



Volunteer Application

Partners In Care Maryland
Upper Shore Site
8694 #1 Commerce Dr.
Easton, MD 21601
410-822-1803

Contact Information

Full Name	
Street Address	
City, ST ZIP Code	
Home Phone	
Other Phone	
E-Mail Address	

Demographics

Sex: Male Female Date of Birth: ___/___/___ Marital Status: _____

Race: African-American Asian Caucasian Hispanic Native American Other: _____

Living arrangements: Alone With family With spouse Other: _____

Monthly Income: Less than \$1040 \$1041-2080 \$2081-3123 More than \$3123

How did you hear about Partners In Care? _____

Availability

During which hours are you available for volunteer assignments? Circle all that apply.

Monday AM PM Thursday AM PM Sunday AM PM
 Tuesday AM PM Friday AM PM Any Day ___ Any Time ___
 Wednesday AM PM Saturday AM PM

Locations

Tell us in which areas you are willing to serve. Please check all that apply:

- Talbot Easton, Cordova, Oxford, Trappe
- Talbot Bay Hundred - Bozman, Claiborne, McDaniel, Neavitt, Wittman, Newcomb, Royal Oak, St Michael's
- Talbot Sherwood, Tilghman
- Caroline Bethlehem, Denton, Federalsburg, Preston
- Caroline Goldsboro, Henderson, Marydel, Templeville, Ridgely
- Caroline Greensboro, Hillsboro

Physical Limitations

Do you currently use the following? Cane Walker Rollator Wheelchair Scooter

Can you get in/out of a house by yourself? Yes No

Can you get in/out of a car by yourself? Yes No

Are you able to cook? Independently Needs Assistance

Are you able to do housework? Independently Needs Assistance

Are you able to drive or use public transportation? Independently Needs Assistance

Are you able to manage your finances? Independently Needs Assistance

Are you able to manage medications? Independently Needs Assistance

Are you able to do shopping/errands? Independently Needs Assistance

Are you able to use your phone to lookup numbers? Independently Needs Assistance

Medical Information

Do you have: Cancer Cholesterol Chronic Pain COPD Diabetes Heart Condition

Hypertension Mental Health Renal disease with or without dialysis Other _____

Are you visually impaired? No Some Vision loss Blind

Eye disease/condition _____

Are you hearing impaired? None Slight impairment Extensive Impairment

Wear hearing aids Need hearing aids

Primary Care Physician name: _____ Phone # _____

Medical Insurance: _____ Secondary: _____

Hospital of choice: _____

Self reported physical health: Excellent Good Fair Poor

Are you Alert and orientated Confused/forgetful Significant memory loss

How often do you feel lonely? Hardly or never Some of the time Often

How often do you get out of the house? appts only 1-3x a week 4-6x a week Everyday

How often do you speak with friends and family? Not at all 1-3x a week 4-6x a week

Everyday

Miscellaneous

Do you have an advanced directive? Yes No Would you like more information? Yes No

Do you have an emergency response system? Yes No

Would you like more information? Yes No

Do you have a working smoke detector? Yes No Would you like information? Yes No

Miscellaneous Con't

Are you receiving services from Meals on Wheels SNAP Benefits

Are you receiving home healthcare? N or Y Nurse PT OT Other _____

Do you need any services? N or Y Needed service _____

Do you smoke? Y or N

Are you Bilingual? No Yes _____

Veteran Information

Military Status: Active Retired Spouse of a Veteran Branch served and rank _____

Are you connected to the VA? _____ Why/why not _____

Are you interested in attending a Wellness Class for veterans only? Y or N

Would you like to visit Charlotte Hall? Y or N Would you attend a Veterans Social? Y or N

Emergency Contact

Name	
Relationship	
Street Address	
City ST ZIP Code	
Home Phone	
Other Phone	

Special Skills and Interests

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

About You

What do we need to know about you in order to make a safe and effective match. (Ex. I am very social, I don't mind multiple trips, I use a cane, I'm allergic to cats....etc)

References (Please provide 2 references NOT related to you)

Reference #1	
Street Address	
City ST ZIP Code	
Phone	
Reference #2	
Street Address	
City ST ZIP Code	
Phone	

Membership Agreement and Signature

Please initial and sign below.

