



ElderNet of Lower Merion and Narberth
9 S. Bryn Mawr Avenue, Bryn Mawr, PA 19010
Tel: (610)-525-0706 Fax (610)-525-7106 Website: www.eldernetonline.org
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ElderNet provides a safety net for older and disabled adults to help them remain in their homes with dignity and strengthens food and financial security for all community members in need of support.

To read more about the volunteer opportunities with ElderNet, please go to <https://eldernetonline.org/volunteer/>

Volunteer Application

Name: _____

Date of Application: _____

Date of Birth: _____

Address: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Which do you prefer to be contacted on? _____

How did you hear about ElderNet? _____

Race (For Reporting Purposes Only):

American Indian/Alaskan Native

Asian

Black/African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

Are there any skills or talents that you would like to offer? _____

Do you speak any other languages? _____

What company do you work for and what is your occupation? _____

Do you belong to any organizations? _____

Do you volunteer with any other organizations? _____

How would you like to help?

- Driving to medical appts:

Yes No

- Essential errands to bank, pharmacy, etc Yes No
- Pantry: Yes No
- Special Events Yes No
- Grocery shopping: Yes No
 - With Participants For Participants
- Friendly Caller Yes No
- Friendly Visitor Yes No
 - Companion activities (visit, read to, go for walks)
 - Read mail, pay bills
 - Fill out forms
 - Go on short outings
 - Do small projects
- Odd Jobs Yes No
 - Small repairs/handyman
 - Yard work
 - Help client prepare for a move
 - Clean out a closet/cupboard

Other Information Needed:

As part of ElderNet’s application process, we will need a few more pieces of information from you:

1. **A copy of your driver’s license or other government-issued ID.** This will be used to complete a background check for all volunteers.
2. **Have you used any other first or last names?** This will help complete the background check.
3. **A copy of your car insurance card.** For volunteers who will be escorting participants only. We will also need updated insurance information when your policy is renewed or changed.
4. **Three references.**

Name	Phone Number	E-Mail	How Long Have You Known Them?

I have read this form, understand the questions, and have represented my information factually.

Signature: _____ Date: _____



For office use:

Interview	_____
3 County bkgrd:	_____
PATCH bkgrd:	_____
References sent/rec'd:	_____
Driver's Lic/Ins:	_____
RS/Mail List	_____

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