

VOLUNTEER APPLICATION FORM

Tracy Charities-Activities-Resources-Events-Services

HEALTH AND WELLNESS

Personal / Contact details:	
Date	/ /
Name	
Address	
Phone 1	
Phone 2	
Email address	
Preferred method of contact	
Current Occupation / Study	<input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <u>Details:</u> <input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <u>Details:</u>
Emergency Contact Details: Name: Relationship to you: Phone 1: Phone 2:	
Birthday	

References. Please provide the name and contact details of at least two references:

Name: Male Female

Phone1: Phone2:

Relationship to you:

Name: Male Female

Phone1: Phone2:

Relationship to you:

Name: Male Female

Phone1: Phone2:

Relationship to you:

Experience and Interest(s). Please provide details of experience relevant to this role:

Please check any of these skill areas if they relate to you:

- Training or education in health and wellness-related professions
- Experience in volunteering in community-based non-profits
- Other: _____

Please check any of these areas that you would like to volunteer for or be a regular sponsor:

- Year Round Food Prescriptions
- Year Round Tracy CARES-ALERT Taskforce*
(Community Assistance in Relief Effort Services-Alliance & Learning Emergency Response Team)
- Seasonal Turkey Meal Drive for the Homebound/Silver Bells Holiday Tree-Care Packages & Food Drive

Please elaborate on these experiences in the space below:

Languages spoken

Other voluntary work

Hobbies / Interests

Why are you interested in becoming a Tracy CARES volunteer?

Please indicate your availabilities in the space below

Where did you hear about Tracy CARES?

Personal Information:

Age

<18 18-25 26-35 36-45 46-55 55+

Gender

Male Female

Language spoken at home?

Highest education qualification achieved?

Privacy statement:

The personal information on this form is being collected for the purposes of recruiting and selecting individuals wishing to volunteer with Tracy CARES. The information may also be required for evaluation purposes. Any evaluation reports developed will not identify individual volunteers by name. This information may be shared with Central Valley Senior Care Network organization and members.

Please check if you would like to receive regular email notification of available volunteer opportunities with Tracy CARES.

By signing this form I attest that the information supplied is true and accurate.

I understand that submitting this application form does not automatically register me as a volunteer but that there is a selection process based on volunteer opportunities that fit my interests and availability. I confirm that I am willing to volunteer at least once a year to remain active with Tracy CARES Volunteer Program.

Signature: _____

Name: _____ **Date:** _____

Tracy CARES is committed to the safety and wellbeing of everyone accessing our service. Our mission is to promote health, wellness and safety of the people and communities we serve. We also support the rights and wellbeing of our staff and volunteers and encourage their active participation in building and maintaining a secure environment for all participants.

TRACY CARES PROGRAMS & SERVICES:

FOOD PRESCRIPTIONS PROGRAM-(REQUIRES VOLUNTEERS AS NEEDED) IN PARTNERSHIP WITH THE COMMUNITY, TRACY CARES ACCEPTS NON-PERISHABLE ITEMS AND/OR MONETARY DONATIONS TO HELP ASSIST LOW-INCOME SENIORS THAT ARE REFERRED TO OUR FOOD PRESCRIPTIONS PROGRAM BY THEIR PRIMARY CARE DOCTORS. SENIORS ALSO BENEFIT FROM OUR MONTHLY SEMINARS ON TOPICS, SUCH AS, DIABETES MANAGEMENT, NUTRITION AND HYPERTENSION, AND HEALTHY HEART.

TRACY CARES-ALERT TASKFORCE-(*VOLUNTEERS MUST BE CERTIFIED IN FIRST AID, BLS OR CPR THROUGH OUR APPROVED TRAINER TO BECOME A MEMBER OF OUR TASKFORCE) THIS PROGRAM STANDS FOR TRACY COMMUNITY ASSISTANCE IN RELIEF EFFORT SERVICES-ALLIANCE & LEARNING EMERGENCY RESPONSE TEAM TASK FORCE. OUR TASKFORCE IS AVAILABLE TO ORGANIZE A COMMUNITY RELIEF EFFORT TO PROVIDE CARE PACKAGES AND/OR FOOD DRIVE TO AID IN DISASTER RELIEF IN AND AROUND CENTRAL VALLEY, AS WELL AS PARTICIPATE IN ANY LOCAL SPECIAL EVENTS TO PROVIDE FIRST AID SERVICES. WE WELCOME MONETARY DONATIONS TO CREATE THE FOOD BOXES, CARE PACKAGES AND FIRST AID KITS.

TURKEY MEAL DRIVE FOR HOMEBOUND SENIORS-(REQUIRES VOLUNTEERS AS NEEDED) EACH YEAR, TRACY CARES SPONSORS 3-5 RESIDENTIAL CARE HOMES FOR THE ELDERLY AND PROVIDE THEM WITH A TURKEY MEAL FOR THEIR THANKSGIVING. WE ACCEPT DONATIONS, SUCH AS, TURKEY, PUMPKIN PIE, DINNER ROLLS, MASHED POTATOES, CRANBERRY SAUCE AND GRAVY SAUCE.

SILVER BELLS HOLIDAY TREE-FOOD AND CARE PACKAGE DRIVE-(REQUIRES VOLUNTEERS AS NEEDED) EACH NOVEMBER WE INVITE LOCAL SENIORS IN TRACY TO REGISTER FOR A CHANCE TO RECEIVE A HOLIDAY FOOD BOX OR CARE PACKAGE THROUGH OUR RAFFLE DRAWING AND/OR SPONSORSHIP FROM OUR COMMUNITY. RAFFLE RECIPIENTS AND SPONSORED RECIPIENTS WILL BE NOTIFIED BY PHONE AND WILL BE POSTED ON OUR FB PAGE.

SENIOR CARE COORDINATION & IN-HOME CARE-WE OFFER CARE COORDINATION AND IN-HOME CARE SERVICES FOR FAMILY CAREGIVERS OR SENIORS THAT NEED ASSISTANCE IN FINDING SENIOR RESOURCE OR ASSISTANCE WITH PERSONAL CARE SERVICES. MONETARY DONATIONS AND/OR PROGRAM SPONSORS ARE WELCOME (FEES DO APPLY)

SAFETY PREPAREDNESS LIVE TRAINING-WE OFFER LIVE GROUP TRAINING FOR YOUR WORKPLACE WELLNESS AND WORK-RELATED INITIAL/RENEWAL COURSES IN FIRST AID, BASIC LIFE SUPPORT & CPR. MONETARY DONATIONS AND/OR PROGRAM SPONSORS ARE WELCOME (FEES DO APPLY)

INTERGENERATIONAL WELLNESS EVENTS-(REQUIRES VOLUNTEERS AS NEEDED) WE ARE AVAILABLE TO ORGANIZE/CO-ORGANIZE COMMUNITY EVENTS SUCH AS, 5K WALK/RUN & RESOURCE FAIRS TO BRING TOGETHER THE YOUNG AND THE OLD TOWARDS HEALTH AND WELLNESS PROMOTION. MONETARY DONATIONS AND/OR PROGRAM SPONSORS ARE WELCOME (FEES DO APPLY)