

**Family Eldercare**  
**Lifetime Connections Without Walls Volunteer Application**

**Please forward to:**  
**Lifetime Connections Without Walls**  
**Attn: Mary Shetty**  
**1700 Rutherford Ln, Austin 78754**  
**Business: (512) 628-1688 Fax: (512) 459-6436**  
**Email: mshetty@familyeldercare.org**

This information is confidential and is available only to Family Eldercare Staff.

Last Name (Ms., Mrs., Mr.): \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

When is the best time to reach you? \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you currently employed? \_\_\_Yes \_\_\_No \_\_\_Part-time \_\_\_ Full-time

Place of Employment \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_Yes \_\_\_No

How did you hear about Family Eldercare/Lifetime Connections?  
\_\_\_\_\_

**EDUCATION/SKILLS/TRAINING**

Highest Level of Education:

Elementary GED High School College Advanced Degree Other: \_\_\_\_\_

Subject Areas Studied: \_\_\_\_\_

Additional Training/Skills: \_\_\_\_\_

**PROFESSIONAL REFERENCE**

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

Number of Years Known: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**VOLUNTEER-RELATED INFORMATION:**

How much time can you contribute to volunteering?

- Weekly     Daily     Monthly     Project-based     Other: \_\_\_\_\_

**AVAILABILITY** (please check all that apply)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

**VOLUNTEER PREFERENCE**

- Group Facilitator:** Prepare and lead one or several group activities from your home or office.
- Reminder Caller:** Call from your home or office to remind participants of their scheduled activities. Then call LCWW with update.
- Special Project Volunteer:** Provide clerical support, assist in mailings, and/or other duties as assigned.
- Other:** \_\_\_\_\_

**Emergency Contact: (Name, Address, Phone Number, and Relationship)**

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**Lifetime Connections Without Walls takes great care in creating and maintaining volunteer opportunities that are gratifying for both volunteers and LCWW participants. To help us foster an enriching volunteer experience for you, please tell us about yourself.**

Why would you like to volunteer with Lifetime Connections Without Walls?

What do you hope to receive from volunteering with Lifetime Connections Without Walls?

Why do you want to work with older adults?

Please describe your current and past volunteer & work experience, using additional sheets if necessary.

What are your interests, hobbies, leisure activities, etc.?

What else would you like us to know about your personality and background?

## **VOLUNTEER AGREEMENT**

1. All volunteers are encouraged to remain active for a minimum of 12 week session.
2. Notification is necessary when absent from volunteer duties.
3. Advance notification of at least two weeks should be given when a volunteer plans to become inactive.
4. I will maintain a firm commitment to professional conduct:
  - a. Participant information must be held in strict confidence.
  - b. I will discuss participant circumstances only with program staff personnel.
5. I am not permitted to accept gifts or money from participants or to handle clients' finances and/or personal affairs in any way.
6. I am not permitted to make loans or gifts of money or property to a client.
7. I will never use knowledge of a client's personal or financial situation or make suggestions or recommendations to any client on matters of health care, finances, or real property, from which the volunteer, volunteer's employer, associates, family, friends or acquaintances may profit or benefit in any way.
8. I will avoid any activity, which creates a position of actual conflict of interest or the appearance of a conflict of interest.

I understand and agree to the above-mentioned conditions. I hereby certify that I have responded accurately to all questions on this application.

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**Signature of Volunteer**

**Date**

# **Lifetime Connections Without Walls (LCWW)**

Building a community over the phone

[mshetty@familyeldercare.org](mailto:mshetty@familyeldercare.org)

**512-628-1688**