

# APPLICATION for Reassurance Volunteer

TO REGISTER: Please complete and return to CONTACT.



PO Box 333 – Moorestown, NJ 08057

Office: 856-234-5484 Fax: 856-778-3880

email: [info@contactburlco.org](mailto:info@contactburlco.org)

website: [www.contactburlco.org](http://www.contactburlco.org)

I am interested in:

\_\_\_\_\_ Morning Calls

Time of Day I am available: \_\_\_\_\_ AM \_\_\_\_\_ PM

\_\_\_\_\_ Afternoon Calls

Available Days (circle): MON TUE WED THU FRI SAT SUN

\_\_\_\_\_ Evening Calls

Interview Date with Reassurance Director \_\_\_\_\_

## 1. Personal Information

Name \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Age Group (circle one)    18-39    40-65    65+

*CONTACT volunteer must be 18 years old and a high school graduate at time of application.*

## 2. Education, Skills and Interests

Education Background/Training:

\_\_\_\_\_  
\_\_\_\_\_

Current Occupation \_\_\_\_\_

Hobbies, Interests, Skills:

\_\_\_\_\_  
\_\_\_\_\_

Volunteer Experience (list organizations and type of volunteer work):

Organization \_\_\_\_\_ Position \_\_\_\_\_

Organization \_\_\_\_\_ Position \_\_\_\_\_

Organization \_\_\_\_\_ Position \_\_\_\_\_

**3. General**

Write a brief statement why you wish to volunteer for CONTACT's Reassurance Program:

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What do you think are your strengths and weaknesses relating to elderly/homebound people?

Strength \_\_\_\_\_

Weakness \_\_\_\_\_

Have you taken CONTACT or Crisis Intervention training in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes... When \_\_\_\_\_ Where \_\_\_\_\_

Have you ever been convicted of a crime in any state or country? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details \_\_\_\_\_

**4. Commitment (must choose one)**

\_\_\_\_ I am available to make a care-call 7 days a week to one client

\_\_\_\_ I am available to make a care-call 5 days a week to one client

\_\_\_\_ I am available to make care calls to more than one client \_\_\_\_7 days \_\_\_\_5 days \_\_\_\_Other

**5. References**

How did you learn about CONTACT and its Reassurance program? \_\_\_\_\_

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List name and phone number of two references:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please read this statement carefully and acknowledge acceptance by your signature below:

**I have truthfully answered all questions in this application and agree to honor the commitment I have chosen. I agree to be on-time and attend the training session in its entirety. Realizing that confidentiality is the cornerstone of the CONTACT program, I agree that I will keep in strict confidence any information that should come to me during training session. I understand a *Background Check* may be required. I agree that I may be asked to withdraw from training at any time. I acknowledge that I may resign from training at anytime. I also agree that in the event of my withdrawal or resignation, I will keep confidential any and all information I know related to the work of CONTACT.**

Date \_\_\_\_\_ Signature \_\_\_\_\_