



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"/> Transportation | <input type="checkbox"/> Chore and Handyman Assistance | <input type="checkbox"/> Yard Work |
| <input type="checkbox"/> Companionship | <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Grocery Shopping |
| <input type="checkbox"/> Homemaker Help | <input type="checkbox"/> Telephone Calls | <input type="checkbox"/> Other |

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 based on 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 Aging Resources of Douglas County permission to use quotes and/or photos of me to be used for marketing purposes.



The service you're provided is partially funded by state and federal grant monies received by our agency. Contributions are welcome! Any amount will be used to expand services.

Your decision to contribute or not is kept confidential. Services will not be denied if you are unable or choose not to contribute.

Suggested Voluntary Contributions:

- Transportation (round-trip) Local \$ 6.00
- Handyman \$6.00 - \$25.00 per service
- Homemaker \$6.00 - \$10.00 per service