

# Volunteer Application

## Personal Information (please print)

Last Name		First Name	
Street Address			LOW Section and Lot Numbers
Email Address (volunteers are required to have email access)			
Home Phone		Cell Phone	
Date of Birth	Gender	How Long Have You Lived at the Lake?	
Are you away for an extended time (3 to 6 months) during the year? If so, please explain.			
Do you have a pet, smoke or other allergies? If so, please explain.			

## Volunteer Interests – Check all that apply

Transportation (driver's license and proof of insurance required)	<input type="checkbox"/>	Handyman Services	<input type="checkbox"/>
Phone Check-ins	<input type="checkbox"/>	Errands	<input type="checkbox"/>
Friendly Visits	<input type="checkbox"/>	Pet Care	<input type="checkbox"/>
Outdoor Home Maintenance	<input type="checkbox"/>	LOWLINC Committees	<input type="checkbox"/>
Indoor Home Maintenance	<input type="checkbox"/>	Admin and Office Work	<input type="checkbox"/>
Computer Support	<input type="checkbox"/>	Call Handler	<input type="checkbox"/>

**Please describe skills, interests or professional experience you might share as a LOWLINC volunteer:**

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**What other types of volunteer work have you done, or do you do?**

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## Availability

LOWLINC volunteers commit to provide a minimum of two services a month when they are in town and available. We have an easy-to-use volunteer self-signup system that allows volunteers to review available services and select those that fit their schedules (we provide the minimal training that is needed). For planning purposes, please indicate below your general availability.

Day	Morning 8 to 11 a.m.	Mid-day 11 a.m. to 2 p.m.	Afternoon 2 to 5 p.m.
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

## Emergency Contact

Name	Relationship
Email Address	
Home Phone	Cell Phone

**Thank you for your interest in volunteering with LOWLINC.** Volunteers are central to our mission to support our members to stay in their homes safely and independently, and with continued connections to the community. Due to our focus on health and well-being, LOWLINC members and volunteers are required to be fully vaccinated for COVID-19.

**Approval Process:** When we receive your application, you will be contacted by the LOWLINC Volunteer Committee Chair who will review your information with you. Due to the nature of the work done by volunteers as well as the requirements of our insurance policy, we conduct a background check, and a driving check if you are applying to drive. There is no charge to you for this screening and all screening results are confidential. When your background check(s) is completed, the Volunteer Committee Chair will conduct an orientation and training session with you, to include confidentiality, how to use the volunteer self-signup scheduling system and volunteer events and information sessions that are held throughout the year. **Please review and sign the Volunteer Consent notice below.**

## Volunteer Consent

I certify that all information in this application is true and complete. I understand that completion of this application does not obligate LOWLINC to offer me a volunteer opportunity. In processing my application, I understand that background and driving checks (if you will be providing transportation) will be conducted and documentation of COVID-19 vaccination will be presented by me. This screening will include a criminal background check in the files of any federal, state or local justice agency and, for those providing transportation, driving history. I hereby grant permission to any person, agency, firm or corporation to give LOWLINC relevant information that may be required to arrive at a decision on the status of this application. I release LOWLINC, its officers, employees, representatives and agents for any and all liability and/or damages incurred in accessing or using such information.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_