*We pair volunteers with an older adult neighbor in Tempe to provide support through acts of service transportation, social visits, light home maintenance, technology assistance, paperwork review, and more.*

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender**

Male  Female  Other (*self-describe if desired*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_ **Zip code**\_\_\_\_\_\_\_\_\_\_

**Cell Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Languages Spoken** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current/Previous Occupation(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relevant Volunteer Experience** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hobbies/Interests** (select all that apply)

Golf

Baseball

Basketball

Football

Soccer

Other sports

Walking

Exercise/movement

Dancing

History

Reading

Writing

Museums

Music

Theater/musicals

TV/Movies

Gardening/plants/flowers

Cooking/baking/food

Sewing/quilting

Needlepoint/cross-stitch

Knitting/crocheting

Painting/drawing

Scrapbooking/papercrafts

Photography

Other arts/crafts

Card games

Board games

Puzzles

Shopping

Cats

Dogs

Other pets/animals

Birdwatching

Travel

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referred by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Available | SUN | MON | TUES | WED | THURS | FRI | SAT |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |

**Who are you willing to serve?** *Please select one.*

Only men

Only women

Anyone

**Please check any services you would like to offer:**

Transportation

Healthcare related

Grocery shopping with

Grocery shopping for

Pet related (vet, groomer, supply delivery)

Other errands/outings

Household

Minor home maintenance (change

lightbulbs, air filters, etc.)

Light household chores (take out trash, help

with laundry, light cleaning, etc.)

Pet care (clean litter box, walk dog, etc.)

Yardwork (seasonal)

Direct Client Support

Friendly phone calls (30 min)

Friendly visits (30-60 min)

Tech support (help with phone, computer,

TV, printer, etc.)

Document support (help reading/filling out)

**Do you require any accommodations to perform the services you wish to offer?**

Yes

No

If yes, please list necessary accommodations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have allergies (dogs, cats, cigarette smoke, etc.) that may limit your ability to provide some services?**

Yes

No

If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation related questions *(only complete if offering transportation services)*

**Do you smoke?**

Yes-not in vehicle

Yes-in vehicle

No

**Do you ever transport animals in your vehicle?**

Yes-cats

Yes-dogs

Yes-other *(please describe*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

**Are you able to accommodate mobility aids (ex: walkers, wheelchairs, canes), necessary medical equipment (ex: oxygen tanks), and/or service animals?**

Yes-all of the above

Yes-some of the above (*please list limitations*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

**Is your vehicle high clearance and may be difficult for some participants to get in/out of?**

Yes

No