

**Loudoun Volunteer Caregivers**  
**VOLUNTEER APPLICATION FORM**

**Note:** The information being requested below is to help LVC match volunteers and care receivers. It is made available only to LVC staff.

**TODAY'S DATE** \_\_\_\_\_

**FULL NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

**ETHNICITY** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**PHONE** \_\_\_\_\_

(Home)

(Work)

(Cell)

**EMAIL** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_/\_\_\_/\_\_\_

**DO YOU HAVE CHILDREN WHO MIGHT BE VOLUNTEERING WITH YOU?** \_\_\_\_\_

**PROFESSION / WORK EXPERIENCE** \_\_\_\_\_

Are you currently employed? YES \_\_\_ NO \_\_\_ If yes, Part-time \_\_\_ Full-time \_\_\_

**CURRENT EMPLOYER** \_\_\_\_\_

**Congregation affiliation (if any)** \_\_\_\_\_

**EMERGENCY CONTACT:**

**NAME** \_\_\_\_\_ **RELATION:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

(Home)

(Work)

(Cell)

**How did you hear about LVC?** \_\_\_\_\_

**VOLUNTEER EXPERIENCE/RELATED SKILLS** (skills that would be an asset to LVC):

\_\_\_\_\_

**PREFERRED VOLUNTEERING SCHEDULE** (e.g., once a week, once a month, weekends only, Tuesdays only, etc.) \_\_\_\_\_

**Have you ever been convicted of a crime or denied bond?** YES \_\_\_ NO \_\_\_

If yes, please explain: \_\_\_\_\_

**Are you volunteering to fulfill court mandated community service hours?** YES \_\_\_ NO \_\_\_

If yes, please explain: \_\_\_\_\_

**Do you speak a foreign language?** YES\_\_\_ NO\_\_\_ If yes, please specify\_\_\_\_\_

**Are you a veteran?** YES\_\_\_ NO\_\_\_ If yes, please specify which conflict \_\_\_\_\_

**Do you have car insurance?:** YES\_\_\_ NO\_\_\_

In the last 3-5 years, have you been involved in an auto accident? YES\_\_\_ NO\_\_\_

IF YES, please explain:\_\_\_\_\_

In the past 3-5 years, have you received any driving citations? YES\_\_\_ NO\_\_\_

IF YES, please explain\_\_\_\_\_

**(Optional)** Have you ever had cancer? YES\_\_\_ NO\_\_\_

If yes, would you be interested in being matched with someone currently fighting cancer? YES\_\_\_ NO\_\_\_

**REFERENCES:** Please list the names and contact information of three \*non-family\* references. Each will be sent a reference form to complete and send back to LVC. \*Please alert your references that they can expect an email from our office.

---

**1. NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**2. NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**3. NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

I understand that the references listed above will be contacted and that Loudoun Volunteer Caregivers will do a records check on me. I consent to the release of all relevant information concerning my ability and fitness to work as a volunteer. I certify the information given herein is accurate to the best of my knowledge. I understand this information will be held in confidence and not released to any other person or agency.

I agree to keep confidential from outside sources any information pertaining to clients of LVC. If I use my personal automobile in connection with volunteering with LVC, I agree to keep in effect automobile insurance no less than the minimum required by the State of Virginia.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**VOLUNTEER SERVICES:** Please indicate the areas you are interested in:

**~ ASSISTED TRANSPORTATION PROGRAM**

Routine Medical Transport \_\_\_\_\_ Non-Medical Transport \_\_\_\_\_

Car Type (make and model) \_\_\_\_\_

**ON-CALL** (are you available for one-time or short-term assignments) YES \_\_\_ NO \_\_\_

**~ SUPPORTIVE SERVICES PROGRAM**

Chore Corps:   \_\_\_ Minor Home Repairs                                   \_\_\_ Light Housekeeping  
                  \_\_\_ Moving/Packing                                       \_\_\_ Yard Work  
                  \_\_\_ Errands   \_\_\_ Loudoun Hunger Relief Delivery (Leesburg)  
                  \_\_\_ Paperwork   \_\_\_ Dulles South Food Pantry Delivery (Sterling)  
                  \_\_\_ Friendly Calls   \_\_\_ Respite Care  
                  \_\_\_ Shopping for/with Care Receiver   \_\_\_ Visiting

If you are interested in yard work or handy work, what tools do you have that you could bring with you to an assignment?

