



**Volunteer Request Form
Complex Interior/Exterior Work**

Providing essential services since 1978

Name: _____ **Age:** _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

- I have never used Community Partnership on Aging services.
 I have had limited use of Community Partnership on Aging services.
 I have used Community Partnership on Aging services extensively.

Please describe in detail the type(s) of work you are requesting. If you have more than one thing you would like completed, list each job in order of priority with #1 being most important. If your project is accepted, staff will communicate which of your priorities volunteers will be able to address. (Note: If your project is accepted, a staff member will come to your house for additional information and to photograph the potential work.)

Have you received a notice of violations regarding any of your needs? Yes No

Are you willing/able to pay all or a portion of the supplies needed for this job (or jobs)?
 Yes, a portion of the supplies Yes, all of the supplies No

Will you be out-of-town at all during the summer months? Yes No
If yes, when? _____

Would you be willing to fill out a survey after the work is completed? Yes No

*Please fill out this request form and the enclosed client waiver form and return both forms to: Corinne Dunn, Volunteer Coordinator, Community Partnership on Aging, 1370 Victory Drive, South Euclid, OH 44121. The forms can also be faxed to: 216-291-0773. **DEADLINE FOR APPLICATION IS FRIDAY, APRIL 15.***