*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