



Our mission is to support our members who want to age in place.

Volunteer Application Package

Thank you for your interest in becoming a Methow At Home (“MAH”) volunteer. We recognize the value of your time and we will do everything we can to make your volunteer experiences gratifying and fulfilling. Our volunteers play a vital role in carrying out the mission of Methow At Home.

The members who you will be serving may include some who are frail and/or otherwise dependent upon others. Please note that all volunteers are required to have a background check. In addition, our volunteer drivers must have their DOL driving record validated and provide proof of auto liability insurance.

Please complete the following documents:

1. Volunteer Opportunities
2. Volunteer Application
3. Supplement for Drivers Form, if applicable
4. Volunteer and Confidentiality Agreement
5. Authorization to Release Information

Please return these documents to:

Methow At Home

Box 352

Twisp, WA 98856

509-996-5844

Thanking you in advance, we look forward to welcoming you as a Methow At Home volunteer.

Methow At Home
PO Box 352 Twisp, WA 98856

www.methowathome.org

509-996-5844

Volunteer Opportunities

Volunteer Name: _____

Check all services that you are willing and able to do for Methow At Home members

Transportation - Please complete the Supplement for Drivers Form	
	Medical appointments, shopping, errands, social and educational events within the Valley (no reimbursement)
	Medical appointments etc. outside the valley (partial reimbursement)
Household Support	
	Minor handyman services
	Light housekeeping
	Light gardening or snow shoveling
Personal Support	
	Pet walking or feeding
	Social support - home visit
	Meal preparation
	Temporary respite care
	Help de-cluttering
Technical or Home Office Support for members	
	PC or Mac assistance
	Bill paying assistance
	Other electronics assistance
MAH Organizational Support	
	Board member, Steering or other Committee Support
	Development of Social/Educational events
MAH office and Admin Support	
	Computer or bookkeeping assistance
	Part time assistant to the Program Coordinator
Other - what skills could you share by helping members?	

Volunteer Application

Name _____ Male _____ Female _____

Street Address _____

Mailing Address (if different)

Telephone(s) (home) _____ Mobile _____

Email _____

Are you a MAH member? _____

In case of emergency, please notify:
Name _____ Relationship _____

Telephone _____

Personal Character References: list two non-relatives

Name	Relationship	Phone Number	Years Known
_____	_____	_____	_____
_____	_____	_____	_____

School (If you are a student) _____

Do you have any allergies (including pet) that would prevent you from entering a Member's home? Yes ___ No ___

Do you smoke? Yes ___ No ___ Will you enter a smoker's home/car? Yes ___ No ___

Do you have any health restrictions, limitations, necessary accommodations, or other concerns that might affect your volunteer work? Yes ___ No ___ (if yes, explain) _

Supplement for Drivers

If you are willing to help transport members in your own vehicle, complete this information. Drivers are not reimbursed for expenses within our service area (Methow School District), but for trips outside the area, for example, to Omak, Brewster or Wenatchee, there will be a fixed reimbursement offered to you by MAH, depending on the distance.

Driver information

Name _____ Date of Birth _____

Do you have a current WA State Drivers License? Yes ___ Any Restrictions? _____
If you do not have a WA State Drivers License, you are not eligible to be a MAH volunteer driver.

Have you been convicted, during the last 10 years, of a DWI or driving under the influence of drugs? Yes ___ No ___
If yes, explain, giving the date and city, county, state. _____

Your Auto Insurance Company: _____

***** Attach a copy of your current insurance card(s) to this form *****

Vehicle Information

Auto Yr.	Make/Model	Lic. Plate #	Winter tires?	4 or All Wheel Drive?
(1) _____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____

I understand that as a volunteer for Methow At Home, I am responsible for carrying my own auto liability insurance; therefore, Methow At Home is released from all liability with respect to my active volunteer driver status. If my auto insurance policy is lapsed or cancelled, I agree to notify MAH and will not transport members in my vehicle.

Signature _____ Date _____

Volunteer and Confidentiality Agreement

By submitting this application, I affirm that the facts set forth in it are true and complete. As a Methow At Home volunteer, I agree to the following:

1. I agree to conform to all Methow At Home policies and procedures.
2. I understand that if I am accepted as a volunteer, any false statements or omissions made by me on this application may result in immediate termination of my service as a volunteer.
3. I will offer my time without monetary compensation.
4. I authorize Methow At Home to contact my references and perform a background check, including any criminal records. I understand that all information collected in my background check will be kept confidential. Any reference contacted has my permission to provide their candid evaluation of my suitability for the described volunteer work.
5. I agree to indemnify Methow At Home against, and hold it harmless from, all loss and expenses arising out of any act, neglect or fault on my part in the course of volunteering. I further agree that I, my assignees, heirs and legal representatives will not make any claim against or sue Methow At Home, its officers, agents or contractors for injury or damage resulting from my act, neglect or fault as a volunteer. I HEREBY RELEASE AND DISCHARGE METHOW AT HOME AND ITS OFFICERS, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS OR DEMANDS THAT I, MY HEIRS AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY VOLUNTEERING. I FURTHER UNDERSTAND THAT, IF I AM INJURED IN THE COURSE OF MY VOLUNTEER WORK FOR METHOW AT HOME, I AM NOT COVERED BY ANY WORKERS' COMPENSATION PROGRAM.
6. As a Methow At Home volunteer, I understand that it is imperative to protect the confidentiality of all information, including medical information, pertaining to any member, non-member or other volunteer or client associated with Methow At Home, and that any unauthorized possession, use, copying, reading or disclosure of applicable records, ledgers or files is prohibited and grounds for immediate termination of my service as a volunteer.
7. I hereby DO DO NOT authorize Methow At Home to use any photographs taken of me while I am engaged in Methow At Home activities, on its website and in publications and to release such photographs for publication in newspapers, magazines, and other printed material without notice or compensation to me, my heirs or assigns.

Your signature confirms that you understand and accept the terms of the Volunteer and Confidentiality Agreement set forth above. You also understand that Methow At Home is not obligated to use your services, and if you are offered a volunteer position, you are not obligated to accept it. The information you have submitted will not be given to any other parties without your permission.

Date _____

Print Name _____ Signature _____

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