



### MISSION STATEMENT

We support area neighbors 60 years of age and older to continue living independently in the home of their choice through community volunteerism.

### VISION STATEMENT

By working together, the aging neighbors of our community will live longer, happier, and meaningful lives.

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### VOLUNTEER APPLICATION

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name (please print) Date of Birth

\_\_\_\_\_  
Address City, State, Zip

(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_)\_\_\_\_\_  
Day Phone Evening Phone Cell Phone

Email: \_\_\_\_\_

### EMERGENCY CONTACTS

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

Relationship:  Spouse  Friend  Family  Other: \_\_\_\_\_

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

Relationship:  Spouse  Friend  Family  Other: \_\_\_\_\_

Are you a veteran (please circle one): Yes No Is your spouse a veteran? Yes No

Religious affiliation: \_\_\_\_\_ Congregation: \_\_\_\_\_

## VOLUNTEER EXPERIENCE

Organization	Description of Service	Dates (from/to)

## WORK EXPERIENCE

Company, City, State	Type of Work	Dates (from/to)

## CARE VOLUNTEER OPPORTUNITIES

(Please check all areas of interest)

### Provide Services to Clients:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Transportation/Rides           | <input type="checkbox"/> Homemaking/Chores | <input type="checkbox"/> Grocery Shopping     |
| <input type="checkbox"/> Yardwork                       | <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Friendly Phone Calls |
| <input type="checkbox"/> Respite Care                   | <input type="checkbox"/> Food Programs     | <input type="checkbox"/> Snow Removal         |
| <input type="checkbox"/> Minor Home Repair/Modification | <input type="checkbox"/> Home Deliveries   | <input type="checkbox"/> Health & Safety Ed.  |
| <input type="checkbox"/> Art Classes                    | <input type="checkbox"/> Senior Social     | <input type="checkbox"/> Physical Fitness     |

### Fundraising/Office/Board Opportunities:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Pork Chop Dinner      | <input type="checkbox"/> Golf Tournament   | <input type="checkbox"/> Office Assistance        |
| <input type="checkbox"/> Silent Auction        | <input type="checkbox"/> Touching Tables   | <input type="checkbox"/> Foley Fun Days           |
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Communications Committee |
| <input type="checkbox"/> Board of Directors    | <input type="checkbox"/> Newsletter        | <input type="checkbox"/> Other _____              |

As a CARE volunteer, you will set your own schedule, and provide services according to your passions and interests, as often as you choose.

**How far are you willing to drive to serve a client?** \_\_\_\_\_

### How did you learn about the CARE Program?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> CARE website                | <input type="checkbox"/> CARE Community Presentation | <input type="checkbox"/> Community Event      |
| <input type="checkbox"/> CARE Facebook page          | <input type="checkbox"/> Friend/Family Member        | <input type="checkbox"/> Medical Professional |
| <input type="checkbox"/> CARE Connections newsletter | <input type="checkbox"/> Local newspaper             | <input type="checkbox"/> Benton County        |
| <input type="checkbox"/> Other: _____                |  |   |

**REFERENCES**  
**(Please list three)**

Name	Relationship	Phone	Best time to contact

**Volunteer Background/Publicity/Special Accommodations/Signature Agreements**

*I hereby authorize CARE-Community Action Respecting Elders to contact my references and to conduct a routine BCA background check. The information that I have provided in this application is true and correct to the best of my knowledge. \_\_\_ YES \_\_\_ NO INITIALS: \_\_\_*

*I hereby give CARE-Community Action Respecting Elders permission to use my name and photograph to promote the CARE program. This permission includes publicity, fundraising campaigns, and sharing photographs with other media for these purposes. \_\_\_ YES \_\_\_ NO*

*Do you require any special accommodation from CARE-Community Action Respecting Elders to perform the volunteer responsibilities as outlined in the orientation material? \_\_\_ YES \_\_\_ NO*

*If you answered YES above, what special accommodations do you require?*

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*If I am selected to participate in the CARE Program, I understand, and agree to adhere to, the volunteer policies and procedures as presented to me by the administrators of CARE-Community Action Respecting Elders.*

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Signature

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Date

**Please return your completed application to:**

CARE-Community Action Respecting Elders  
321 6th Avenue  
PO Box 65  
Foley, MN 56329  
320.968.7848