



ACCAP CHORES & MORE VOLUNTEER APPLICATION/COMMUNITY SERVICE

HOURS: Days and hours are flexible, on-call as needed, or arranged with client.

QUALIFICATIONS: Possess or express a positive willingness to perform any of the following chores: yard and garden maintenance, snow removal, shrub trimming, household cleaning, light maintenance, painting, minor repairs such as minor plumbing, minor electrical, carpentry, plastering, etc.

Ability to follow instructions, work independently, schedule own work, communicate well with senior citizens. Have independent transportation, some tools and equipment helpful, but not essential.

DUTIES: You will work as an independent worker for citizens over the age of 60 in Anoka County.

As an independent worker you will know that you are helping someone who needs your help. Be asked to submit a work record for all work completed at the end of every project. This is necessary for Chores & More records.

The Chores & More Coordinator will screen your application, process a criminal background check, interview you, explain the procedures, and if everything is satisfactory, refer you to clients who need work done.

If you are interested, please complete the attached application which includes a skills inventory sheet and criminal background check (must be notarized). Thank you!

RETURN TO: ACCAP Chores & More Program
Attn: Nancy Shaw
1201 89th Avenue NE, Suite 345
Blaine, MN 55434
763-783-4767
Fax: 763-783-4700
Email: nshaw@accap.org

NAME: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

Please check the service categories in which you have experience and are willing to work:

HOME MAINTENANCE & REPAIR _____ GROCERY SHOPPING _____

Caulking and weather stripping _____

Painting – Interior _____ LAWN WORK _____

Painting – Exterior _____ Mow Lawns _____

Repair windows _____ Weeding _____

Minor electrical _____ Rake Leaves _____

Appliance repair – electric _____ Tree & shrub trimming _____

Appliance repair –gas _____

Cement repair _____ GARDEN WORK _____

Reglaze windows _____ Planting _____

Faucet & toilet repairs _____ Tilling _____

Minor carpentry _____ Transplanting _____

HOUSEHOLD CHORES _____ SNOW REMOVAL _____

Change storm windows _____ Shovel walks & drives _____

Wash windows _____ Operate snow blower _____

Clean gutters (1 story only) _____ Remove snow from roof (1 story only) _____

Moving heavy objects _____

Heavy cleaning _____ INSTALLATION _____

INDOOR HOUSEKEEPING _____ Alarms _____

Vacuum _____ Locks _____

Clean floors _____ Handrails & grab bars _____

Dust _____ OTHER SKILLS (please list) _____

Laundry _____

Change bedding _____

Do you have your own tools? – Please list:

Anoka County cities you are willing to work in? PLEASE CIRCLE ALL THAT APPLY

Anoka	Andover	Bethel	Blaine	Burns/Nowthen	Centerville
Circle Pines	Col Hts/Hilltop	Columbus	Coon Rapids	East Bethel	Fridley
Ham Lake	Lexington	Lino Lakes	Linwood	Oak Grove	Ramsey
St. Francis	Spring Lake Pk	"All Anoka County Cities"			

What times are you available to work: _____

How did you learn of Chores & More: _____

Current Employment Information: _____

Do you give permission for Chores & More to do a background check? Y N

REFERENCES: List below persons 18 or older, not related to you, who have known you for at least one year. List a daytime phone number for each.

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I verify that the above information is true and grant you permission to contact the references listed above. I authorize those individuals to disclose information that they have concerning me.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____
(If under 18 years of age)



ACCAP CHORES & MORE NON-PROFIT BACKGROUND CHECK

Account #7637676521

The following named individual has made application with the agency for:

Independent Contracting with ACCAP Chores & More

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle Name (full, please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth (Month/Day/Year): _____ Sex (M or F): _____

Social Security Number (Optional): _____

Do Not Sign until in the presence of a Notary Public

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to The Anoka County Community Action Program, Inc. for the purpose of contracting to do chores with vulnerable adults with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant _____ Date _____

STATE OF MINNESOTA)
)ss.
COUNTY OF ANOKA)

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 201____, by

Notary Public