

GEORGETOWN VILLAGE

Volunteer Application

Name:	Date:
Phone:	Cell Phone:
Address:	
Email:	
Preferred Method of Contact between 10:00 am and 6:00 pm:	
How did you hear about Georgetown Village:	

Member Services	Availability (days, times, etc.)
Transportation Services:	
Drive a member to and from appointments, events and GV activities.	
Shopping/Errands: grocery shopping, prescription pick-up, deliveries to the post office, dry cleaner, etc.	
Medical and Family Support Services:	
Friendly Visiting: visit with members socially in their homes, in the neighborhood, or during a hospital stay, make daily phone calls	
Medical notetaking: attend medical appointments, take notes and assist member with jotting down questions. (additional training provided)	
Hospital Visiting Program: Friendly companion program (additional training provided)	
Food Preparation: prepare meals over a short-term period of time based on members' dietary requirements.	
Indoor-Home Services:	
Light Home Maintenance: change light bulbs, hang pictures, minor repairs, change batteries including smoke detectors, hang holiday decor	
Organizing: helping to organize paperwork, closets, cabinets	
Re-Arrange Furniture: move furniture around a member's home, flip mattresses, move rugs	
Computers and Electronics: set up and troubleshooting for computers, printers, TVs, phones, etc.	
Financial Document Organization: assist with categorizing and organizing paperwork	
Outdoor-Home Services:	
Walkways & Yards: sweep walks, rake yards, shovel snow	
Gardening: planting or weeding in gardens of members	
Pet Care Services:	
Pet Care: feed and/or walking pets while member is away or during hospital stay- Circle Dogs, Cats, Fish, Birds, All	
Office Assistance:	
Office Services and Support at the GV Office: answering phones, filling service requests, mailings, data entry, etc.	
Committees: serve on event, membership, program, and fundraising committees. Circle all that apply	
Writing/Proofing: write for the newsletter, grants, manuals and other GV documents	
Your Talents: Do you have a talent that you think would be helpful to GV? Tell us about it!	

For more information contact Georgetown Village:
Phone: 202-999-8988

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| <p>For Office Use Only</p> <p><input type="checkbox"/> Background Check</p> <p><input type="checkbox"/> Information in database</p> <p><input type="checkbox"/> Added to email lists</p> <p><input type="checkbox"/> Welcome letter sent</p> |
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GEORGETOWN VILLAGE, Inc.
Volunteer Acknowledgement and Authorization

I, _____ acknowledge and agree that I have read, carefully reviewed and understand the Georgetown Village Volunteer Handbook, and that I participated in training and information related to becoming a Georgetown Village Volunteer. I agree to accept my responsibilities as a Georgetown Village Volunteer. I understand that it is my responsibility to contact Lynn Golub-Rofrano, the Executive Director of Georgetown Village, with any questions or concerns regarding my obligations as a Georgetown Village Volunteer, including with respect to any matters covered in the Volunteer Handbook.

If, at any time when providing volunteer services for the Georgetown Village, I feel that I am not trained adequately to deal with an issue that arises, I understand that I should immediately contact the Executive Director for guidance.

I authorize the Georgetown Village to conduct a background check on me, and if I have volunteered to drive members, I authorize an inspection of my driving records. I understand that until I have received notice from the Executive Director that these background checks have been successfully completed, I may not provide volunteer services on behalf of the Georgetown Village.

I understand that Georgetown Village Volunteers are not employees of the Georgetown Village, and therefore I am not covered by Workers Compensation insurance maintained by the Georgetown Village for its employees when I perform volunteer services for the Georgetown Village. Therefore, I understand that I must look to my own health insurance policy to cover any expenses incurred as a result of providing the volunteer services for the Georgetown Village. Similarly, I understand that if, as a Georgetown Village Volunteer, I provide driving services for members, I must look to my own car insurance policy to cover personal injury or property losses incurred as a result of providing those services.

I understand that Georgetown Village Volunteers are insured under the general liability policy maintained by the Georgetown Village for claims made by members of the Georgetown Village or third parties while performing volunteer services other than driving.¹

In particular, I agree to abide by the Georgetown Village Volunteer Code of Ethics and to maintain the confidentiality of member information as described in the handbook and the Georgetown Village Privacy Policy.

Signature: _____

Date: _____

ACCEPTED AND REVIEWED BY EXECUTIVE DIRECTOR

Signature: _____

Date: _____

¹ Under D.C. law, Georgetown Village Volunteers are generally immune from civil liability in excess of the insurance coverage maintained by the Georgetown Village, provided the claim does not involve willful misconduct; crimes; transactions that result in an improper personal benefit of money, property, or service to the volunteer; or acts or omissions that are not in good faith and are beyond the scope of the Georgetown Village's corporate charter. D.C. Code Section 29-301.113.

Background Check for *ALL* Volunteers

PERSONAL INFORMATION FOR BACKGROUND CHECKS THROUGH INTELLICORP
To be submitted by all Board Members and all Volunteers of Georgetown Village

NB: The information furnished on this form is solely for the purpose of performing background investigations through IntelliCorp, Inc. No copies of this form with personal information will be made. Upon completion of the investigation, this paper will be destroyed.

Full Name: (Last, First,
Middle) _____

Address: _____

Any other names used in the
past: _____

Social Security
Number: _____

Date of Birth: _____

Place of Birth: _____

I understand that the information being collected will be used for Georgetown Village to conduct a background check and my signature below indicates my consent for this process.

Signature

Date

GEORGETOWN VILLAGE

Volunteer Drivers ONLY. Please provide the following information.

PERMISSION TO CHECK MOTOR VEHICLE RECORDS

I, _____, hereby grant permission to a representative of Georgetown Village, Inc. to perform an investigation of my driving records in the jurisdiction that issued my current drivers license. That jurisdiction is: _____.

I understand that the preceding page containing personal identifying information will not be retained by Georgetown Village or any of its agents or representatives after the background investigation is performed. However, I further understand that this page, containing my permission to perform an investigation into my driving record will be retained for five years and will be furnished to proper authorities in the jurisdiction that issued my license upon request.

PERMISSION GRANTED:

Signature

Date

Print Name

Home Address

Drivers License Number

State of Issue

Date of License Expiration

GEORGETOWN VILLAGE

Volunteer Driver Information

Please indicate your preferences so we can best fit into your schedule

Name: _____

Address: _____

Phone Number: _____

What time of day is your driving preference (i.e. Morning, Mid-day, Night, Anytime):

Where are you willing to drive (i.e. Georgetown, Metro Area, MD, VA, Anywhere):

How often would you like to serve as a volunteer driver (Weekly, Monthly, Other):

Please indicate if you have a specific time or day of week you prefer (Days, Times):

What type of vehicle do you drive: _____

Can you accommodate someone in a wheelchair: _____

Other information/comments:

For more information contact Georgetown Village:

Phone: 202-999-8988

Email: lynn@georgetown-village.org