_____ I give Partners In Care/Retired Senior Volunteer Program (RSVP) permission to use my name and/or photograph in its publicity and publications.

_____ I have received and read the Volunteer Handbook and have agreed to the duties listed in the volunteer description (given at orientation).

By submitting this application, I _____ affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I am applying for membership and I agree to abide by all the policies and procedures of the Partners In Care Exchange program. I understand that the information contained herein is kept strictly confidential.

I understand that Partners in Care is a coordinating agency only. The staff and volunteers will refer people who state they are able to perform requested services. Partners in Care cannot guarantee the performance of anyone who is referred, nor be responsible for any injury to persons or damage to property experienced while involved in the program. The applicant hereby agrees to hold Partners in Care, as well as its employees and/or agents harmless from any and all claims or liabilities for any work performed hereunder.

Signature		PIC Staff
Date		

Transportation Volunteers

I agree that I will use my personal automobile rendering volunteer services. I will arrange to keep in effect adequate and legal automobile liability insurance covering bodily injury and property damage so long as I use my personal automobile as part of participation in the Partners In Care program. I understand that service providers must furnish proof of a current operator's license and evidence of motor vehicle liability coverage required by the State of Maryland in the form of an insurance identification card or the front page of a current insurance policy. These documents will be photocopied and will be placed in confidential files of the Partners in Care Program.

I understand the automobile liability is not the responsibility of the Partners in Care program.

Name (printed)	
Signature	
Date	

Type of Vehicle:

- Compact Car
- Van/Small SUV
- Full Car/Sedan
- Large SUV/Truck

<p><i>Tax Credit or Reimbursement:</i> <i>(Choose one)</i> <input type="checkbox"/> <i>Mileage Tax Credit</i> <input type="checkbox"/> <i>Gas Reimbursement</i></p>

Volunteer Opportunities Checklist

Name: _____ Email: _____

Please check all you are interested in:

Transportation:

I will transport members in my car Volunteer Aid for Mobility Bus

Repairs With Care:

Boutique donation pickup (small items/bags) Carpentry
 Electrical, Small Masonry repairs
 Painting – necessary with a repair Plumbing, small jobs
 Technology hook-up and assistance Trash removal/dump run
 Connect America PERS installation – training provided Yardwork

Help The Program:

Connect America Admin Database entry Event Planning
 Grant research/writing Receptionist Social Media
 Photography for events Fundraising/Marketing
 Transportation Ride Matching Transportation Intake/Data Entry
 Translation: _____ Entertainment : _____
 Projects – calling members, email, mail and database entry
 Program Advocacy (speaking to Civic groups and health fairs)

Boutique (AACO and Frederick)

Cash register/POS system/baggers Research of donations Steaming clothes
 maintain eBay, Facebook Marketplace Process donations Stock shelves
 Test electronics and small appliances Staging Pricing donations

Member Care:

- De-clutter/downsize
- Phone buddy
- Friendly visitor
- Reading/writing
- Respite
- Intakes/Interviews
- Errands/shopping (without member)
- Crafter
- Peer Advocacy help with advanced directives, social services, senior living

Please circle one

- Warm Houses Participate/Assist with group
- Learning Social/Wellness Class Participate/Assist with group

Veterans Helping Veterans:

- Veterans Committee
- Friendly Visits
- Social Events
- Veterans Driving Veterans
- Veterans Interviewing Veterans

Professional Skills and Tasks:

- CPA/Accounting
- Teacher
- Taxes
- Case Management/Social Work
- Notary
- Non-Profit
- Customer Service
- Community Partnerships
- Legal