



AGING. BETTER.



Volunteer Application

Today's Date: ___/___/___

Name: _____

Address: _____ City: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Person to notify in case of emergency:

Emergency Contact: _____ Relationship to you: _____

Email: _____ Phone: _____

Yes, you may contact this person if there is concern about my well-being

Volunteers for Lamorinda Village are an important part of our services to members. Volunteers can choose to support Member Services requests or you can also choose to participate as an Office or Program volunteer (see other side).

Please help us ensure that our programs and operations are supported and thriving by choosing all those areas where you have an interest or skill to be of service to the Village.

Member Services - The following list is of volunteer services we are seeking to provide to Lamorinda Village Members. Please choose what is of interest to you or where you have the necessary skills.

The following list is of volunteer services we are seeking to provide to Lamorinda Village Members.

Please choose what is of interest to you or where you have the necessary skills:

- | | |
|---|---|
| <input type="checkbox"/> Computer Wiz-PC | <input type="checkbox"/> MedPal (additional training required) |
| <input type="checkbox"/> Computer Wiz-MAC | <input type="checkbox"/> Organizing/Decluttering Buddy (additional training required) |
| <input type="checkbox"/> Driving/Transport (additional training required; must be 75 or under at time of application) | <input type="checkbox"/> Pet Care |
| <input type="checkbox"/> Errands | <input type="checkbox"/> Phone/Email Check-In |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Reading Aloud |
| <input type="checkbox"/> Friendly Visit/Companion | <input type="checkbox"/> Techie (Tablets, Readers, Phones, TV/VCR/Cable) |
| <input type="checkbox"/> Gardening | Other: _____ |
| <input type="checkbox"/> Grocery/Meal Delivery | <input type="checkbox"/> <input style="width: 100px; height: 20px;" type="text"/> |
| <input type="checkbox"/> Handy Person | |
| <input type="checkbox"/> In-Home Assessments (additional training required) | |

Volunteer Office Corp - Office volunteers provide service to members through support to the LV office. Training will be provided on systems as needed; some experience with Microsoft Windows and

Mail your completed application to: P.O. Box 57, Lafayette, CA 94549

Office programs is helpful but not required. All procedures are (or will be) documented and easy to follow.) Office shifts are a minimum of 2.5 hours (10-12:30 or 12:30-3), Monday – Friday.

- OFFICE Answering Phones
- OFFICE Data Entry (training on LV systems will be provided)
- OFFICE Envelope Stuffing
- OFFICE IT Technical (supports office technical needs, including website)
- OFFICE Phone Outreach
- OFFICE Provider Screening
- OFFICE Service Requests
- OFFICE Volunteer Screening

Program Volunteers – Program volunteers will be part of specific “teams” who will manage each of these noted activities. For example, the Communications Team would support the office by writing for the LV newsletter and helping create weekly event update e-mails. The MedPal Team organizes the program and manages the training of MedPal volunteers.

- PGM Communications Team (experience in marketing/communications helpful)
- PGM Events Team (experience in organizing and managing events of all sizes is helpful)
- PGM Member Support
- PGM Volunteer Team
- PGM Welcome & Satisfaction Team

**Thank you for your interest in keeping our Seniors
living and thriving in Lamorinda!**