



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



Information for Applicants

Neighbors Helping Neighbors is a City of Excelsior Springs volunteer program that helps eligible residents maintain and remain in their home. The work is done by volunteers.

Volunteers can help with simple tasks such as trash and snow removal, yard work, limited repairs, and other needs inside and outside the home. For more involved requests, that we may not be able to assist with, we will provide a referral to other agencies.

Eligibility:

Only residents of Excelsior Springs who own their own home, and who meet our disability and income requirements, are eligible. Priority will be given to residents who do not have help readily available through family, friends, or neighbors.

To Request Help:

1. Complete the attached application, waiver, and provide related proof documents to VOLUNTEER PROGRAM, 201 E Broadway St. Excelsior Springs, MO 64024. You can also find the application online at www.cityofesmo.gov and click on *Neighbors Helping Neighbors*.
2. Please ensure you provide the related proof documents in order to expedite your request.
 - a. Disability (if applicable). Doctor's letterhead or government issued documents.
 - b. Income level. W2 or previous year's tax return.

What Happens Next:

1. Once we receive your application and proof documents, we will contact you to review your request.
2. Once a volunteer is matched, they will contact you to set up a visit and to begin the work. Should no one sign up to help you after 30 days, you will be contacted and provided with a referral.

Please Understand:

1. It might take as many as a few days or weeks to find volunteers who can help you.
2. In some cases, we might provide you with referrals to other organizations that can help.
3. Volunteers are only obliged to do the work that was originally requested, nothing more.
4. 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.
5. You should not pay the volunteers.

If any problems arise, please contact Laura Mize, the program coordinator, at 816-629-7011.

Neighbors Helping Neighbors Application

Your Name: _____

Address: _____

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

Email: _____

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

To be Eligible for this program your household income cannot be greater than \$50,000.
(Proof may be required)

Your Request: (Please print and be as specific as you can)

Agreement

I _____ (print your name) understand that the City of Excelsior Springs does not pre-screen nor interview prospective volunteers. A volunteer who perceives that the job is dangerous and/or risky is not obliged to begin or complete the job. I release and discharge the City of Excelsior Springs from all claims of damages, demands, actions, and causes, in any manner arising or growing out of my participation in this program.

Signature: _____ Date: _____

Neighbors Helping Neighbors Applicant Release Form

The undersigned is or may be a participant in the event sponsored by the City of Excelsior Springs, Missouri ("City"), pertaining to: **Neighbors Helping Neighbors**. The undersigned hereby fully assumes the risk of any injury or loss that the undersigned may sustain that is in any way connected with being a Neighbors Helping Neighbors Participant. The undersigned understands that there are risks inherent to, and directly or indirectly related to being a Neighbors Helping Neighbors Participant. The undersigned has agreed to assume such risks and grant the releases stated herein in consideration for being permitted to participate in Neighbors Helping Neighbors.

The undersigned, personally and on behalf of all their heirs, assigns, and all those who have an ownership interest in the described property, releases and forever discharges the City of Excelsior Springs and its agents and employees, the volunteers or persons participating in the volunteer services, as well as each and all of their respective heirs, successors, and assigns, from all claims, demands, actions and causes of actions, relating to any injury or loss which the undersigned may sustain, resulting from the **negligence** of any of the aforementioned parties or in any way connected with participation in Neighbors Helping Neighbors or related activities. The undersigned releases, waives, discharges, and covenants not to sue the City or the aforementioned parties from all liability on account of injury to the person or property of the undersigned, **caused by the negligence of the City or the aforementioned parties**. The undersigned does **not** release the City or the aforementioned parties from liability for intentional torts and/or gross negligence.

The undersigned certifies and represents that they 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. The undersigned consents to the entry on the property to provide the volunteer assistance requested.

The provisions of this Release are severable, and the invalidity of any provision shall not affect the validity of any other provision hereof. The construction and interpretation of this agreement shall at all times and in all respects be governed by the laws of the State of Missouri, including Missouri's statutes of limitations. **The undersigned fully understands the meaning and effect of this Release and has freely agreed to be bound by its terms.**

Address of Property to receive NNH assistance:

Signature

DATE: _____, 2021

Printed Name