



**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](http://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	_____

Page 2

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