

## TLC Telephone Reassurance Program

*A Community Service of Eskaton*

8525 Madison Avenue, Suite 150 Fair Oaks, CA 95628

Phone: (916) 334-1072      Toll-free 1-888-334-3490      Fax: (916) 331-2986

### VOLUNTEER APPLICATION

Name:		Date:	
Address:		Apartment #:	
City, State, Zip:			
Phone (Day):		Phone (Evening):	
Date of Birth:	Email address:		
How did you hear about this volunteer opportunity?			
<b>Volunteer/Employment History</b>			
Dates	Volunteer Agency/Employer (Name & Phone Number)	Major Duties	Reason for Leaving
From:			
To:			
From:			
To:			
Does your employer provide matching funds for your volunteer time?      Yes      No			
<b>Volunteer Opportunities (Please check one or more)</b>			
	<b>Office Telephone Reassurance:</b> Call participants from the TLC office. Flexible hours between 8:00am to 5:00pm.		
	<b>Field Telephone Reassurance:</b> Call one or more participants from your home or office. Then call the TLC report line with an update.		
	<b>Home Visitor:</b> Visit TLC participants two to four times each month and complete a home visitor report on a monthly basis.		
	<b>Transportation Aide:</b> Provide on-call transportation service for clients of TLC to appointments.		
	<b>Special Project Volunteer:</b> Bring your talents and interests to the TLC program! Opportunities include but are not limited to assisting with fund raising activities, promoting the TLC program, providing clerical support, and participating in projects such as TLC's annual Giving Tree or the Thrill of a Lifetime.		
Please list dates and times you are available to volunteer:			

### References

Please provide the names of two persons, not related to you, whom you have known for a least one year.

Name:	Relationship to Applicant:	# Yrs. Acquainted:
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Address:

Daytime Phone:

Name:	Relationship to Applicant:	# Yrs. Acquainted:
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Address:

Daytime Phone:

### Emergency Contact

Name:	Phone:
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Address:

Relationship to Applicant:

### Identification and DMV check

State Driver's License Number:	Expiration Date:
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Insurance Company/Policy Number:

### Volunteer Agreement

1. All volunteers agree to volunteer for a minimum of one year.
2. Each volunteer must maintain a firm commitment to professional conduct:
  - a. Client files and case information must be held in strict confidence.
  - b. Notification is necessary when absent from volunteer duties.
  - c. Volunteers must provide at least two weeks advanced notice before ending their volunteer position.
3. Each volunteer is required to attend TLC's volunteer orientation.
4. Volunteers are not permitted to accept money and/or gifts from TLC participants nor are they allowed to handle their finances and/or medications in anyway.
5. I hereby give Eskaton the right to investigate my past volunteer and employment activities. I release from all liability all persons, companies, and corporations who supply such information. I hold harmless and indemnify Eskaton against any liability that may result from such an investigation.

I understand and agree to the above mentioned conditions.

Signature:	Date:
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### VOLUNTEER AND PARTICIPANT MATCHING QUESTIONNAIRE

*We take special care when matching volunteers and participants. Please answer the following questions so that we can make the best match possible.*

Volunteer's Name:

I PREFER TO VISIT / CALL:

male  female  no preference

non-smoker  smoker  no preference

CHECK WHICH ANIMALS YOU ARE COMFORTABLE BEING AROUND:

dog  cat  bird  fish  reptiles

Language Preference, if any:

Geographical are of Sacramento / Placer County where you prefer to visit a client:

Would you be comfortable visiting a visually or hearing-challenged participant?

Do you have any physical restrictions (climbing stairs, pushing wheelchairs, etc.)?

Please use the following space if there is anything else you would like us to know about you.

*If you need to speak to a TLC staff member please call 916-334-1072 or toll-free at 1-888-334-3490.*