



*'Partnering the needs
of some with the
willing hands of others'*



INFORMATION FOR APPLICANTS

Neighbors Helping Neighbors is a City of Shawnee volunteer program that helps eligible residents maintain and remain in their home. The work is done by volunteers.

Volunteers can help with simple tasks such as trash and snow removal, yard work, limited repairs, and other needs inside and outside the home. For more involved requests, that we may not be able to assist with, we will provide a referral to other agencies.

Eligibility:

Only residents of Shawnee who own and occupy their own home, and who meet our age or disability **and** income requirements, are eligible. Priority will be given to residents who do not have help readily available through family/friends/neighbors.

To Request Help:

1. Complete the attached application, waiver, and provide related proof documents to VOLUNTEER PROGRAM, 11110 JOHNSON DR., SHAWNEE KS 66203. You can also find the application online at www.cityofshawnee.org click on *Volunteer Opportunities*.
2. Please ensure you provide the related **proof documents** in order to expedite your request.
1) Residency and age (driver's license or non-DL), 2) income level (W2 or previous year's tax return) and, *if applicable*- 3) disability (Dr.'s letterhead or government issued documents).

What Happens Next:

1. Once we receive your application and proof documents we will contact you to review your request.
2. We will arrange for a volunteer to contact you to arrange a visit and to begin the work.

Please Understand:

1. It might take as many as a few days or weeks to find volunteers who can help you.
2. In some cases, we might provide you with referrals to other organizations that can help.
3. Volunteers are only obliged to do the work that was originally requested – nothing more.
4. If volunteers determine that the work is beyond their ability, or that there are unanticipated risks they will not begin the job and will contact the program coordinator on your behalf.
5. You should not pay the volunteers.

If any problems arise please contact Elizabeth Griffith, the program coordinator, at 913-742-6244

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PLEASE KEEP PAGE 1 AND
RETURN PAGES 3 AND 4**

NEIGHBORS HELPING NEIGHBORS APPLICATION

Your Name: _____

Address: _____

Age: _____ Phone: (home) _____ (cell) _____
(Proof of age and residency is required)

Email: _____

Are you on disability? Yes No (If yes, Proof is required)

Your taxable household income: _____ (Proof is required)

Emergency Contact: Name: _____

Relationship: _____ Phone: _____

Your Request: (Please print and be as specific as you can)

AGREEMENT

I _____ (print your name) understand that the City of Shawnee does not pre-screen nor interview prospective volunteers. A volunteer who perceives that the job is dangerous and/or risky is not obliged to begin or complete the job. I release and discharge the City of Shawnee from all claims of damages, demands, actions, and causes, in any manner arising or growing out of my participation in this program.

Signature: _____ Date _____

WAIVER AND HOLD HARMLESS AGREEMENT

The Applicant wishes to participate in the Neighbors Helping Neighbors program. The Applicant understands that all activities are voluntary and that the Applicant does not have to participate.

The Applicant understand, stipulates and agrees that this document is complete unto itself and there are no other representations, inducements, agreements or promises extended by the City of Shawnee and not stated herein as a term to this Agreement.

By signing this Agreement, I hereby further certify that I have carefully read this Agreement, fully understand its contents, and am aware that I am releasing certain legal rights that I otherwise may have, and that I enter into this Agreement on behalf of myself, my family and heirs, and that I do so of my own free will.

1. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Shawnee, its directors, officers, officials, agents, employees, volunteers, and other participants (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I, for myself and on behalf of my heirs, assigns personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Applicant Name (Print) _____

Applicant Signature _____

Date _____

Please return completed application, signed waiver, and required proof documents **one of four ways:**

Bring to:
City Hall
(City Clerk’s Dept.)
11110 Johnson Drive
Shawnee KS 66203

Mail to:
City of Shawnee
Volunteer Coordinator
11110 Johnson Drive
Shawnee KS 66203

Fax to:
913-631-7351
Attn: Elizabeth G.

Email to:
Elizabeth Griffith
Volunteer Coordinator
egriffith@cityofshawnee.org