---

---

Mission Support: \_\_\_ Committee Member           \_\_\_ Event Support           \_\_\_ Office Support

**~ MONEY MANAGEMENT PROGRAM (MMP)**

\_\_\_ Representative Payee

704 South King Street, Suite #2

Leesburg, VA 20175

703-779-8617

[lvcaregivers@lvcaregivers.org](mailto:lvcaregivers@lvcaregivers.org)

### **CONFIDENTIALITY AGREEMENT**

I agree to keep confidential all information pertaining to care receivers with whom I may interact with during my volunteer assignments with Loudoun Volunteer Caregivers. This agreement of confidentiality extends to names, addresses, telephone numbers, as well as personal, medical, and/or financial information, in written, verbal, and digital form.

I understand that any information pertaining to the care receivers and to Loudoun Volunteer Caregivers is privileged and is not to be disseminated by me. My failure to abide by this agreement can result in my immediate dismissal from Loudoun Volunteer Caregivers.

**NAME** \_\_\_\_\_  
(Please print)

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Loudoun Volunteer Caregivers**  
704 South King Street, Suite #2  
Leesburg, VA 20175  
(703) 779-8617      (703) 779-8616 (fax)

**CONFLICT-OF-INTEREST AGREEMENT**

In accordance with the spirit of service and assistance Loudoun Volunteer Caregivers provides to the care receivers who request LVC services, all volunteers who apply to become a Loudoun Volunteer Caregiver must sign this conflict-of-interest agreement.

I \_\_\_\_\_ (Full name) agree to

1. treat with strict confidentiality any information concerning a care receiver with whom I am working as a Loudoun Volunteer Caregiver, discussing care receiver issues only with the appropriate LVC program staff.
2. never use my knowledge of a care receiver's personal and financial situation to my own benefit or that of my employer, associates, family, friends, or acquaintances.
3. never require the payment of any money or property, regardless of its nature, in exchange for providing LVC services.
4. never accept loans or gifts of money or property, regardless of its nature, in exchange for providing LVC services.
5. make no loans or gifts of money or property to a care receiver, except personal gifts, the value of which shall not exceed \$100 in any calendar year.
6. make no suggestion or recommendations to any care receiver from which I, my employer, associates, family, friends, or acquaintances may profit or benefit in any way.
7. refrain from giving a care receiver any advice on matters of health care or real property.
8. avoid any activity that would place me in a position of actual conflict of interest or the appearance of a conflict of interest.

I also agree that the requirements and prohibitions of this Conflict of Interest Agreement shall survive the expiration of my service and tenure as a Loudoun Volunteer Caregiver.

**ACCEPTED & AGREED TO BY:**

**NAME** \_\_\_\_\_  
(Please print)

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



**Caregivers**  
704 South King Street, Suite 2  
Leesburg, VA 20175  
(703) 779-8617  
[www.LVCaregivers.org](http://www.LVCaregivers.org)

## **Volunteer Liability Waiver**

**Please read and initial beside each statement below, and sign your name and date in the spaces provided. Thank you for your volunteer service!**

\_\_\_\_ I agree to hold harmless Loudoun Volunteer Caregivers, their officers, directors, and agents, including volunteers, from any liability for illness, injury or death arising from or in connection with my participation in LVC activities.

\_\_\_\_ I understand that for Chore Corps assignments I am not permitted to do projects related to electrical, plumbing, structural repairs, jobs involving a ladder, or repairs/installation/replacement of a smoke detector.

\_\_\_\_ I understand that LVC's supplemental insurance may cover me for accident or injury only after my personal insurance, and is determined on a case by case basis.

\_\_\_\_ I agree not to take any photographs of the care receiver I am helping or post anything to the Internet about this assignment unless there is a signed agreement in the file of the Care Receiver at the LVC office.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**LOUDOUN VOLUNTEER CAREGIVERS  
PERSONAL RELEASE  
PHOTO / VIDEO**

**Grant / Release**

I, \_\_\_\_\_ hereby expressly and irrevocably grant to Loudoun Volunteer Caregivers (LVC) the right to photograph me and to use my image / video and my first name and last initial, city/state of residence in all forms and media including composite or modified representations for all purposes including communications, promotions, advertising, and any commercial purpose in connection with Loudoun Volunteer Caregivers. I waive the right to inspect or approve version of my image (still or video) used for publication or the written copy that may be used in connection with the images, and I waive any right to compensation from or related to the use of my image / video.

I have read and fully understand this Agreement and I am over the age of 18. This agreement expresses the complete understanding of the parties.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_