**GVSS (Grimes Volunteer Support Services)**

 **2022** **Client Application (Only one person per application)**

Please tell us how we can assist you by completing the form below:

 Date \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth \_\_\_\_\_\_** /\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip \_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Female \_\_\_Male

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a Veteran? \_\_\_ Yes \_\_\_ No

Emergency Contact (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Grimes Volunteer Support Services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Please check your age bracket \_\_ Under 21 \_\_ 21-40 \_\_\_ 41-60 \_\_\_ 61-80 \_\_\_ 81 & up |
| Type of service requested | \_\_\_ transportation\_\_\_ pick up groceries, medications, books\_\_\_ personal assistance | \_\_\_ Simple handyman job\_\_\_ yard work\_\_\_ snow shoveling\_\_\_ DME loan |

|  |  |
| --- | --- |
| **Transportation**: Do you use any of the following? \_\_\_ cane \_\_\_ walker \_\_\_ wheelchair | Can you get in and out of the car with minimal assistance? \_\_\_yes \_\_\_ no |
| Are you able to get in and out of a pickup or SUV? \_\_\_ yes \_\_\_ no | Do you need assistance walking to the door? \_\_\_ yes \_\_\_ no |
| **Grocery, medication, book pickup**: \_\_\_ regular trips \_\_\_ trips as needed | Do you need help putting groceries away? \_\_\_ yes \_\_\_ no |
| What handyman servicesdo you need? |  |
| Yard Work:\_\_\_ one time service\_\_\_ regularly scheduled service\_\_\_ raking\_\_\_ mowing\_\_\_ snow removal | Equipment: Do you have?\_\_\_ mower & gas\_\_\_ rake\_\_\_ leaf blower\_\_\_ lawn bagsYard: \_\_\_ level \_\_\_ sloped |
| Is there anything our volunteers should be aware of while they are assisting you? |

I have been given a copy of the Client Policies and agree to abide by them in order to receive services through GVSS.

I understand that the volunteer will only be there to assist me. Any cost of medical appointments, grocery shopping or supplies for handyman service or yard work will need to be paid by me.

**I hereby grant permission to GVSS to take and use pictures and video of me in order to promote their services available in the community.**

Signed this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Signature**

404 SE 2nd Street, Suite 100, Grimes, IA

**515-986-5355**

info@grimesvss.com

[www.grimesvss.com](http://www.grimesvss.com)

If you wish, you may mail it to: GVSS, 404 SE 2nd Street, Suite 100, Grimes, IA 50111

**GVSS (Grimes Volunteer Support Services)**

Client Policies

**Services**

GVSS uses volunteers to provide various services without charge to our clients, such as transportation, yard work, minor repair, DME (durable medical equipment) loan, personal assistance, and office staffing. Because of this, we must necessarily accommodate their schedules**. If you want the best chance of having your trip or service request filled, you should give us at least 6 days' notice.** The more notice you can give us, the more likely it is we can fill your request. On the other hand, we know that occasionally things come up quickly, so please feel free to call us; simply understand that the shorter the notice, the more difficult it may be to assist you. Sometimes, we simply may not be able to fill the request.

**Before requesting a trip, make sure you know which clinic, the address, and the doctor’s name. If you don’t have this information, you need to call the clinic that scheduled the appointment so you can give it to the scheduler.**

**Please keep in mind that even though there is no charge to you for the service, the service is not without considerable time, effort and expense by those scheduling, notifying, and providing the service. A volunteer will attempt to contact you 3 times.**  **You must respond promptly. Excessive and thoughtless cancellations and lack of response can lead to the termination of services. We ask you to respect and value our volunteers. Three strikes and you are no longer a client.**

We are not skilled trained health care providers. We are simply “neighbors helping neighbors”. Many of our volunteers are of advanced age themselves. Clients using wheelchairs for mobility must be able to transfer into and out of the wheelchair without assistance from the driver.

**Insurance**

For GVSS to remain a viable non-profit organization providing services to the community, we must take steps to protect ourselves in the event of an accident or injury. GVSS must have records of all assigned activities. **Therefore, all volunteer arrangements must be made through the GVSS office, rather than through the volunteer, directly.**

Additionally, if an accident/injury/incident should occur, please notify the GVSS office staff as soon as possible. Clients must wear a seatbelt while being driven by one of our volunteers. Clients must sign a waiver and release agreement before receiving volunteer services. Clients who do not agree to all of these conditions will not be eligible to receive services from GVSS.

