

Springboro Community Assistance Request Form

GIVING BACK TO THE COMMUNITY
BY BUILDING COMMUNITY THROUGH VOLUNTEERISM

Please place this form in the city's water bill drop box or return this form to:

City of Springboro
Community Services Board
320 W. Central Avenue
Springboro, OH 45066

Telephone: 937-748- 4343
Fax: 937-748-0815
Email: ServicesBoard@cityofspringboro.com

Any resident of the City of Springboro may request assistance with tasks they need completed. Tasks will be completed by community volunteers. Volunteer services only, no monetary assistance is available.

Person to be assisted (Please print legibly.)

Name:	Phone:	Email:
Address: _____, Springboro		

Type of Assistance needed (Continue on back if more space is needed)

Gardening, Home Maintenance, Seasonal, Light Chores (Please provide details of services required)

Description: _____

Other, e.g., transportation, run errands, home visits (Please provide details of services required)

Description: _____

Reason for referral (Check ALL that apply)

- Elderly and unable to complete the tasks requested. Permanent physical or medical limitations.
 Temporary condition causing physical limitations.
 Lives alone. Lives with someone who is elderly and/or has physical limitations.

Signature Required

The Community Service Board will forward your request to a local non-profit organization (Organization). The Organization will contact the person in need. A member of the City Community Service Board or the Organization may contact the person making a referral if further information is needed. Please let us know if someone from the Organization does not contact the person in need within three weeks from the date this request is submitted. Contact with volunteers is at your own risk, and by submitting this request, you agree and acknowledge that the City or the Organization is not liable, and you agree to indemnify the City and the Organization for any damage, loss, or injury resulting from your contact with any such Organization or volunteer. You agree that the City is not endorsing, sponsoring, or otherwise participating in the actual volunteer opportunities provided through this Program.

Signature:	Date:
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Referred by (Person completing this form) Self (Check if info is same as above)

Today's date:

Name:	Phone:	Email:
Address: _____, Springboro		

Community Service Board Use Only

Date received:	Date forwarded:	Agency forwarded to:
Name of volunteers completing task:		Date individual contacted:
<input type="checkbox"/> Completed – Date:		<input type="checkbox"/> Will continue contact
Other notes: (continue on back)		