

**CITY OF BOWIE**  
**NEIGHBORS HELPING NEIGHBORS**  
**VOLUNTEER APPLICATION**

As a public service and in an effort to assist senior citizens and residents with a disability, the City maintains a list of adult volunteers who have offered their time. Senior citizens and residents with a disability who are in need of assistance with grocery shopping and pharmacy pickup will be provided with the names of individuals who have volunteered to assist them. For additional information contact Lori Cunningham at (240) 544-5601. If you are available to provide services to those in need please complete this application and email it to [lcunningham@cityofbowie.org](mailto:lcunningham@cityofbowie.org) or return it to:

**Neighbors Helping Neighbors**  
**Bowie City Hall**  
**15901 Excalibur Road**  
**Bowie, MD 20716**

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**VOLUNTEER DATA**

(Please Print):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Ex. 01/05/1955

Phone #: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Email Address: \_\_\_\_\_

SERVICE(S) Offered – Please Check

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Grocery Shopping  | <input type="checkbox"/> Lawn/Yard Work   | <input type="checkbox"/> Pharmacy Pick Up |
| <input type="checkbox"/> Help pre-registering/scheduling<br>COVID Vaccination Appointments | <input type="checkbox"/> Outdoor Minor Home Repair<br>(ex. painting, light bulb change, etc.) |   |

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I \_\_\_\_\_ agree to participate in the City of Bowie's Neighbors Helping Neighbors program. I understand that the City will run a criminal background check but otherwise does not interview or pre-screen volunteers or residents requesting assistance with respect to physical or mental illness or condition, or any other adverse personal information. The City encourages both parties to interview each other by phone or in person before deciding to continue. The City assumes no responsibility for the quality of services to be rendered nor does it assume any liability for any act or omissions ensuing from or related to the referral or services rendered in connection with referrals.

It is my responsibility to ensure that any job I accept is safe and appropriate.

I release and discharge the City of Bowie from all claims, demands, actions, and causes of action for damages or losses for personal injury, including death, or property damage, in any manner arising from or in connection with my participation in this program, including but not limited to damages arising from illness or infection developed by me or a third party as a consequence of my participation in the program. The City appreciates all follow-up comments from both volunteers and those requesting help.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_