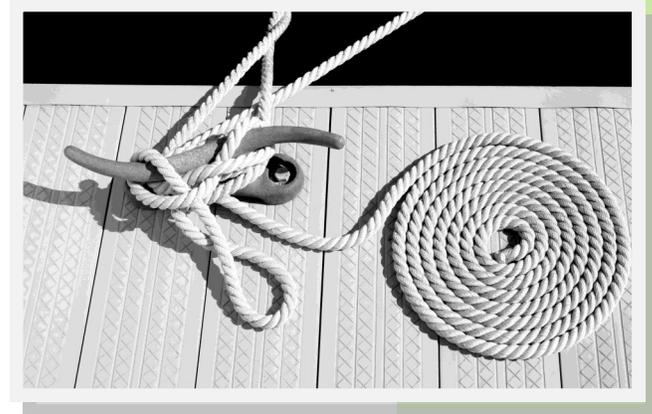


# Volunteer with the Eau Claire County Hoarding Task Force

- Flexible Schedule
- Help local people within Eau Claire County
- Various volunteer opportunities available
- Training is required and provided

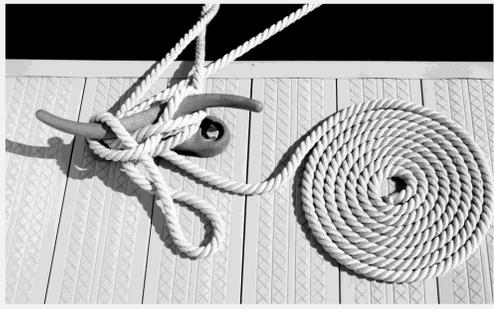


## What is Hoarding?

Hoarding is a mental health issue that has public safety implications. The key to working with someone who is hoarding is to empathize with and support the person in achieving the goals they have for themselves. Forcing a cleanout or forcing a different agenda on the person will tend to make the situation worse. The Hoarding Task Force can train you to be more sensitive and effective in helping people who hoard.

## Volunteers opportunities include:

- **Safety Days** - these are one or two day events where the person who is hoarding has agreed to have volunteers come in to help them organize their home. A checklist provided by a housing inspector will be the guide used to ensure that the home meets safety requirements. Three foot wide pathways will also be created in the home, so that emergency medical professionals can get in if needed.
- **Community Outreach** - help create and distribute flyers and educational materials, gather community support, work with other agencies on projects
- **Volunteer recruitment** - help recruit other volunteers
- **Support Groups** - Help organize and run support groups for people who hoard and for family and friends of people who are hoarding.
- **Hoarding Task Force** - help with organizational and administrative tasks, gather statistics and community support.



# Eau Claire County Hoarding Task Force 2018 Volunteer Application

Return to Jessica Smith

Aging and Disability Resource Center

FAX: 715-839-4866

Jessica.smith@co.eau-claire.wi.us

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_  
*for Hoarding Task Force communications only*

Date of Birth: \_\_\_\_\_ Former Name(s)/Maiden Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
*Name Relationship*

Emergency Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

Are you completing volunteer hours for community service? YES NO

School/ Youth Group/ Other: \_\_\_\_\_ # Hours: \_\_\_\_\_

## Disclaimer and Signature

I agree and WILL NOT hold the Hoarding Task Force or representatives liable for injury or other damages incurred as a result of the job duties given to me as a volunteer. Though thoughtfully assigned, I understand that the final judgement of physical limitations per assignment is solely my responsibility.

I further agree to keep confidential all information regarding the clientele of the Hoarding Task Force.

**X** \_\_\_\_\_  
Volunteer Signature Date

**X** \_\_\_\_\_  
Parent/Guardian (for youth 17 & under) Date

\_\_\_\_\_

\_\_\_\_\_