



**I'On At Home
Volunteer Application**

Return completed applications to I'On At Home, P.O. Box 1225, Mt. Pleasant, SC 29465 or drop them in the basket by the front door at 46 Hospitality Street.

Personal Information

Last Name: _____ First Name: _____

What do you prefer to be called? _____

Street Address _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail: _____

What is generally the best way to reach you? ___home phone ___cell phone ___e-mail

Birth Date (month and day only) _____

Employment

Are you currently working? _____ Full or part time? _____

Occupation _____

Employer _____

Student Information

Name and location of school _____

Full or part time? _____

References

Please list the names and contact information for two people (other than relatives) who have known you for at least two years:

1. Name _____
Relationship _____
Phone number _____
E-mail _____
2. Name _____
Relationship _____
Phone number _____
E-mail _____

Community Involvement *(Please use the back of the page for additional information if necessary)*

What current volunteer commitments do you have? What have you done in the past that you enjoyed?

Organization(s) and Roles

To what community organizations do you belong or work with (civic clubs, sports groups, church or synagogue, arts groups, etc.)?

What volunteer or community roles do you find particularly enjoyable or meaningful?

Skills/Hobbies/Interests

Please list your special skills or interests. Examples might include gardening, cards and other games, cooking, foreign languages, books, woodworking, etc.

What volunteer time would you be comfortable giving to IAH? Check all that apply.

- a. Ad hoc assignments arranged ahead of time? _____
- b. Regular weekly time slot: an hour or two, half day, all day? _____
- c. Regular monthly time slots: an hour or two, half day, all day? _____
- d. On-call assignments? _____
- e. Mornings? _____
- f. Afternoons? _____
- g. Evenings? _____

Do you have any physical considerations that would affect the kinds of assignments you are comfortable with performing? _____

Can you think of situations that you would rather avoid? _____

Please note that we often take photos at events. We may use those photos in our newsletters or in I'On materials. If you do not wish to have your photo printed somewhere, please talk to the photographer at the time the pictures are taken.

Volunteer Opportunities

Put a checkmark by the opportunities that interest you.

Member Services

Friendly Visits:

- Accompany a member to an IAH social, cultural or educational activity
- Daily check-ins (phone call, text or e-mail to ensure all is well, especially for those who live alone)
- Personal reassurance visits (for a short chat, or to accompany a member on a walk, play cards, or read aloud, etc.)
- Planning ahead for hospitalization (guidance from a retired physician who has had hospital stays as a single person)

Household Chores:

- 2 hours of "honey-do" assistance (assorted chores that can be accomplished in 2 hours)
- Help with tasks that require some handyman skills (moving furniture, hanging pictures, fixing a broken latch on a gate, taking boxes to the attic, etc.)
- Light yard work (raking, watering, sweeping a patio, etc.)
- Out-of-town checking – longer-term (checking on home, inside and out, based on homeowner instructions)
- Out-of-town checking – short-term (keeping an eye on a home when owner is away, picking up packages, papers, mail, watering plants, etc.)
- Pet care (keeping a pet in an emergency)
- Practical in-home help (change light bulbs or smoke alarm batteries, take out trash or recycling, etc.)
- Prepare or pick up a meal, and take it to a member in special cases due to health or injury issues

Technology:

- Help with technology needs (basic help with computers or tablets, or a cell phone, etc.)

Transportation: *(There is an additional form to be completed when applying for this role. Please contact IAH for more information.)*

- Assist with taking a member on routine errands (grocery store, post office, drug store)
- Drive a member to an appointment or event
- Drive a member to the airport or train station
- Pick up items needed by a member (prescriptions, dry cleaning, groceries)

IAH Support

Programs and Events:

- Lead or assist with a regularly scheduled interest group: book club, exercise class, lecture series, etc., or special events
- Plan/coordinate a social event: visit an art gallery or museum, restaurant outing, etc.

Planning and Governance:

- Serve on a committee or task force
- Serve as a Membership Liaison to welcome and stay in contact with new members
- Become a member of the Board of Directors

Administrative Support:

- Be a Call Manager to handle administrative duties for several hours each week
- Manage data and communications
- Help with fundraising and development

Volunteer Background Checks

Due to the sensitive nature of some volunteer work, and the high level of service expected by IAH members, all volunteers working with IAH are required to undergo a criminal background check, conducted by a third party vendor. All results are confidential. There is no charge for this screening, although you may elect to pay for part or all of this cost. By signing below, I agree to a criminal background check.

Signature: _____ Date: _____

Volunteer Agreement

I understand that IAH will check my references and criminal history record as a part of the screening process. To the best of my knowledge, the information I have completed in this application is accurate and correct. I also understand that certain information about me (skills, interests, hobbies, etc.) may be discussed with members with whom I may work.

I agree to maintain the confidentiality of members with whom I work and will respect the privacy rights of all direct and indirect participants with IAH.

I agree to attend an orientation session and other training as needed or recommended.

Signature: _____ Date: _____

If under 18, a signature of a parent or guardian is required.

I give my consent for _____ to serve as a volunteer with IAH according to all applicable policies set forth in this agreement.

Signature: _____ Date: _____

Printed Name: _____ Relationship: _____