

Lakes and Pines Community Action Council, Inc.
Senior Chore Service
Volunteer Registration

Our volunteer senior chore program helps seniors and homeowners with disabilities improve the safety, efficiency, and comfort of their homes, thereby enabling them to remain in their own homes longer. Please complete this registration form to help us match your skills and availability to homeowners requesting assistance with basic chores. Thank you so much for your interest! Without your help, this program could not be possible.

Last Name _____ First Name _____

Address _____ City, Zip _____ County _____

Best Phone #: () _____ Text? Y / N; Email address _____

Please select: M / F Preferred method of contact (please circle): Phone Text Email

Do you have transportation? Y / N; How far, one way, are you willing to drive? _____

Are your service hours credited to an organization? Y / N If so, which organization? _____

How did you hear about volunteer opportunities with our Senior Chore Program?

Please mark an "X" next to the chores you are interested in providing:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Exterior painting | <input type="checkbox"/> Interior painting | <input type="checkbox"/> Snow removal | <input type="checkbox"/> Yard maintenance |
| <input type="checkbox"/> Window washing | <input type="checkbox"/> Raised toilet seats | <input type="checkbox"/> Smoke/CO detectors | <input type="checkbox"/> Seasonal cleaning |
| <input type="checkbox"/> Faucets/door knobs | <input type="checkbox"/> Installing grab bars | <input type="checkbox"/> Simple Plumbing | <input type="checkbox"/> Changing light bulbs |
| <input type="checkbox"/> Simple installations | <input type="checkbox"/> Wheel chair ramp | | |
| <input type="checkbox"/> Other (Please Specify) | | | |

Please specify any chores to which you do NOT want to be assigned:

Please list special skills you possess and would like to use (handy with manual tools, light-duty carpentry, etc):

Are you usually available on weekdays? Y / N; If so, please circle: Mornings / Afternoons / Evening / Anytime

Are you usually available on Saturdays? Y / N; If so, please circle: Mornings / Afternoons / Anytime

How often are you available to volunteer? [] as often as needed; [] weekly; [] monthly; [] on-call

Emergency Contact Information:

Name _____ Address _____

Primary Phone: () _____ Cell: () _____ Work: () _____

Relationship : _____

A background study, at no charge to you, is required by the Department of Health and Human Services before you are assigned to a chore service. That authorization form and other agency information will be sent to you.

Please return this signed form to the Lakes and Pines address below:

Thank you so much for your willingness to volunteer for our Senior Chore Services. Please consider inviting your friends and family to also volunteer!

Volunteer's Signature

Date

Please direct questions and return completed application to:

Lakes and Pines CAC, Inc
Valerie B, Senior Services Program Coordinator
1700 Maple Ave E, Mora, MN 55051
valerieb@lakesandpines.org

office use only

Form	Date Sent	Date Received	Staff Initials
Informed Consent			
Confidentiality Policy			
Safety Checklist			
Acknowledgement			
Mileage			
Volunteer Guidelines			