



**ONE SOURCE – EMPOWERING CAREGIVERS VOLUNTEER APPLICATION**

Thank you for choosing One Source - Empowering Caregivers as your opportunity to volunteer in our community. When you have completed this application, please email it to: [vc.empoweringcaregivers@gmail.com](mailto:vc.empoweringcaregivers@gmail.com) or by mail to the address below.

I, \_\_\_\_\_ **(print/type your first / last name)**  
 understand that One Source - Empowering Caregivers expects a commitment to provide volunteer respite service of one in-home visit (2-4 hours) every week and/or other volunteer duties as discussed through mutual agreement.

I understand that, based on my volunteer interests, there may be additional expectations of me to attend a training, educational meetings and community events. I understand these are important to be able to provide the best service to our in-home caregivers and their loved ones and to participate in the organization.

I give authorization for a Criminal Background Record Check through the Department of Justice and know acceptance as a volunteer will be the result of the Livescan process. As a volunteer I will represent ONE SOURCE – EMPOWERING CAREGIVERS as a public steward. I accept this responsibility and will conduct myself in an appropriate manner and follow the guidelines that OSEC has required to represent the organization.

**PLEASE PRINT or TYPE**

First/Last Name:			Date:	
Home Address				
City		State		Zip
Mailing Address <small>if different</small>				
City		State		Zip
Home Phone		Cell Phone		
Email Address				
*Signature				

*\*Signatures on this application are not required if the email listed above is the email address you use to email this document to OSEC.*

**VOLUNTEER EMERGENCY CONTACT INFORMATION**

Volunteer First/Last Name:	
Healthcare Provider:	
In case of emergency, notify:	
Phone / Relationship:	
Alternate Person:	
Phone / Relationship:	

**MEDICAL EMERGENCY TREATMENT**

I hereby give OSEC representatives permission to administer basic first aid and/or CPR to me and/or call 911.

Signature above	Date

**LIST ANY SPECIAL SKILLS YOU WOULD LIKE TO OFFER OUR ORGANIZATION**

**LANGUAGE INFORMATION (not required)**

What languages beside English do you speak? Place an X in front of all that apply.

- |                                  |                                   |                                  |                                  |
|----------------------------------|-----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish  | <input type="checkbox"/> French  | <input type="checkbox"/> German  |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chinese | <input type="checkbox"/> Russian |

Others \_\_\_\_\_

## **VOLUNTEER OPPORTUNITIES**

There are many ways to volunteer with the organization. The most crucial need is for respite in-home care volunteers (listed at the top as Volunteer Care Specialist.)  
Place an X before all of the volunteer opportunities that interest you.

Place X HERE	
	Volunteer Care Specialist (Provides non-medical in-home respite visits)
	Administrative Office support
	Grant Writing
	Board Interest
	Public Relations / Social Media
	Community Outreach
	Fundraising and Special Events
	Assessment Team Assistance (R.N.s, social workers)

If you have interest in areas that are not listed, please let us know here and we will find a place for you to join our team.

If you have ideas that you think would enhance our programs or services, please share your suggestions with us.

If you have suggestions that may be useful/helpful to in-home caregivers and their loved ones, please let us know what you think.

**PERSONAL OR PROFESSIONAL REFERENCES**

Please list two people who will serve as a reference with the understanding that you give OSEC permission to contact them:

Name: Phone (C) or (H):

Is this a personal or professional reference?

*For Office Use*

<i>NOTES by initials:</i>
<i>How long has reference know the applicant?</i>
<i>Other comments:</i>

Name: Phone (C) or (H):

Is this a personal or professional reference?

*For Office Use*

<i>NOTES by initials:</i>
<i>How long has reference know the applicant?</i>
<i>Other comments:</i>

On behalf of the many families in need of support, thank you for your application!  
We will be in touch with you shortly to set up an in-person interview.

One Source – Empowering Caregivers  
524 Brunswick Road -- Grass Valley, CA 95945  
530.205.9514 -- <https://empoweringcaregivers.org> -- [vc.empoweringcaregivers@gmail.com](mailto:vc.empoweringcaregivers@gmail.com)

