



*'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. Work is done by volunteers who can help with trash and snow removal, yard work, limited repairs, and other needs inside and outside the home.

To be eligible you must meet ALL the following criteria:

1. Shawnee, KS resident who owns and occupies the home in need of assistance
2. Have a physical limitation (either due to age 65+ **or** disability)
3. Household income is \$50,000 or less annually

To Request Help:

1. Complete the attached application, waiver, and provide related proof documents to:
VOLUNTEER PROGRAM, 11110 JOHNSON DR., SHAWNEE KS 66203
2. Provide the related **proof documents**
 - a. Income (current W2 or previous year's tax return)
 - b. A government issued ID showing your age and name
 - c. *If applicable* proof of disability (Doctor's letter or government issued documents)

What Happens Next:

1. We will contact you once we receive your application and proof documents.
2. A volunteer will contact you to set up a visit and to begin the work.
3. If your request goes unmet after 30 days, you will be contacted to discuss other options.

Please Understand:

1. Priority will be given to residents who do not have help readily available through family/friends/neighbors.
2. It might take as many as a few days or weeks to find volunteers who can help you.
3. In some cases, we might provide you with referrals to other organizations that can help.
4. Volunteers are only obliged to do the work that you originally requested – nothing more.
5. 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.
6. You should not pay the volunteers.

If you have any questions, please call the Program Coordinator at 913-742-6087

If any problems arise please contact the Volunteer Coordinator at 913-742-6244

**THIS PAGE IS INTENTIONALLY LEFT BLANK
PLEASE KEEP PAGE 1 AND
RETURN PAGES 3 AND 4**

NEIGHBORS HELPING NEIGHBORS APPLICATION

(PLEASE PRINT)

Your Name: _____

Age: _____ Phone: (home) _____ (cell) _____

Email: _____

1. Have you received help from the Neighbors Helping Neighbors program previously? If yes, skip to number 5 and complete pg. 4.

2. I am providing a copy of a government-issued ID. It has my current address. If your ID does not have your current address you must submit **both** an ID **and** a utility bill in your name with current address. Yes No

3. Are you on disability? Yes No (If yes, proof is required)

4. **To be eligible for this program your household income cannot be greater than \$50,000.**
(Proof is required-see pg. 1 for examples)

5. 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 Neighbors Helping Neighbors volunteers. A volunteer who perceives that the job is dangerous and/or risky is not obliged to begin nor complete the request.

Full Address: _____

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 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 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:
ShawneeNHN@gmail.com

Questions? Contact: shawneeNHN@gmail.com or call: 913-742-6087