**Acceptance of Gifts**

All services provided by GVSS are without charge. **Our volunteers are not allowed to receive gifts or payments from any client.** If you wish to contribute to the organization, please send your donation directly to GVSS at the address below.

**Tax Deductions**

Donations to GVSS may be tax-deductible. If you choose to donate to GVSS, you will receive a letter documenting your donation. Please talk to your tax advisor concerning any tax deductions.

**Smoke-Free Environment**

GVSS promotes a smoke-free environment. If you smoke, please do not smoke while the volunteer is present. All volunteers are told if they smoke, they must refrain from smoking while clients are present.

**Suggestions/Concerns**

We want the experience with us to be meaningful for both the client and the volunteer. If you have suggestions or concerns regarding our services, please contact the GVSS office.

**Contact Information**

Office: 404 SE 2nd Street, Suite 100, Grimes, IA

**Mailing address: GVSS, 404 SE 2nd Street, Suite 100, Grimes, IA 50111**

Phone Number: **515-986-5355**

Email: info@grimesvss.com

Web Site: [www.GrimesVSS.com](http://www.GrimesVSS.com)

**Office Hours:** Monday, Wednesday, Friday 9:30 – 11:30 am

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| **Mission****To provide needed services without charge to individuals in the Grimes area assisting them to remain in their home.****404 SE 2nd Street,****Suite 100****Grimes, IA 50111**[**www.GrimesVSS.com**](http://www.GrimesVSS.com)**info@grimesvss.com****515-986-5355****2022****BOARD OF DIRECTORS****Directors**Andrea SabusClint DudleyDrue CavanaughGloria PerryMichael BleskacekRon Oolman**Treasurer**Tom Letsch515-321-7052**Secretary**Loree Herman316-312-8802**Vice President**Wanda Armstrong515-661-8282**President**Jay W. Brewer515-321-8051**Grimes Volunteer Support Services** is a non-profit all-volunteer CorporationTax Exempt under section 170 of IRS Code**Proud and Active Member of**  | Client Liability Waiver and Release:By agreeing to receive services from GVSS, the Client understands and agrees to the following:**1. Qualifications of volunteers**The services provided through Grimes Volunteer Support Services (“GVSS”) to the undersigned (“Client”) are rendered by volunteers. Volunteers are not required to obtain any particular expertise or education before volunteering. GVSS makes no warranty about the skill level of volunteers relevant to any particular task undertaken or assistance rendered.**2. Limited Transportation Services**GVSS volunteers are only able to provide transportation of the Client by automobile. Volunteers are not medically trained, able to address Client mobility issues, or to assist Clients with the transfer into or out of vehicles or buildings. Clients who need medical or trained assistance with mobility are urged to contact a medical transport provider instead. **3. Assumption of Risk**The client assumes the risk of personal injury or property damage experienced by the Client or any third party, whether resulting from the negligence of GVSS or volunteers or otherwise.**4. Waiver of liability**Client hereby releases, indemnifies, and holds harmless GVSS, its officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used for the activity, with respect to any injury, disability, death, or loss or damage to person or property associated with activities performed by a GVSS volunteer, whether resulting from the negligence of GVSS and volunteers or otherwise, to the fullest extent permitted by law.**5. Applicability of Waiver**This waiver applies to Client as well as the Client’s heirs, assigns, personal representatives, and next of kin.**6. Choice of Law and Venue**Any dispute arising under this waiver, or as a result of any service or assistance provided by GVSS or volunteers, will be subject to and adjudicated under the laws of the State of Iowa. **7. Mediation**Should a dispute arise under the terms of this waiver, the Client will make a good faith effort to mediate said dispute before initiating litigation. The mediator will be selected by mutual assent of the parties and shall be a person with legal knowledge of the issue(s), such as a lawyer, judge, or retired judge. Mediation will take place in Grimes, IA, at an agreed upon time and place. The cost of mediation will be split: 70% client and 30% GVSS. If Client refuses mediation or is credibly charged with failure to mediate in good faith, Client agrees that the judge involved in litigation is empowered to Order the parties back to mediation, before the case can proceed to trial. Client Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client Signature Date |

Approved: January 19, 2016 Reaffirmed: January 16, 2018 Reaffirmed: Jan. 15, 2019 Reaffirmed: Jan. 21, 2020 Reaffirmed: Jan. 19, 2021 Revised: Jan. 18, 2022