



Hearts and Hands Volunteer Registration Form

Date: _____ Trainer's Name: _____

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Preferred Method of Contacting: ___ Email ___ Phone

Birth Date: _____ Gender: **M F**

Are you a veteran or currently on active duty military? **Y-Veteran Y-Active No**

Is anyone in your immediate family a veteran or on active military duty? **Y-Veteran Yes-Active No**

Parent's Signature (if under 18): _____ Date _____

Race: Caucasian African-American Hispanic/Latino Asian Asian-Indian Alaskan Native

Native American Native Hawaiian/Pacific Islander Middle Eastern Other _____

Primary Language: _____ Nickname/Preferred Name _____

Allergies: _____ Allergic to Smoke: **Y N**

Allergic to Animals: **Y N** If yes, please specify: _____

Physical Limitations? _____

Worship Affiliation, if any: _____

Declaration of convictions or pending criminal actions: List below any convictions for violations of law (other than traffic violations) in this state or elsewhere, and all charges currently pending anywhere.

IF YOU DO NOT HAVE ANY CONVICTIONS, PLEASE CHECK NONE. IF THE BOX IS NOT CHECKED, AND NO CONVICTIONS ARE LISTED, THIS FORM WILL BE RETURNED TO YOU. **NONE**

Date of conviction	Offense	Court and Location	Disposition and Penalty
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Emergency Contact Information

1) Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Phone: _____ Cell Phone: _____

2) Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Phone: _____ Cell Phone: _____

Reference Contact Information

1) Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Phone: _____ Cell Phone: _____

2) Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Phone: _____ Cell Phone: _____

Indicate services for which you would consider volunteering:

- Friendly visits/caregiver respite
- Phone call visit
- Open mail/pay bills/manage correspondence
- Deliver food pantry items
- Shop for groceries
- Driver*

- Pet care
- Light housekeeping
- Yard work
- Minor home repairs
(please specify) _____

Willing to drive:

- to Buffalo
- up to 10 Miles per trip
- up to 25 Miles per trip
- will consider more per trip

- Office help
- Board/committee member
- Promotional events
- Grants
- Speakers bureau
- Special events photographer
- Hearts and Hands community liaison

Type of vehicle:

- 2-door sedan
- 4-door sedan
- pick-up truck
- SUV
- minivan

Make, model, color: _____

****Volunteers who provide transportation are eligible for mileage reimbursement and supplemental automobile insurance coverage.***

Are you interested in learning to self-assign your assignments online? **Y N**

Please indicate when you are available to provide services:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

Other limits on your availability we should know (annual vacations, snowbird months, etc.):
