizona? Yes \_\_\_\_\_ No \_\_\_\_\_

***Please read and sign:***

As a volunteer for AIL of East Valley Adult Resources, I accept my role as a volunteer as described in the AIL guidelines and job descriptions. I further agree to support the mission and goals of the AIL and East Valley Adult Resources. I also agree to attend the next available volunteer orientation held by the AIL Volunteer Service Coordinator. As a AIL volunteer I recognize that I will be working with persons who are considered frail and vulnerable. I willingly offer my services to support and assist the AIL with its mission of providing volunteer support to its enrolled clients that allows them to remain independent in their homes. I understand that I must report any transporting of a client before the transport takes place.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

**Assistance For Independent Living (AIL) Volunteer Program**  
45 W. University Drive  
Mesa, Arizona 85201  
(480) 966-9704



Opportunities to Connect, Contribute and Care for Each Other

## East Valley Adult Resources, Inc. Volunteer Agreement Assistance for Independent Living

This agreement demonstrates the value East Valley Adult Resources, Inc. places on volunteers. The intent of the agreement is to assure you of our deep appreciation and recognition of your service. This will also indicate our commitment to do the very best we can to make your volunteer experience a productive and rewarding one.

East Valley Adult Resources, Inc. agrees and commits to:

- Provide information, training, supervision and feedback to assist the volunteer in meeting the responsibilities of their position.
- Respect the skills, dignity, and individual needs of the volunteer, and to do our best to adjust to these individual requirements.
- Accept the volunteer as an equal partner in the shared responsibility for accomplishment of our Mission.

Volunteer \_\_\_\_\_, agrees and commits to:

- Perform my volunteer duties to the best of my ability and meet time and job assignment responsibilities.
- Follow all rules and procedures, including maintaining the confidentiality of all privileged information.
- Provide adequate notice of any absence.
- Attend volunteer meetings, orientations, training and report hours worked each month.
- Act at all times as a responsible team member representing East Valley Adult Resources, Inc.

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Volunteer \_\_\_\_\_

(If under age 18, parent or guardian must co-sign this agreement.)

East Valley Adult Resources, Inc. by \_\_\_\_\_



East Valley Adult Resources, Inc. provides comprehensive programs and services to Enhance dignity and promote independence of adults 55 and over.