

Volunteer Application Form

DATE:		BIRTHDATE:			
NAME:		EMAIL ADDRESS:			
STREET ADDRESS:		CITY:	ZIP		
PHONE: Home:	Cell:		Work:		
Emergency contact: Name:		_ Phone:	Cell:	_	
Please List Two References (non-fa	amily members)				
1. Name:	Phone:		Relationship:	_	
2. Name:	Phone:		Relationship:	_	
Please tell us what you would like	to do in your volu	nteer capacity	. Check all that apply.		
Transportation		Village Off	ice Support		
To medical appointments or a pharmacy		Data input, spreadsheets			
Local shopping, library, post office		Make phone calls			
		Help with mailings, copying, etc.			
Help at Home/ Minor Handyman I	•				
Minor household repairs such as		•	ents Planning		
Changing light bulbs, alarm batt	eries, etc.	Help plan member and volunteers events			
			cheons, small gatherings, dinner g	roups,	
Technology Trouble Shooting		parties	, etc.		
Help with computers and printe social media access, etc.	ers, ceii phones,	Other			
social incula access, etc.		Other			
Communications					
Writing and editing newsletter artic	cles				
Photography					
Advertising and public relations sup	pport				
Village Connections					
Friendly weekly visits					
Phone call check ins					
Going for walks together					

Go to reverse side

Running errands (pick up groceries, etc.)

VOLUNTEER SCREENING

As with other Villages the Palos Verdes Peninsula Village has an obligation to protect our members so that they enjoy safe, positive experiences with the volunteers who assist them.

The Palos Verdes Peninsula Village requires that all volunteers, including members and staff be screened. The Palos Verdes Peninsula Village has contracted with Background Info USA, a national consumer credit reporting agency, to conduct a background check of all volunteer applicants. The screen process consists of a search of public records for criminal information using the volunteer's personal information, including date of birth and social security number. Policies and procedures at Background Info USA and the Palos Verdes Peninsula Village ensure that your privacy and sensitive data are maintained.

I AGREE TO THE FOLLOWING: The completion of this application does not mean that I will automatically become a volunteer. If accepted as a volunteer for the Palos Verdes Peninsula Village, I understand that, while I am not an employee of the Village, I am an important ambassador within the community. As a Palos Verdes Peninsula Village volunteer, I hereby release and discharge Palos Verdes Peninsula Village from all responsibility or liability for services rendered by any third party, and I agree to hold the Palos Verdes Peninsula Village harmless from and against any cost, expenses, damages (including without limitation, reasonable attorney's fees) arising in connection with any and all claims brought by or through me, including but not limited to claims brought by my insurance carrier.

Volunteer, Print Name:				
Signature:		Date :		
WE WILL GO OVER AREA BELOW AT OU HILLS ESTATES CA 90274	JR TRAINING SESSION. 1	MAILING ADDRESS IS: 916 SILVER	SPUR, #302, ROLLING	
Please call our office if you have any que	estions: (310) 991-3324 (or email: peninsulavillagepvp@gma	ail.com	
Confidentiality		Date	-	
Privacy Policy		Date		
Training Class		Date		
Receipt of Volunteer Manual		Date	-	
Office Use Only:				
Verified Volunteer Check	For drivers:	Copy of Driver's license		
References Checked		Copy of Auto Insura	nce	
		Renewal Month/Yea	ar	