

Volunteer Application

Basic Inform	ation								
Name									
Street Address									
							-1		
City			S1	tate			Zip		
Home Phone		Cell Pho	one		Ema	ail	<u> </u>		
How did you fir	nd out abou	it volunte	eering fo	or At Home	by H	ligh?			
V I	•11 1.1								
Volunteer Sk									
What are your i	nterests ar	id hobbie	es?						
Do you have pr	evious volu	nteer ex	perience	e? If so, ple	ease (describe	e the orga	anization	(s) and
your role:									
Voluntoes Av	بيانام داني								
Volunteer Av									
How often wou	ıld you like	to volun	teer? (C	ircle the m	nost l	ikely)			
1 x week	2 x weel	k 2>	k month	1 x month Other:					
		Man	T	W-J	Thu		F:	0-4	0
	15)	Mon	Tues	Wed	Thu	rs	Fri	Sat	Sun
Morning (8am-									
Afternoon (12pm-5pm)									
Evening (5pm-9pm)									
Comments:									

Volunteer Opportunities Available (select all opportu	ınities of interest)				
Home Services					
*Computer/technology assistance					
*Handy services (hang pictures, change lightbulbs, fix st	tuck windows, etc)				
*Help with reading/writing mail or bills					
*Organizing (paperwork, clothing, storage, etc)					
Snow removal					
Yard work and gardening					
*Carrying / lifting / moving items					
Friendly Visits and Check-ins					
Check-in calls (approx. 15 minutes daily or weekly deper	nding on need)				
*Companionship visits (approx. 30-60 minutes)					
*Short walks					
Transportation (additional application information required -	see Appendix A)				
*Transportation Assistance (errands or leisure)					
*Transportation Assistance for medical appointments					
Run errands for member - without member present (pick	c up prescriptions, etc.)				
Grocery or meal delivery					
Pet Care					
*Care for cat(s) while member is unable to do so					
*Care for dog(s) while member is unable to do so					
*Care for another type of pet (e.g., bird, aquarium) whe	*Care for another type of pet (e.g., bird, aquarium) when a member is unable				
*Dog walking					
Wellness Activities					
Lead group walks other physical activities (biking, etc)					
Note-taking at medical appointments					
Offer exercise classes or group activities (yoga, tai chi, e	etc)				
Offer nutrition or cooking classes					
At Home by High Administrative and Program Support					
Communications support (newsletter, mailings, publicity	y, social media)				
Data entry support					
Event day-of support					
Event photographer					
Event planning support					
Fundraising support					
Host event or activity (business or private residence)					
Speaker or educator for an event					
Volunteer coordination support					
Other:					

^{*} This activity will require a background check prior to a volunteer assignment. See Page 4.

References					
1. Name:	Phone	Email			
Relationship:					
2. Name:	Phone	Email			
Relationship:					
Emergency Contacts	l Di				
1. Name:	Phone	Phone			
Relationship: 2. Name:	Phone	Dhana			
	Phone	Phone			
Relationship:					
Dhata wank Widaa Dalaasa					
Photograph/Video Release					
multi-media publications included sites such as Facebook and Instruction of At Home grant At Home by High the irrevor other images of me in any purpose; and to alter the same images' rights and uses to At Hits staff and representatives from images. I hereby waive the right	de, but are not limited to stagram, videos and Yoby High. Concerns show ocable and unrestricterint, electronic, digital owithout restriction. I indome by High into perport all claims and liabilit to inspect or approve	ays. At Home by High's digital and to: slideshows, websites, social media ouTube. This release will be kept by the ould be directed to this position. I hereby ed right to use and publish photographs or other media for any legitimate revocably assign such photographs' and betuity. I hereby release At Home by High lities relating to said photographs and e my image or any finished materials that eceive no compensation in connection			
Printed Name :		Date:			
Signature:					
Please initial one of the followi	ng:				
I agree to the above state	ment.				
I disagree to the above st	atement and do not pi	rovide consent to use my image.			

Background Check

We are required to perform a background check on all volunteers who will enter the homes of At Home by High members or assist them with transportation. This protects us, you, and our members. Your personal information and the results of your check will not be shared with anyone outside the immediate At Home by High staff and board. They will be stored in a secure location.

Background check information will be emailed to you after your application has been reviewed. However, if you have had a background check conducted within the last year, you can have your employer or other volunteer agency email a copy to katie.beaumont@athomebyhigh.org or forward a hardcopy to:

692 N High Street, Suite 306
Columbus, OH 43215
_____ I will need to complete a background check.

Volunteer Driver Additional Information							
Driver's License Number	Expiration	Car Ins	surance Company	Ins. Expiration			
What type of vehicle will you have available?							
2 Door Sedan	2 Door Sedan		SUV				
4 Door Sedan			Mini Van				
Other, please specify:							
Please submit the following documentation with your application to become a volunteer driver:							

____ I should have a current background check on-file and will have it forwarded to AHBH.

Please scan and email completed applications to katie.beaumont@athomebyhigh.org or mail a completed hardcopy application to:

At Home by High

692 N High Street, Suite 306 Columbus, OH 43215

Questions about the application?

Current proof of insurance

Photocopy of your valid driver's license

Please contact At Home by High at katie.beaumont@athomebyhigh.org or by calling 614-686-4363.