



APPLICATION TO PROVIDE SERVICES
Return to: CareShare at Senior Citizen Services
1705 Commerce Dr. NW
Atlanta, GA 30318
Phone: 404-605-8450, Fax: 404-352-0595
Email: CareShare@scsatl.org

Personal Information:

Name: _____ email: _____ Birth Date _____

Address: _____ City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Cell _____

Occupation: _____ Corporate Affiliation: _____

Congregational Affiliation (optional): _____

Volunteer Preferences/Information:

I can volunteer: ___ once a week ___ more than once a week ___ as needed ___ other

I can volunteer: ___ as needed ___ as scheduled, explain _____

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

Special circumstance/consideration: (e.g. SUV/Truck) _____

Matching Information:

I ___ will ___ will not work with someone who smokes. Do you smoke? ___ Yes ___ No

I ___ will ___ will not work with a visually impaired person.

I ___ will ___ will not work with a hearing impaired person.

Are you allergic to pets? ___ Yes ___ No. If yes, type of pet _____

Other allergies? _____

Is English your primary language? ___ Yes ___ No. Other languages you speak. _____

Screening Information:

Do you have a valid driver’s license? ____ Yes ____ No

Drivers License Number _____ State _____

Auto Insurance Policy # _____ Company _____

Have you ever been convicted of a crime other than a traffic offense? ____ Yes ____ No

If yes, explain. _____

Do you have any physical/mental limitations that would prevent you from completing a task? No ____

Yes (if yes, please explain) _____

Emergency Contact:

Name: _____ Phone _____ Relation _____

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 in a professional or work capacity. Omit relatives.

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

Name (of Reference #2) 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 provide to 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 volunteers.

I hereby declare the information provided by me in this application to provide 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.

Signature of Applicant

Date

CareShare, a program of Senior Citizen Services of Metropolitan Atlanta, Inc.
General Release of Liability as a Referral Service (to provide services)
rev. 9-22-94

The below signed ("volunteer") 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 volunteer 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 manner and method by which the volunteer performs the service is within the sole discretion of the volunteer. The volunteer acknowledges that 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 volunteer acknowledges that neither this general release nor the volunteer's relationship with the organization is intended to create any type of contract of employment or any other basis of liability between the organization and the volunteer or between the organization or client and the volunteer.

The volunteer acknowledges that the organization is not responsible for the acts, omissions, or misrepresentations of the client. The volunteer waives any rights and claims the volunteer has or may have against the organization or the client arising out of either the referral or the performance of any service. Specifically, without limitation, the volunteer acknowledges that neither the organization nor the client is liable for any personal injury or property damage.

Should the volunteer use his/her personal car in rendering services for the organization, the volunteer expressly waives any rights and claims against the organization or the client arising out of the operation of the volunteer's motor vehicle in connection with the performance of any service. The volunteer expressly acknowledges that the volunteer will maintain current, adequate, and legal automobile liability insurance for personal injury and property damage.

Volunteer _____ Date _____

**CARESHARE
SERVICE PROVIDER
RIGHTS AND RESPONSIBILITIES**

As a CareShare service provider, I agree that:

1. This is a volunteer exchange program. I am not giving charity. I will earn one hour of service credit for every hour of service I provide. I may receive service as arranged by CareShare or donate service credits to the CareShare community account or to a friend or relative. I am not permitted to receive money or tips from any CareShare member. The service recipient will pay for all parking and toll expenses that are incurred while receiving CareShare services.
2. I will comply with CareShare's Conditions of Service. I will ask for information necessary for me to perform the assignment. I know I am not permitted to administer medications, lift, bathe, or perform any other medically-related services for the recipient or to drive their car. I will read, sign, and uphold the agreement and the General Release of Liability.
3. I will treat members with courtesy and respect. I will maintain the confidentiality of those whom I serve. Also, I will show courtesy by not bringing friends or relatives to the recipient's home, not smoking in their home or in their presence, and not using their phone for personal phone calls.
4. I will communicate with the CareShare organization. If it is not possible for me to fulfill my assignment, I will call the CareShare office at 404-605-8450 at least 24 hours in advance so a substitute can be assigned. I will complete and return the CareShare forms in a timely manner, offer feedback about my experiences when appropriate and respond openly to questions regarding my experiences as a member as posed by the staff. 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 members, and the smooth, effective operation of CareShare.

Signature _____ Date _____

Thank you for participating in the CareShare!