Lifespan Respite Care Volunteer Application

District of Columbia Office on Aging

500 K Street NE Washington, D.C. 20002

**Name: Date of Birth:**

**Gender:**

Address:

Home Phone: Cell Phone:

Email:

Ward:

**Emergency Contact**:

Name:

Address:

Relationship:

Home Phone: Cell Phone:

**Do you have reliable transportation**? Please check or circle all that apply.

Personal Vehicle \_\_\_ Taxi \_\_\_ Metro\_\_\_ Metro Access\_\_\_

Have you ever been convicted of a misdemeanor or a felony? Yes or No

If yes, please explain:

**Are you at least 18 years old?** Yes No

**Referral Source:**

Address:

Business Phone:

**Qualifications:** Describe your qualifications and why you can make a contribution to the lifespan respite volunteer program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| Availability | 8 am -12 pm  | 12 pm- 4 pm | 4 pm-8 pm | Desired Ward to Work in?  |
| Sunday |  |  |  |  |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

* All applicants are subject to background checks requirements.