

Community Concern of WNY, Inc.
Senior Care Management Services

Volunteer Help To Frail, Elderly Housebound

1. Volunteer Information

Date: _____

Name: _____

Phone: _____ (Home)

Address: _____

_____ (Work)

_____ (Cell)

_____ (Other)

2. What types of volunteer service to seniors are you interested in:

Examples

() Friendly, home visits

Visiting a senior at their home for an hour every two weeks

() Errands

Food shopping, taking a senior to a doctor's appointment

() Minor home repair/maintenance

Removing safety hazards, changing light bulbs, hanging curtains

() Telephone Assurance

Calling seniors once a week to see how they are doing

() Other _____

3. Please list your interest to help us match you with a senior's needs:

Hobbies: _____

4. Profession/Occupation:

5. Work Status (check one)

() employed () retired

() student

() not working outside home

() other _____

6. Geographic Area(s) you are willing to serve:

() Evans

() Brant

() Eden

() North Collins

() Collins

Comments: _____

Community Concern of WNY, Inc.
Volunteer Information Sheet continued

7. Days and Hours You Have Available To Volunteer

8. PERSONAL REFERENCE: Please list two people we may contact for character reference for you. These references should be someone who knows you for over one (1) year and is not a relative.
(please print)

NAME: _____ NAME _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

DATE _____

(Volunteer's Signature)

If you have any questions please call the Senior Dept. @ Community Concern of WNY, Inc. 947-5025

Send to: Bertha Scott
Volunteer Coordinator
Community Concern of WNY, Inc.
6722 Erie Road
Derby, NY 14047

CRIMINAL RECORD

AUTHORIZATION FOR RECORD CHECK

STATE OF NEW YORK
COUNTY OF ERIE
TOWN OF EVANS

I, _____, do hereby authorize the Town of Evans Police to check and receive any information regarding my criminal record, if any, and to furnish such record to Community Concern of WNY, Inc. located at 6722 Erie Road, Derby, NY or their designated agent.

Signature

Current Address

Date of Birth

Signature of Witness

Witness Name Printed

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