



## I'On At Home Volunteer Application

*This application is also available on the IAH website.*

*Completed application forms should be sent to:*

*I'On At Home, PO Box 1225, Mt. Pleasant, SC 29465*

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

What do you prefer to be called? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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:*

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail \_\_\_\_\_

**COMMUNITY/VOLUNTEER INVOLVEMENT**

*Please list your current involvement in community organizations and the role that you play.*

Organization(s) and Roles

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*Please list any past community/volunteer involvement and the role that you played.*

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**SKILLS, HOBBIES, INTERESTS**

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

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

***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.*

### **Comfort and Support:**

- 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)*

### **Household Chores:**

- Up to 2 hours of assorted chores. Help with tasks that require some strength or 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.)*
- Caring for a pet in an emergency*
- Practical in-home help (change light bulbs or smoke alarm batteries, take out trash or recycling, etc.)*
- Deliver a meal to a member in need due to health or injury issues*

### **Technology:**

- Help with technology on computers, tablets, cell phone, TVs, etc.*

### **Transportation:**

- 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)*

*Some other service that you could offer:* \_\_\_\_\_

\_\_\_\_\_

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## **Volunteer Background Checks**

*To ensure the safety of our members, all volunteers are required to undergo a criminal background check, conducted by a third-party vendor. The results are strictly confidential. There is no charge for this screening, although you may elect to pay for part or all of this cost.*

*I agree to undergo 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 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 volunteer.*

*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.*

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

**If under the age of 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: \_\_\_\_\_

**DRIVER'S LICENSE AND INSURANCE INFORMATION**

*(only required for transportation volunteers)*

*Proof of a valid driver's license and automobile liability insurance is required for volunteers willing and able to transport members to and from appointments. Please complete the following information.*

**Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Please identify your vehicle type: \_\_\_ Sedan \_\_\_ SUV \_\_\_ Sports

Is it properly maintained and equipped with all of the proper safety requirements? \_\_\_\_\_

**Driver's License**

DL # \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Automobile Insurance**

Insurer \_\_\_\_\_

Member # \_\_\_\_\_

Effective dates \_\_\_\_\_



## Volunteer Code of Ethics

*Volunteers are expected to protect and maintain the confidentiality of IAH members at all times. Volunteers agree to respect members' privacy, and cultural, religious and political views.*

*Volunteers will receive their assignments from IAH, and not directly from members. Assignments documented on our website are covered under our liability policy.*

*Only the requested service should be performed at each assignment. If minor requests (for example, mailing a letter, placing an item on a high shelf) are made during the time of service, they may be performed at the volunteer's discretion.*

*Volunteers agree not to offer professional advice to members.*

*Volunteers agree not to accept monetary or other forms of payment at the completion of volunteer assignments or anytime thereafter.*

*Volunteers should contact IAH immediately if they have any concerns regarding the health or safety of a member.*

\_\_\_\_\_  
*Signature of Volunteer*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature IAH Representative*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*