



neighbors **helping** neighbors

NEIGHBORS HELPING NEIGHBORS APPLICATION

• CITY OF SHAWNEE, KANSAS •



INFORMATION FOR APPLICANTS

Neighbors Helping Neighbors is a City of Shawnee volunteer program that helps eligible residents maintain and remain in their home. Volunteers do the work and help with various tasks such as trash and snow removal, yard work, limited repairs, and other needs inside and outside the home.

Eligibility:

Only residents of Shawnee, KS who own and occupy their home, are age 65+ and **OR** have a disability **and** who meet our 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 DRIVE, 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:
 - A) All requesters must submit a copy of a government issued ID (ex. Driver's License) or utility in their name. Both should have the address of the house where work is to be done.
 - B) Income level (W2 or previous year's tax return).
 - C) *If applicable*- 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. Once a volunteer is matched, they will contact you to set up a visit and to begin the work. Should no one sign up to help you after 30 days, you will be contacted and provided with a referral.

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, Volunteer 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: _____ Age: _____

Full Address: _____

Phone: (home) _____ (cell) _____ Email: _____

- I am providing a copy of a government-issued ID or a utility bill. My copy shows my name as well as my current address. Yes No
- Are you on disability? Yes No (If yes, proof is required)
- **To be eligible for this program your household income cannot be greater than \$50,000.**
(Proof is required - see page 1 for examples)

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, losses, demands, actions, and causes, in any manner arising or growing out of my participation in this program.

Signature: _____ Date _____



NEIGHBORS HELPING NEIGHBORS PARTICIPATION WAIVER AND HOLD HARMLESS AGREEMENT

I _____ (print your name) request assistance of volunteers who participate in the Neighbors Helping Neighbors program, to provide volunteer assistance for the described property.

Please initial each statement below.

_____. I hereby certify and represent that I have authority on behalf of all who have an ownership or other interest in the described property, to request the volunteer assistance, to consent to the volunteer entry on the property to provide the volunteer assistance, and to enter into this agreement.

_____. I hereby agree personally and on behalf of my heirs and assigns, and all those who have an ownership or occupancy interest in the described property, to release, hold harmless, and forever discharge the City of Shawnee, employees and agents, volunteers or persons participating in the volunteer services I have requested, from any and all claims, suits, causes of action, duties, debts, responsibilities, liabilities, and proceedings of every name or description, in law or equity, including attorney's fees incurred therefrom, for or arising out of or relating to any loss, property damage, or personal illness or injury, including death, that may be sustained, whether caused by the negligence of the City of Shawnee, employees and agents, volunteers or persons participating in the volunteer services I have requested, or otherwise, as a result of or during the course of the volunteer activities and services I have requested.

_____. I knowingly and freely assume personally and on behalf of my heirs and assigns, and all those who have an ownership or occupancy interest in the described property, full responsibility for all such risks, both known and unknown, even if arising from the negligence of the City of Shawnee, employees and agents, volunteers or persons participating in the volunteer services I have requested.

Name (Print) _____

Signature _____ Date _____

Address of property to receive NHN assistance: _____

Please return completed application, signed waiver, and required proof documents **one of three 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

Email to:

Elizabeth Griffith
Volunteer Coordinator
egriffith@cityofshawnee.org