



Palos Verdes Peninsula Village

• Stay Settled • Stay Connected • Stay Engaged

VOLUNTEER APPLICATION

DATE: _____

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: Home _____ Cell: _____ Work: _____

EMAIL ADDRESS: _____ BIRTHDATE: _____

OCCUPATION: _____

EMERGENCY CONTACT: Name : _____ Phone: _____ Cell: _____

REFERENCES (please list two non-family members)

NAME: _____ PHONE: _____ RELATIONSHIP _____

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Please tell us what you would like to do in your volunteer capacity. Check all that apply

☐ **Transportation**

Such as to medical appointments, local shopping, beauty salons, exercise classes.

☐ **Minor Handyman Work/Help at Home**

Changing light bulbs, alarm batteries, hanging pictures, moving boxes, light gardening.

☐ **Technology Trouble Shooting**

Help with computers, printers, cell phones, social media access.

☐ **Village Connections**

Friendly home visits, phone call check-ins running errands, pick-up groceries etc.

☐ **Office Support**

Help with data input, files, mailings, copying, supply inventory.

☐ **Communications**

Photography, newsletter, public relations support.

☐ **Events**

Help with special events such as setup and cleaning, providing refreshments, greeting participants.

Skills we might be able to utilize?

VOLUNTEER SCREENING

As with other Villages, the Palos Verdes Peninsula Village has an obligation to protect our members so that they enjoy safe, positive experiences with the volunteers who assist them.

The Palos Verdes Peninsula Village requires that all volunteers, including members and staff be screened. The Palos Verdes Peninsula Village has contracted with Sterling Volunteers to conduct a background check of all volunteer applicants. Policies and procedures at Sterling Volunteers and the Palos Verdes Peninsula Village ensure that your privacy and sensitive data are maintained.

I AGREE TO THE FOLLOWING: The completion of this application does not mean that I will automatically become a volunteer. If accepted as a volunteer for the Palos Verdes Peninsula Village, I understand that, while I am not an employee of the Village, I am an important ambassador within the community. As a Palos Verdes Peninsula Village volunteer, I hereby release and discharge Palos Verdes Peninsula Village from all responsibility or liability for services rendered by any third party, and I agree to hold the Palos Verdes Peninsula Village harmless from and against any cost, expenses, damages (including without limitation, reasonable attorney's fees) arising in connection with any and all claims brought by or through me, including but not limited to claims brought by my insurance carrier.

Volunteer, Print Name: _____

Signature: _____ Date : _____

PLEASE INITIAL AND DATE BELOW TO CONFIRM THE FOLLOWING:

Review of the Palos Verdes Peninsula Volunteer Manual: Initial _____ Date: _____

Receipt of the Palos Verdes Peninsula Volunteer Manual: Initial _____ Date: _____

QUESTIONS? Call our office: (310) 991-3324 or email: peninsulavillagepvp@gmail.com

MAILING ADDRESS: 916 SILVER SPUR, #302, ROLLING HILLS ESTATES CA 90274

FOR OFFICE USE ONLY:

_____ Background Check

_____ References Checked

For drivers: _____ Copy of Driver's license

_____ Copy of Auto Insurance

_____ Renewal (Month/Year)