

Southern Indiana Community Health Care More than Money Application

Name							
What skills wou	ld you like to sha	re with the com	munity?				
Animal Care	Elder Care	Child Care	Reading to others		Listening to others		
Gardening	Cleaning	Recycling	Shopping Assistance		Lifting and Moving		
Other							
When are you m	nost available?						
Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Morning	•	Afternoon	l .	Evening	L		
Do you have any	iable transportat y limitations in yo		ity? Y or	N			
If Yes, please ex	plain						
Have you been	convicted of a fel	ony in the past	seven years?	Y or N			
If Yes, please ex	plain						
Head Start:	Are you	Are you willing to submit to a background check?					
Nursing Homes:	Are you	Are you willing to provide proof of Tuberculosis test (PPD)?					
exchange for cre compensation for considered SICH	ey is an incentive edit toward their or their service fr IC employees. SIO rolunteer is at co	medical bill. Vo rom community CHC is not respo	lunteers are agencies through	not permitted to	o receive an am. Volunte	ny monetary ers are not	
Patient Signature Date							