



Member Referred Service Provider Application and Agreement

Name of Business _____

Contact Person _____ Owner(s) _____

Street _____

City _____ State _____ Zip _____

Phone Office _____ Mobile _____ Fax _____

Email _____ Website _____

Geographical area served _____

Major Service Category—Please Select

- | | |
|---|---|
| <input type="checkbox"/> Computer/Tech Assistance | <input type="checkbox"/> Gardening/Yard Care |
| <input type="checkbox"/> Grocery/Meal Preparation | <input type="checkbox"/> Handyman Services |
| <input type="checkbox"/> Healthcare/Safety Services | <input type="checkbox"/> Home Care/Personal Care Services |
| <input type="checkbox"/> Home Repair/Maintenance/Modification | <input type="checkbox"/> Pet Care |
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other _____ | |

Description of services/products (List all you are able to provide): _____

Is there a Discount or Benefit for CVV members/ If so, please describe _____

Bonded? Yes No

Insured? Yes No

Licensed? Yes No

License # _____

Personal references:

- Required (2)
- No relatives

We kindly request you notify your references in advance to inform them about Clayton Valley Village and your interest in volunteering.

1. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

2. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

3. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Please send your completed application to:

Clayton Valley Village P.O. Box 1274, Clayton, CA 94517 www.claytonvalleyvillage.org 925 626-0411