



**APPLICATION TO RECEIVE SERVICES**

Return to:  
CareShare at Senior Citizen Services  
1705 Commerce Dr. NW  
Atlanta, GA 30318  
Phone: 404-351-3889 Fax: 404-352-0595  
Email: CareShare@scsatl.org  
[www.scsatl.org](http://www.scsatl.org)

**Personal Information:**

Name: \_\_\_\_\_ email: \_\_\_\_\_ Birth Date \_\_\_\_\_

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

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Occupation (previous): \_\_\_\_\_ Corp. Affiliation (previous): \_\_\_\_\_

Congregational Affiliation (optional): \_\_\_\_\_

Do you live: \_\_\_\_\_ alone, \_\_\_\_\_ with a spouse, \_\_\_\_\_ w/family, \_\_\_\_\_ other?

Do you live in: \_\_\_\_\_ senior facility, \_\_\_\_\_ house, \_\_\_\_\_ condo, \_\_\_\_\_ apt?

How did you hear about CareShare? \_\_\_\_\_

**Scheduling Preferences/Information:**

Would you need services: \_\_\_\_\_ once a week \_\_\_\_\_ once a month \_\_\_\_\_ as needed?

**Service Preferences:**

- |  |  |
|--|--|
| _____ Companionship (visit/read/phone check) | _____ Grocery/Other Shopping           |
| _____ Light Cooking                          | _____ Transportation to Appointments   |
| _____ Yard Work/Gardening                    | _____ Light Housekeeping/ Organization |
| _____ Light Home Repair                      | _____ Other                            |

**Matching Information:**

Do you smoke? \_\_\_\_yes \_\_\_\_ no

Do you use a \_\_\_\_cane, \_\_\_\_wheelchair, \_\_\_\_walker?

Are you allergic to \_\_\_\_perfume, \_\_\_\_fibers, \_\_\_\_animals, \_\_\_\_other?

Do you have other health concerns a volunteer should be aware of? \_\_\_\_\_

Is English your primary language? \_\_\_\_Yes \_\_\_\_ No. Other languages you speak. \_\_\_\_\_

What other languages do you speak? \_\_\_\_\_

Are you visually or hearing impaired? \_\_\_\_\_

**Support System:**

**Emergency Contact:** Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Relationship to Client \_\_\_\_\_

**Next of Kin Contact:** Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Relationship to Client \_\_\_\_\_

**Doctor:** Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Have you ever been convicted of a crime other than a traffic offense? \_\_\_\_Yes \_\_\_\_No

If yes, explain. \_\_\_\_\_

**References:**

Who do you give CareShare permission to contact as a reference? Please provide the names of two people (local, if possible) who have known you over three years. Omit relatives.

Name (of Reference #1)	Relationship	Phone Day/Evening
_____	_____	_____
_____	_____	_____

I authorize CareShare to contact all persons to verify my reference information as may be required.

I acknowledge that any services I receive from CareShare may be terminated with or without cause, and with or without notice, at any time, at the option of either CareShare or me. I understand that no representative of CareShare other than the Executive Director has any authority to enter into a written agreement for services for any specified period of time or to make any agreement that contradicts or modifies the foregoing in any manner. Any written or oral statements to the contrary are hereby expressly disavowed and should not be relied upon by current or prospective members.

I hereby declare the information provided by me in this application to receive services as true, correct and complete to the best of my knowledge. I understand that any misstatement or omission of fact on this application may result in termination of the relationship with CareShare.

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Signature of Applicant

Date

**The CareShare General Release of Liability as a Referral Service (to receive services)  
Rev. 6/28/05**

The below signed ("client") acknowledges that CARESHARE ("Organization") serves as a referral service through which the client can access volunteers. The organization will refer the client to a volunteer to perform the desired service ("service"). The organization will make every attempt but will not guarantee that an exchange can always be made.

The organization's service is expressly limited to that of referral. The client acknowledges that the volunteer is not an employee of the organization, and neither the client nor the organization is responsible for providing the volunteer any compensation.

The client acknowledges that, by referring the volunteer, the organization does not warrant or guarantee the services performed by the volunteer, and the volunteer is not acting as an agent of the organization, nor is the volunteer authorized, either expressly or impliedly, to act as an agent of the organization.

The client acknowledges that the organization is not responsible for the acts, omissions, or misrepresentations of the volunteer. The client waives any right and claims the client has or may have against the organization or the volunteer arising out of either the referral or the performance of any service. Specifically, without limitation, the client hereby acknowledges that neither the organization nor the volunteer is liable for any personal injury or property damage to the client, his or her residence, or other individuals within the client's residence. Should the volunteer use his/her personal car in rendering services for the organization, the client waives any rights and claims against the organization or the volunteer arising out of the operation of the volunteer's motor vehicle in connection with the performance of any service.

The client acknowledges that neither this general release nor the volunteer's relationship with the organization is intended to create any type of oral or written contract of employment or any other basis of liability between the organization and the volunteer or between the organization or volunteer and the client.

Client \_\_\_\_\_ Date \_\_\_\_\_

**CARESHARE  
SERVICE RECIPIENT  
RIGHTS AND RESPONSIBILITIES**

As a CareShare service recipient, I agree that:

1. Whenever possible I will offer service in exchange for service I have received. Any person providing service to me earns one hour of credit for every one hour of service provided and is entitled to receive service as arranged by CareShare or to donate service credits to the CareShare community account or to a friend or relative.
2. I will comply with CareShare Conditions of Service. I will provide the volunteer with the information necessary to perform the assignment. I am aware that CareShare volunteers are not permitted to administer medications, lift me, bathe me, perform any other medically-related services, or drive my car. I will read, sign, and uphold the agreement and General Release of Liability.
3. This is a volunteer exchange program. Therefore, I am not permitted to financially compensate any CareShare volunteer. However, if I wish, I am permitted to make a contribution to CareShare. Also, I will pay for all parking and toll expenses that are incurred while receiving CareShare services.
4. I will communicate with the CareShare organization. I will respond openly to questions regarding my experiences as a CareShare client. I will complete and return CareShare forms in a timely manner and offer feedback about my experience when appropriate. I will notify CareShare if I wish to withdraw from the program.

Abiding by this agreement will help ensure my safety, the safety of CareShare clients, and the smooth, effective operation of CareShare.

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

Thank you for participating in CareShare!

**CareShare** is a program of Senior Citizen Services of Metropolitan Atlanta, 1705 Commerce Drive, NW, Atlanta, GA 30318, 404-351-3889, Fax: 404-352-0595, [www.scsatl.org](http://www.scsatl.org)