



## City of Monterey Caregiver Application: Students for Heroes

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Are you currently caring for a service member or veteran?**

Yes:      No:

**Are you currently signed up with Hidden Heroes?**

Yes:      No:

\*If not, please visit [hiddenheroes.org](http://hiddenheroes.org) to sign up or contact Jay Punkar, Administrative Analyst, with the City of Monterey at [punkar@monterey.org](mailto:punkar@monterey.org) if you have any questions. Students for Heroes is affiliated with the Elizabeth Dole Foundation's Hidden Heroes Initiative. All caregivers must be signed up with Hidden Heroes in order to participate in Students for Heroes.

**If known, please indicate the estimated amount of hours in which you would like volunteer support:** Desired hours per week: \_\_\_\_\_

Desired days (varies):

**M      Tu      W      Th      F      Sa      Su**

**Desired duration to receive volunteer support (weeks or months, if known):**

From: \_\_\_\_\_ to \_\_\_\_\_

Notes: \_\_\_\_\_

**Please describe any tasks or needs for which you could use a volunteer's support:**

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**Is there someone we can contact in the event of an emergency?**

Contact person Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Have you ever been convicted of a misdemeanor or felony (a yes answer does not automatically disqualify you from participating)?** Yes:      No:

If "yes" please explain: \_\_\_\_\_

\_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_