



*Partnering the needs of some with the willing hands of others*

### **Volunteer Information**

*Neighbors Helping Neighbors* connects volunteers, volunteer groups, and organizations with eligible Shawnee residents whose homes require maintenance and/or common repairs. If you wish to become a volunteer, please read this document and complete the waiver on the last page.

As a volunteer, we ask that you help residents of Shawnee, who meet certain eligibility requirements, to stay in their home by providing limited occasional services such as:

- Trash removal
- Yard Maintenance
- Snow removal
- Lawn mowing
- Limited plumbing and electrical repair
- Exterior painting
- Raking leaves
- Trimming branches
- Changing light bulbs
- Changing smoke alarm batteries
- Turning mattresses
- Some city-issued codes violations

## How It Works:

### Communication-

- Volunteers must provide their name, email address, phone number, and sign a waiver before they can assist in this program.
- Once an application for help from a resident has been received, a simplified version of the request will be emailed to all volunteers.
  - Requests will be emailed once a week. (Unless there are no requests). Unmet requests will continue to be emailed weekly and removed after 30 days.
  - If you wish to help a resident, simply “reply all” to the email with the corresponding request ID.
- When the required number of volunteers have signed up for a request, they will receive additional details about the project.
  - Some jobs only require a single volunteer (ex. Lawn mowing, snow removal)
- Volunteers will contact each other and the applicant to identify a time to complete the request.

### On site-

- When you arrive at the residence, please introduce yourselves to the resident and learn as much as you can about the project. If you determine that the request is different than expected; that it cannot be completed for any reason; or if you feel the situation poses risks or dangers, you have the right to leave. When that happens please contact the Volunteer Coordinator, Elizabeth Griffith (913-742-6244), immediately and tell the resident someone will make contact soon to make other arrangements.
- If available, the homeowner’s supplies such as paint, parts, or tools will be utilized. However, volunteers may be asked to provide their own supplies such as gloves, paintbrush, shovel, basic tools, and so on.
- If you are asked to take on additional tasks (not previously identified) it is your choice whether you complete them. You should always contact the Program Coordinator (913-742-6087) to update the scope of work for the applicant.
- Please make every effort to complete the task within three weeks of your initial contact with the resident. If this is not possible, please contact the Program Coordinator.
- Once the task has been completed please let the Program Coordinator know. A survey will be emailed to you about your experience.
- And finally, we hope that all volunteers will be able to complete at least **two** requests each year.

## Weekly Emails

Every week please look for an email showing requests that need to be addressed. Emails may come from [ShawneeNHN@gmail.com](mailto:ShawneeNHN@gmail.com) or [egriffith@cityofshawnee.org](mailto:egriffith@cityofshawnee.org).

The Request (ID + Description)	Location (cross streets)	First Posted On	Number of volunteers needed	Please click "reply all" and identify the request ID# for which you would like to volunteer
082519D: Leaky faucet in bathroom	Nieman & 55 <sup>th</sup> St.	08/30/19	2	

If you are a representative of a group, there is no need for a second name on the list- as you will have additional volunteers with you. However, every person helping **MUST** sign a waiver prior to engaging in the project.

If you or anyone you know has a business that would like to occasionally donate their services, please have them contact the Volunteer Coordinator.

### Program Coordinator:

[ShawneeNHN@Gmail.com](mailto:ShawneeNHN@Gmail.com)

913-742-6087

### Volunteer Coordinator:

[egriffith@cityofshawnee.org](mailto:egriffith@cityofshawnee.org)

913-742-6244



**CITY OF SHAWNEE  
VOLUNTEER CONSENT AND HOLD HARMLESS**

I (Please Print) \_\_\_\_\_, wish to participate in volunteer activities for the City of Shawnee, Kansas.

**Please initial each statement below.**

\_\_\_\_\_. I understand as a volunteer participant, that I might be exposed to activities that are potentially dangerous or harmful, and that by participating, I accept and assume the risk of injury. I understand the City of Shawnee shall not be responsible nor liable for, and that I am not eligible to receive any, compensation or employee benefits as a result of my volunteer participation.

\_\_\_\_\_. I acknowledge and agree I am responsible for any medical expenses or any other expenses that may be incurred as a result of treatment given me for injuries related to my volunteer participation.

\_\_\_\_\_. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation.

\_\_\_\_\_. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and immediately bring such concern to the attention of the nearest official.

\_\_\_\_\_. In consideration for being permitted to participate in the volunteer activities, I hereby agree for myself and on behalf of my heirs and assigns to release, hold harmless, and forever discharge the City of Shawnee, the Governing Body, employees and agents, 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 on arising out of or relating to any loss, property damage, or personal injury, including death, that may be sustained by me, whether caused by the negligence of the City, their employees or agents, or otherwise, as a result of or during the course of my participation in the volunteer activities.

**For Volunteers under the age of 18:**  
Parent or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

VOLUNTEER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please return this signed waiver to Elizabeth Griffith, 11110 Johnson Dr., Shawnee KS 66203 or email to [egriffith@cityofshawnee.org](mailto:egriffith@cityofshawnee.org) or fax to: 913-631-7351 Attn: Volunteers**