



104 Monroe Street Suite 2  
Delta, Ohio 43515 419-822-3556  
Prayerfully serving God's people with passion and love  
Since 1997

## Volunteer Application

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### PLEASE PRINT

For office use only:
Or Date/Service:
Name Tag Sent:
VID#:

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_ Name Called By: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

\*\* How did you become interested in Hands of Grace? \_\_\_\_\_

\*\* How do you feel about serving those in need? \_\_\_\_\_

### Personal Information:

Birth Date: \_\_\_\_\_  
Retired, please circle: Y or N Allergic to pets, please circle: Y or N  
Please circle: Male or Female Dislike pets, please circle: Y or N  
Smoker, please circle: Y or N Had CPR training, please circle: Y or N  
Do you have a valid driver's license?, please circle: Y or N  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a criminal offence that would prevent you from working with the elderly or disabled? Please circle: Y or N If yes, please explain: \_\_\_\_\_

Do you have any physical limitations? Please explain: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Please check your volunteer time opportunities:

Mornings (M-F):  Afternoons (M-F):  Evenings (M-F):   
Weekends:  Once a Week:

Please explain any time limitations: \_\_\_\_\_

Would you be willing to do spot (short notice) assignments? YES or NO

How many miles are you willing to drive? \_\_\_\_\_

**IN CASE OF AN EMERGENCY, PLEASE NOTIFY:**

Name:
Address:
Phone:
Work Phone:
Relationship:

**Please list two references, not relatives, including one of the following: spiritual leader, teacher or employer:**

Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:
E-Mail Address:	E-Mail Address:

I affirm that all information given is true and accurate. I give my consent to contact above references.

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

**CONFIDENTIALITY AGREEMENT**

All knowledge that you receive from the Hands of Grace Faith in Action program regarding your carereceivers must be kept in utmost confidence. The individuals you will be working with deserve the respect and dignity of having their personal affairs kept confidential. As you spend time with your carereceivers, a bond of trust develops and many personal feelings and experiences may be discussed. There may be strong feelings toward family members or formal helpers and the volunteer may be the only person available with whom to share these feelings. Maintaining that bond of trust is important in continuing an effective relationship. As a volunteer, you do have the responsibility to alert the Executive Director of any situation that endangers the health, safety or welfare of the carereceivers.

As a volunteer, I will respect the privacy of those individuals in my care, and I will keep all pertinent information confidential, unless doing so might endanger their security.

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

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return this application to the Hands of Grace office. Thank you!***

**\*\* Notes/Additional Information:**

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Phone: 419-822-3556 Fax: 419-822-3924  
<http://www.metalink.net/~handsgrace>

## VOLUNTEER OPPORTUNITIES

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Please check all that apply where you desire to serve:

\_\_\_\_\_ **Transportation:** Includes minimal assistance in and out of the vehicle, transportation to desired location and waiting during appointment. Does not include lifting. Transportation limited to previously agreed upon destination(s).

\_\_\_\_\_ **Handicapped Accessible Vehicle Assistant:** Includes assisting driver with riders in HAV to appointments and return or to Adult Day Center and return.

\_\_\_\_\_ **Hospital Call List:** Includes being added to the list of volunteers for Hands of Grace, the Fulton County Health Center or Archbold Hospital to contact for providing same day transportation for discharged patients to their home or other facility.  
Circle: FCHC      Archbold      Both

\_\_\_\_\_ **Respite Care:** A brief respite for the caregiver to rest, relax, run errands or have time for themselves while the volunteer stays with their loved one. Services may include listening, reading correspondence, preparing meal/snacks and friendship. Maximum 1-4 hours once a week.

\_\_\_\_\_ **Home Repairs:** Repairs include maintenance and small repairs to building and property. Carereceivers will pay for and have on hand all necessary supplies needed to complete the work.

\_\_\_\_\_ **TLC Phone Calls:** Brief telephone calls on a regularly scheduled basis to check on the carereceivers safety and well-being.

\_\_\_\_\_ **Personal Care:** To be determined on a case-by-case basis.

\_\_\_\_\_ **Meal Preparation:** Short term preparation of meals at carereceivers home, or preparation at and delivered from volunteer's home to carereceiver while recovering from surgery and/or hospital stay.

\_\_\_\_\_ **Lunch for the Adult Day Care Center:** Meal preparation for the group at the ADC's, this can be done once a month or when ever available. Groups vary in size from 6-20 persons.

\_\_\_\_\_ **Light Housework:** Which may include straightening up the house, vacuuming, cleaning of bath and kitchen area and/or doing laundry or ironing for those who are physically disabled and/or at the discretion of the Executive Director. Maximum 1-4 hours once a month.

\_\_\_\_\_ **Shopping:** Includes grocery shopping, pharmacy pick ups, and/or other errands. Volunteer can assist by accompanying the carereceiver while he/she shops or the volunteer can do the shopping for the carereceiver. Carereceivers pay for all purchases. If volunteer is to do the shopping, a list along with payment for the items will be given to volunteer by the carereceiver. Upon return, assistance will be given with putting items away. A receipt of all purchases will be given to carereceiver.

\_\_\_\_\_ **Friendly Visits:** Regular visits to carereceivers home for the purpose of conversation and companionship.

\_\_\_\_\_ **Yard Work:** Any outdoor chores to maintain surrounding property. Such as: raking leaves, lawn mowing, weeding and/or snow removal.

\_\_\_\_\_ **Personal Paperwork:** Assistance with business and financial matters such as: paying bills, completing medical insurance forms and/or completing applications for assistance of services. No financial advice is given.

\_\_\_\_\_ **Adult Day Centers:** Assist in providing social interaction, stimulation and help with daily activities in a pleasant environment. Located in **Delta** at United Methodist Church -101 Northwood Dr, Monday, Wednesday & Friday; and in **Wauseon** at St. Casper Church -1205 N. Shoop, Tuesday. All centers are open 9:00 am to 3:00 pm.

\_\_\_\_\_ **Office Help:** Assist with miscellaneous office duties such as: filing, computer entry, answering phones, making calls, mailings and other projects as they come up.

Revs'd 09-16-2009









