

Thank you for your interest in volunteering with Caring Neighbors. There are many opportunities to provide direct services or to help support our programs. Please complete and return this form (address is provided below)

Name

Address	
Phone (home)	Phone (cell)
Email	
What Would You Like to Do	? Please check jobs you are interested in doing.
"Neighbor to Neighbor Ass	istance" (Background checks for the following):
•	portation for medical and other appointments.
	nd insurance are required. les assistance with minor home repairs or maintenance, such as
5 •	bs, fixing leaky faucets, etc. Requires use of own tools and
-	e: Provides help with problem diagnosis, minor software or
Volunteers make	tion and fixes; orientation to basic computer operations. 'house calls' or provide assistance by phone. Good computer and ability to work with individuals with limited computer
•	vide one to one companionship to residents who may be
visit or call on resi	ealth or transportation limitations. Flexible schedule; volunteer: idents in their homes. Good communication skills needed and ring Neighbor orientation.
_	vide occasional respite relief for a Neighbor who is the primary
	ouse or loved one.
Dog Walker : provides of a dog outside.	dog walking services for neighbors who are not able to handle

B			
	oard of Directors: Serve in a leadership position, providing oversight and guidance for the CNI program. Board terms are 3 years; meetings are usually every month in the afternoon. Board members generally serve on a committee or assume		
C	another volunteer responsibility ommittee Member: Committees and task force members assist the Board of		
Directors in providing oversight and support for CNI. Most committees needed throughout the year and appoint a chairman. Committees inclumarketing, public relations, fundraising, volunteer coordination, resource.			
Sı	pecial Events: Volunteers assist with arrangements for one time or special		
	programs (set up chairs, registration, refreshments, decorate, prepare mailing deliver flyers to homes, etc.) .		
0	ther: I have the following skills I would be willing to share (circle all that apply):		
	Photographer		
	Law/Legal Matters		
	Accounting		
	Web site/ Facebook		
	Volunteer Coordinator		
Signature_	Date		
Need more	information now? Contact us at 843-368-2096 and leave a message.		
	the 3 completed forms to: Caring Neighbors, Inc., c/o Rose Hill POA, 1 Rose Hill		
Way, Bluff	ion, SC 29910		
•	volunteer driver, you must also send a copy of your auto insurance liability for CNI to keep on file.		
If a Caring Nei The primar	volunteer driver, you must also send a copy of your auto insurance liability		