



Telephone Reassurance Program - Volunteer Registration

Date: _____

Name: (first) _____ (last) _____ (middle Initial) _____

Address: _____ Town: _____ State _____ Zip Code _____

Phone: _____ Email: _____

Skills: _____

Experience: _____

Availability:

Days: Sunday Monday Tuesday Wednesday Thursday
 Friday Saturday Flexible: _____

Time: _____ AM _____ PM to _____ AM _____ PM

I am able to: Lift and carry Drive a vehicle Make telephone calls
 Translate: Language _____
 Make deliveries Fill out forms
 Use Computers and software Navigate the internet
 Other _____

I understand that I am bound by confidentiality not to reveal client information nor shall I solicit clients for anything at any time. The information I have supplied is correct to the best of my knowledge and I am following all health precautions as outlined by the Center for Disease Control (CDC) and Hunterdon Helpline the precautionary procedures of organization(s) to which I am assigned.

Signature _____

Please return this form to volunteerprograms@helplinehc.org with the subject line "Telephone Reassurance Volunteer".