



## Application 2021

### Contact Information

Full Name	
Street Address	
City, State, Zip	
Home Phone	
Cell Phone	
Email Address	

DOB: \_\_\_\_\_ Last 4 of Social Security # \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Pets in the home: \_\_\_\_\_

Who do you live with? \_\_\_\_\_ Marital Status: \_\_\_\_\_

Allergies to pets? \_\_\_\_\_ Communicable Diseases: \_\_\_\_\_

Physical Limitations? \_\_\_\_\_

Do you drive? \_\_\_\_\_ If no, why: \_\_\_\_\_

### I need help with (check as many as needed)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Medical Transportation | <input type="checkbox"/> Homemaker Help          | <input type="checkbox"/> Companionship    |
| <input type="checkbox"/> Local Transportation   | <input type="checkbox"/> Handyman Assistance     | <input type="checkbox"/> Grocery Shopping |
| <input type="checkbox"/> Trips to Denver        | <input type="checkbox"/> Yard and Chore Services | <input type="checkbox"/> Telephone visits |

### In case of emergency, we have your permission to contact

Name	
Phone	
Relationship	

**Agreement:** My signature acknowledges that I have read and agree to the information on the back page of this application and confirmed the accuracy of the information provided.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Release of Liability:** I attest that my involvement and membership in Neighbor Network (NN), a volunteer program of Aging Resources of Douglas County (ARDC) is fully voluntary and that I can decline participation at any time by contacting the office. I hereby release Neighbor Network, ARDC, its staff, the board of directors, associates, clients and volunteers from all liability for any injury, medical expenses or damages related to services provided and/or completed by ARDC, NN and its volunteers. I indemnify and hold harmless NN, ARDC, its staff, board of directors, associates, clients and volunteers from all claims, demands, losses, cause of action, lawsuits, judgment, including attorneys' fees and costs, arising out of or relating to, activities related to services provided by the organization and NN volunteer services.

**I agree** to follow and adhere completely to the NN's program's rules and guidelines. The ability to admit members into the program and to transport those members is at the sole discretion of ARDC. ARDC/NN is committed to ensuring that no person is excluded from participation in, or denied the benefits of its service on the basis of race, color, sex, age, religion, marital status or sexual orientation.

**Full Membership:** I am applying for full membership into the NN volunteer service program, I consent to undergo a background check before being placed with a volunteer. I understand that I must pass this background check and that the results will be kept confidential. By signing the previous page, I certify that I have read this document and understand its terms and have read and will comply with the member agreement and program policies.

I give Neighbor Network permission to use quotes and/or photos of me to be used for marketing purposes.



We rely on your voluntary contributions to keep our services available!  
 Services will not be denied based on the inability to contribute.

**Suggested Voluntary Contributions:**

Transportation	\$ 6.00	Handyman	\$6.00 - \$30.00 per service
Over 30 miles	\$12.00	Homemaker	\$6.00 per service
Over 75 miles	\$15.00		