



Volunteer Request Form
Complex Interior/Exterior Work
(*excluding plumbing and electricity)

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 of work you are requesting. (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 this need? ☐ Yes ☐ No

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

Would you be willing to participate in a follow-up survey regarding the work?
☐ 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 TUESDAY, APRIL 15, 2014.