

APPLICATION for Reassurance Volunteer Training

TO REGISTER: Please complete and return to CONTACT with training fee and Photo ID.



PO Box 333 – Moorestown, NJ 08057

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

email: info@contactburlco.org website: 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 (required) _____

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. Skills and Interests

Education Background/Training:

Current Occupation _____

Hobbies, Interests, Skills:

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

Organization _____ Position _____

Organization _____ Position _____

--over--

3. General

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

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

Strengths _____

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? _____

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 service/fee commitment I have chosen. I agree to be on-time and attend every 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 sessions. I have attached my Photo ID and 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 any time. 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.

Signature _____ Date _____

Copy of Photo ID attached.