

Brisbane Village Helping Hands Volunteer Opportunities



Volunteer Name _____

Please indicate the days of the weeks and times of day you are available in the area(s) of interest to you:

Services

Availability-Times and Services to Offer

Transportation: Rides to doctor/dentist appointments, grocery shopping, errands, etc.

Companionship: Friendly visits in person or by telephone, walking visits

Light Home Maintenance: Take out trash, recycling, change light bulbs, flip mattresses, minor repairs, light yard work, etc.

Technology Assistance: Computers, TV, phone help

Social Events/Admin: helping to organize and host occasional social events for Village members/administrative tasks

Other talents you have to offer/comments

For Office Use Only: Initial _____ Date _____

- DOB _____
- Driver's Lic. Exp. _____
- Insurance Exp. _____
- Background Check _____
- Reference _____