



VOLUNTEER APPLICATION

Welcome to Ark Valley Helping Hands (AVHH).

This form must be filled out prior to accepting any requests for services as a volunteer of the organization.

Name _____

Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Phone: Mobile _____ Home _____

Email _____

Contact Person in case of an Emergency _____

Relationship _____

Address _____

Phone _____ Email _____

Please tell us which services you are interested in participating in as a volunteer with AVHH. Check all that apply:

___	Driving to Appointments, Grocery Store, etc.	___	Occasional pet care
___	Grocery Shopping or errands for members.	___	Friendly Visits or Walks
___	Light Yard Work, raking, gardening,	___	Weekly Care Calls

	weeding		
___	Light Cleaning and home organizing	___	Caregiver Respite
___	Snow Shoveling	___	Special Saturdays – seasonal chores
___	Handy Services	___	Other: Happy to help when needed
___	Computer/ Technology Help	___	

We ask that you commit to at least 6 service requests per year.

All member service requests are open for all volunteers to accept and fulfill. Instead, would you like to be paired with a member? Yes _____ No _____

Background

What do/did you do professionally? _____

How did you hear about AVHH? _____

Donations and Fees

You are welcome to donate to Ark Valley Helping Hands at any time and it would be greatly appreciated. We are a volunteer based organization, but do have costs associated with liability insurance to cover our volunteers, staff, as well as office expenses including our database used for service requests, etc.

Background Check

To maintain our liability insurance and to protect you, the organization and all our members and volunteers, we are required to do a background check on everyone providing services. Once your application is processed, we will contact you about next steps.

Driver’s License

Please attach a copy of your driver’s license.

Waivers

I waive any right or cause of action arising as a result of participation in Ark Valley Helping Hands from which any liability may or could accrue against Ark Valley Helping Hands or its officers, staff and directors collectively or individually.

I give permission to use photos taken by Ark Valley Helping Hands for promotional purposes for AVHH and for sharing with partners and sponsors.

My signature below certifies that all statements made on this application are true, complete, and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied.

Signature _____ Date _____

COVID Waiver

We do our best to ensure the safety of our members and volunteers alike. As such, we require our volunteers to be vaccinated against COVID-19 and take precautions when interacting, such as wearing a mask. Please sign the attached waiver and include a copy of your COVID vaccination card to complete your application.

Thank you! We think you are awesome!

ARK VALLEY HELPING HANDS
P.O. Box 1426
SALIDA, CO 81201
719-530-1188
info@avhelpinghands.org

Ark Valley Helping Hands Volunteer Coronavirus/COVID-19 Liability Waiver

It is our policy to follow the current COVID-19 guidelines as determined by Chaffee County Public Health.

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still strongly recommend practicing physical distancing and mask wearing indoors, regardless if a member has been vaccinated or not. We require volunteers who will be conducting in-person services (indoor, outdoor and transportation/delivery) to be vaccinated against COVID-19. There are still opportunities for unvaccinated volunteers, such as making care calls, handling mailings, etc.

I further acknowledge that Ark Valley Helping Hands cannot guarantee that I will not become infected with the Coronavirus/COVID-19.

I understand the risk of becoming infected by the Coronavirus/COVID-19 which may result from the actions, omissions, or negligence of myself and others, including, but not limited to, interaction with Ark Valley Helping Hands members.

I provide services as an Ark Valley Helping Hands volunteer and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19.

I acknowledge that I must wear a mask when interacting with Ark Valley Helping Hands members when indoors or within the confines of a vehicle.

I attest that:

- I have not been recently diagnosed with the Coronavirus/COVID-19.
- I have received the COVID-19 vaccine.
- I am not experiencing any symptoms of illness such as: cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly-impacted area within the United States in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Ark Valley Helping Hands harmless from, and waive on behalf of myself, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act, of the program, or may otherwise arise in any way in connection with any services provided to Ark Valley Helping Hands members. I understand that this release discharges Ark Valley Helping Hands from any liability or claim that I or my heirs or any personal representatives may have against the organization, with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services provided to Ark Valley Helping Hands members. This liability waiver and release extends to the Chaffee County Public Health Department together with all partners, employees, and private contractors.

Printed Name:_____

Signature:_____

Date:_____