



## Cutting with Care Volunteer Application

NeighborWorks NEPA partnered with Leadership Lackawanna to create a volunteer program that is aimed at providing grass cutting and lawn care services to older adults in Lackawanna County. Volunteers help ease one of the many laborious tasks that comes with the spring and summer season by mowing the lawns of older adults in their community. The service is done at no cost to the homeowner. Volunteers are matched with clients based on residential location and will attempt to be kept within a short distance of their address. If you are interested in volunteering, please fill out the below application and you will be contacted with further instructions! Applications will be accepted on a rolling basis. Any questions or concerns, please contact Alyssa Espinoza at [aespinoza@nwnepa.org](mailto:aespinoza@nwnepa.org).

### Contact Information

Name of Volunteer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Affiliation (company, organization, etc.): \_\_\_\_\_

T-Shirt Size: \_\_\_Small \_\_\_Medium \_\_\_Large \_\_\_XL \_\_\_2XL \_\_\_3XL

Please provide 3 dates/times you are available to pick up your T-shirt: \_\_\_\_\_

### Service Information

Will you have a partner with you when volunteering? \_\_\_Yes \_\_\_No

If yes, please provide the name of your partner: \_\_\_\_\_

Are you willing to service more than one client? \_\_\_Yes \_\_\_No \_\_\_Maybe

Will you have transportation, or will you be walking to your sites? \_\_\_\_\_

What is the furthest distance you are willing to travel for your services? \_\_\_\_\_

Is there a specific city or neighborhood you would prefer? \_\_\_\_\_

Is there any known reason you would not be able to continue your service until mid-late September?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please explain (include when you plan to discontinue service if known): \_\_\_\_\_

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Please provide any additional information you would like NeighborWorks to know prior to matching

clients (allergies, limitations, etc.): \_\_\_\_\_

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How did you learn about the Cutting with Care Volunteer Program?

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**Please acknowledge that you understand and agree to the following statement as a requirement of your participation in the Cutting with Care Program:**

The older adult's home with which you are paired should have their grass cut when or before it reaches 8 inches in length or what is required within the municipal code for the particular service site.

I agree to the above statement

I do not agree with the above statement

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Please return completed applications to:**  
Alyssa Espinoza, VISTA Volunteer Coordinator  
NeighborWorks Northeastern Pennsylvania  
815 Smith Street  
Scranton, PA 18504  
Phone: 570-558-2490  
Fax: 570-558-2496

Or

Email: [AEspinoza@wnepa.org](mailto:AEspinoza@wnepa.org)