

Volunteer Application

Complete paper application form and mail to: Anderson Valley Village
P.O. Box 576
Boonville, CA 95415

Questions? Contact Village Coordinator @ 707-684-9829 or andersonvalleyvillage@gmail.com

Informal Interview

You will participate in an informal chat (which may be by phone or in person) so that AVV gets to know you. We want to ensure that your volunteer activities will serve AVV and also be fulfilling for you.

Background Check

Each volunteer will be asked to undergo a reference check, and if volunteering to drive a DMV check. We will need a copy of your driving record, which can be accessed at <https://www.dmv.ca.gov/portal/dmv/detail/online/dr/welcome> or in person at the DMV. It costs \$2.00 if done online and \$5.00 if done at the DMV.

Orientation and Training

Each volunteer will receive orientation and training prior to the commencement of their service with AVV. During the orientation we will discuss how the village works and what the expectations, rights and responsibilities of an AVV volunteer are. You will also find out about what is expected of drivers and those interacting directly with members.

During the training portion we will address the use of the AVV website and the procedures for accepting a volunteer opportunity.

Attendees will be given the AVV volunteer agreement to review and sign. You will be asked to furnish copies of your driver's license and proof of insurance. Attendees will also receive copies of the AV Volunteer Handbook Part B.

VOLUNTEER APPLICATION					
APPLICANT INFORMATION					
First Name:	Middle Name:	Last Name:			
Do you have a preferred nick name?					
Gender Female <input type="checkbox"/> Male <input type="checkbox"/>					
Address:	City:	State: CA	ZIP Code:		
How long have you lived at this address?					
Home Phone: ()			Cell Phone: ()		
Email:					
What is the best way to contact you? <i>(please circle)</i> Email Home phone Cell Phone Mail Text					
What languages do you speak? _____					
Are you a member of Anderson Valley Village <input type="checkbox"/> Yes <input type="checkbox"/> No					

PLEASE CHECK THE OPPORTUNITIES THAT INTEREST YOU**Volunteer with members***Assistance with electronics*☐ Configure cell phone ☐ Mac help ☐ PC help☐ Install a printer /Set up TV/ remote control☐ Use social media*Home Maintenance*☐ Gardening/ Weed whacking☐ Home safety check☐ Mending/Sewing☐ Minor repair☐ Occasional housekeeping chores*Pet Care*☐ Feed Pet☐ Take pet to vet☐ Walk the dog*Personal Services*☐ Daily check-in calls or visit☐ Decluttering / Downsizing☐ Doctor visit - friend / advocate☐ Evaluating contractor proposal☐ House watching☐ Mailing packages/run errands/p/u prescriptions☐ Meal preparation☐ Preparing for a hospital visit☐ Reading, interpreting documents, organizing mail☐ Reading aloud for pleasure☐ Shopping assistance☐ Translation☐ Walking companion*Support*☐ Respite care for care givers*Transportation*☐ Event/errands/medical appt./grocery transportation**Volunteer Locations**☐ Boonville☐ Philo☐ Navarro☐ Yorkville**Organizational and Village Support***Office Time*☐ Office support☐ Assist with member and volunteer orientation*Organizational Support*☐ Village Committee (events/programs/fundraising/interest group)☐ Board of Directors*Village Outreach*☐ Outreach -(speaking/writing/editing,social media)☐ Host social events☐ Legal support☐ Other _____**Volunteer to Drive**

Errand-running and transportation assistance is frequently requested by members.

Do you own your own vehicle? ☐ Yes ☐ NoIf yes, is the vehicle properly maintained and does it meet safety requirements? ☐ Yes ☐ No
For example: seatbelts, airbags, braking, oil changes regularly, etc.☐ Anderson Valley ☐ Ukiah ☐ Ft Bragg ☐ Santa Rosa

BACKGROUND SCREENING

For everyone's safety, all volunteers will have their references checked and will need to provide their DMV records. (see Background Check above for more information)

California Drivers' License Number: _____ Auto Insurance Carrier _____
Policy Number _____

We will need a copy of your auto insurance if you will be transporting AVV members

OTHER INFORMATION

Please provide any other information you wish to share.
For example: special skills, hobbies, reasons for volunteering.

REFERENCES

Two references are required.

Name _____ Phone (____) _____ Email _____

How long have you known this person? _____ In what capacity? _____

Name _____ Phone (____) _____ Email _____

How long have you known this person? _____ In what capacity? _____

EMERGENCY CONTACT INFORMATION

Local contact:

Name: _____ Phone _____ Relationship _____

Phone (____) _____ Home/Cell/Work Phone (____) _____ Home/Cell/Work

Optional contact:

Name: _____ Phone _____ Relationship _____

Phone (____) _____ Home/Cell/Work Phone (____) _____ Home/Cell/Work

SIGNATURE

Signature of applicant: _____ Date: _____

ATTACHMENT**CONFIDENTIALITY ACKNOWLEDGEMENT & AGREEMENT**

During the course of your activity with Anderson Valley Village, you may have access to information which is confidential and may not be disclosed except as permitted or required by law and in accord with Anderson Valley Village policies and procedures. In order for Anderson Valley Village to properly assist members and engage in successful business planning, certain information must remain confidential. Improper disclosure of confidential information can cause irreparable damage to Anderson Valley Village. Confidential information includes, but is not limited to:

1. Medical and certain other personal information about members.
2. Reports, policies and procedures, marketing or financial information, and other information related to the business of services of Anderson Valley Village, which has not previously been released to the public at large by a duly authorized representative of Anderson Valley Village.

If you have any questions at any time concerning the confidentiality or disclosure of information, please contact Anderson Valley Village at 707-684-9829.

By initialing each section and signing this Confidentiality Acknowledgment, you acknowledge and agree that:

_____ 1. I will only access business information for which I have a legitimate business purpose.

_____ 2. Medical Information is confidential and my access is restricted to my legitimate medical need to know for diagnosis, treatment and care of a particular member.

_____ 3. I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner which is inconsistent with applicable policies and procedures of Anderson Valley Village.

I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY AGREEMENT AND HAVE HAD MY QUESTIONS FULLY ADDRESSED.

Volunteer Signature _____

Print Name _____ Date _____