## Central Iowa RSVP (Retired and Senior Volunteer Program) Heartland Senior Services Grocery Deliver Service Application



| name:   |  | G   | _ Gender: M F  |              |             |
|---|--|---|--|--------------|-------------|
| Birthdate:  |  |   |  |              |             |
| Ilama Dhana #.  |  | Street City   |  | Zip          |             |
|   |  |   |  |              |             |
| Email:  |  |   | (required – see attac  | hed polic    | cies)       |
| Number in Household:  | Do you have pets? No   | Yes If yes, please des  | scribe (# of pets, b   | reed, et     | c.):        |
| Emergency Contact Inforn  | nation:  |   |  |              |             |
| Name Phone  |  |   | Rela   | Relationship |             |
|   | ervice, orders need to be peed in accessing this service   |   |  |              | of          |
| Do you have a computer, smart phone or other device with internet access?                 |  |   |  | Yes          | No          |
| If Yes, can you order your own groceries online?  |  |   |  | Yes          | No          |
| If No, do you have a friend/family member who could order groceries online for you?       |  |   |  | Yes          | No          |
| If No, do you need a volunteer to order or help you order groceries online?               |  |   |  | Yes          | No          |
| Do you need help setting up an online grocery account?                                    |  |   |  | Yes          | No          |
| To purchase groceries onl   | line, which of the following do  | you have? Credit Card   | d Debit Card   | EBT          | Card        |
| Which store(s) do you pre   | fer to shop at for groceries (n  | ame and location)?  |  |              |             |
| <br>Do you need assistance w  | vith putting groceries away?   | Always Sometimes  | Never  |              |             |
| volunteer(s) assigned to pic<br>that the information provid<br>HSS except for the purpose | agree to the policies of the HS<br>ck up, deliver and bring groce<br>ded on this registration form is<br>of providing grocery delivery<br>participants against any and o | ries either to my door or in<br>s confidential and will NO<br>services. I hereby agree to | nto my home. I un<br>T be shared or use<br>o indemnify and h | derstan      | nd<br>SVP o |
| Print Name:   |  |   |  |              |             |
|   |  |   | Date:  |              |             |
| HSS or RSVP Staff Member Signature:   |  |   | Date:  |              |             |
| How did you learn about this  |  |   |  |              |             |
|   | s service:   |   |  |              |             |