



5530 Colerain Ave.

Cincinnati, OH 45239

513-542-7555

Let No One Be Alone.....

# Volunteer Application

Date \_\_\_\_\_

### **Contact Information**

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ For background check DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### **Background**

Occupation: \_\_\_\_\_ Employer (if applicable): \_\_\_\_\_

Previous work experience: \_\_\_\_\_

Education: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Volunteer experience: \_\_\_\_\_

How did you hear about Little Brothers? \_\_\_\_\_

### **Opportunities:**

*(These can be thoroughly explained and questions answered at orientation)*

#### **ON GOING VISITING:**

- Visiting Volunteer* Be matched one-to-one with an elderly friend *(after approx. 6 months of volunteering)*  
(Minimum: visit 2X/month & 1 year commitment required)
- Nursing Home Visiting Volunteer* The nursing home visiting volunteer would be assigned to 3-4 elderly whom they would visit regularly, typically once a month.
- Telephone Reassurance* Volunteers are needed to call elderly friends weekly to chat with and offer caring reassurance

#### **SOCIAL ACTIVITIES:**

- Holiday Party* Valentine's Day, St. Patrick's Day, July 4<sup>th</sup>, Halloween, Christmas Eve
- Social Outings* May include: going to the zoo, museum, Reds ballgame. Volunteers are needed for transportation of elderly to and from the outing as well as involvement in the event.
- Holiday Visits* Visit and deliver a meal, flowers and gift bag on Easter, Thanksgiving and Christmas to elders in their homes, apartments and nursing homes
- Birthday Visitor* Visit and deliver cake, gift bag and flowers to an elderly person on their birthday
- Movie Night* Last Tuesday of each month. Transport elder to and from movie held at Little Brothers
- Nursing Home Program* Volunteers needed for *transportation of elderly from a nursing home to office* for our monthly luncheon on the Third Thursday of each month.

#### **DIRECT SERVICE:**

- On-Call* Volunteers are needed to assist elderly: Dr., shopping, *usually during the week*

**Character References:**

Please do not use family members or relatives as references.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email address: \_\_\_\_\_  
 ~ ~ ~ (preferred) ~ ~

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email address: \_\_\_\_\_  
 (preferred)

I, \_\_\_\_\_ state that I Do or Do Not (circle one) have a  
 current valid drivers licesnse in the state of Ohio or the state of \_\_\_\_\_.  
 (Signature) \_\_\_\_\_  
 \_\_\_\_\_ I would like to drive for LBFE functions.  
 My vehicle is a: \_\_\_\_\_ car \_\_\_\_\_ van \_\_\_\_\_ SUV \_\_\_\_\_ other \_\_\_\_\_ 2 door \_\_\_\_\_ 4 door  
 My vehicle can accommodate a folding wheelchair \_\_\_\_\_yes \_\_\_\_\_no  
 Driver's License Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Auto Insurance Company: \_\_\_\_\_