



Ada County Board of Community Guardians Application for Volunteer Companion

Thank you for your interest! Please complete, sign and return this form by mail, FAX or email.

Ada County Board of Community Guardians
252 E Front Street, Ste 199, Boise, ID 83702
Phone: (208) 287-7978
FAX: (208) 287-7999
adacountybocg@adacounty.id.gov

Name: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Cell _____ Work _____ Home _____

Email: _____

How long have you been in the area? _____

Who referred you to us? _____

Are you presently employed? Yes No

If yes, what is your occupation? _____

Place of employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Why do you want to be a volunteer companion?

What was his/her name? _____

an elderly person
a disabled person
no preference

Dates	Volunteer Position	Duties

If yes, when? _____ What subject? _____

[illegible]

If yes, which language(s)? _____

No

If yes, is your vehicle insured for the legally recommended minimum liability (\$5,000 property damage and \$10,000 personal injury)? Yes No

What is your vehicle license number? _____

Please list 3 references whom we may contact about your capabilities and commitment to volunteerism.

Name	Address	Phone

Please provide an emergency contact.

Name: _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____

I certify that to the best of my knowledge and belief that the statements and information on this form are true, accurate and complete.

Applicant's signature

Date