



Neighbor Network Application

Douglas County Division of Adult Services
4400 Castleton Court · Castle Rock · CO 80109 · 303-660-7519

Name _____ Birth Date _____

Address _____ City _____ Zip _____

Home Phone _____ Cell/Work Phone _____ Social Security # _____ - _____ - _____

Email _____

Primary Transportation _____ Do you smoke ____ Tolerate smoke ____

Physical Limitations/Type _____ List languages spoken _____

_____ Hobbies _____

I live with (check all that apply)

- Alone
- Spouse or Partner
- Children
- Parents
- Non-Relatives
- Dog/Cat

Are you allergic to pets? _____

Indicate on chart when you are available

	M	T	W	T	F	S	S
AM							
noon							
PM							

Flexible: Days _____ Times _____

Emergency Contact Info

Name _____

Home Phone _____

Cell/Work Phone _____

Doctor _____

Doctor Phone _____

Address _____

Hospital _____

Insurance _____

ID # _____

Auto Insurance

Company _____

Policy # _____

Auto Type _____

Auto License # _____

Please provide 3 references:

Name _____

Address _____

City/State/Zip _____

Phone _____

Name _____

Address _____

City/State/Zip _____

Phone _____

Name _____

Address _____

City/State/Zip _____

Phone _____

Neighbor Network Skills and Needs Survey

I want to **VOLUNTEER / RECEIVE** services (circle one)

Can Help Need Help	Can Help Need Help	Transportation
<input type="checkbox"/>	<input type="checkbox"/>	Metro Area Doctor Visits
<input type="checkbox"/>	<input type="checkbox"/>	Local Doctors Visits
<input type="checkbox"/>	<input type="checkbox"/>	Worship
<input type="checkbox"/>	<input type="checkbox"/>	Errands/Shopping
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Can Help Need Help	Can Help Need Help	Companionship
<input type="checkbox"/>	<input type="checkbox"/>	Friendly Visits
<input type="checkbox"/>	<input type="checkbox"/>	Nursing Home Visits
<input type="checkbox"/>	<input type="checkbox"/>	Adopt a Grandparent
<input type="checkbox"/>	<input type="checkbox"/>	Telephone Calls
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Can Help Need Help	Can Help Need Help	Neighbor Network Support
<input type="checkbox"/>	<input type="checkbox"/>	Fund Raising
<input type="checkbox"/>	<input type="checkbox"/>	Mailings/Surveys
<input type="checkbox"/>	<input type="checkbox"/>	Office Work
<input type="checkbox"/>	<input type="checkbox"/>	Making Copies & Assembling Packets
<input type="checkbox"/>	<input type="checkbox"/>	Scheduling and Phones

Can Help Need Help	Can Help Need Help	Help At Home
<input type="checkbox"/>	<input type="checkbox"/>	Light Housekeeping
<input type="checkbox"/>	<input type="checkbox"/>	Writing Letters/Holiday Cards
<input type="checkbox"/>	<input type="checkbox"/>	Paying Bills
<input type="checkbox"/>	<input type="checkbox"/>	Reading
<input type="checkbox"/>	<input type="checkbox"/>	Handyman

Can Help Need Help	Can Help Need Help	Help In The Yard
<input type="checkbox"/>	<input type="checkbox"/>	Garden & Yard Work
<input type="checkbox"/>	<input type="checkbox"/>	Filling Bird Feeders
<input type="checkbox"/>	<input type="checkbox"/>	Snow Removal
<input type="checkbox"/>	<input type="checkbox"/>	Car Care
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Can Help Need Help	Can Help Need Help	Other (list here)
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Neighbor Network Accepts Donations. Please include a donation with your application
 Your gift is tax deductible and helps to defray program costs, such as background checks, liability insurance and volunteer mileage reimbursement.

I understand that I am choosing to participate in the Neighbor Network Program. While I am performing my assignments, or another member is assisting me, I will not hold the Neighbor Network Program or any affiliate program sites liable for any harm. I understand, in order to be part of the Neighbor Network Program, I must pass a background check conducted by the Douglas County Sheriff's Department. If volunteering, I must also attend an orientation given by the Neighbor Network Program. By signing below, I certify that I have read this document and understand its terms.

Signature: _____ Date: _____



Parent/Guardian Signature (if under 18): _____